

Centers for Medicare & Medicaid Services
National Medicare Education Program

Moderator: Jill Darling

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Lisa: Good afternoon. My name is Lisa and I will be your conference operator today. At this time, I would like to welcome everyone to the National Medicare Education Program Meeting Conference Call. All lines have been placed on mute to prevent any background noise. After the speakers remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you. Dan Evans, you may begin your conference.

Dan Evans: Thank you, Lisa. Good afternoon everyone. We appreciate you helping us moderate today's call and hello and welcome to the rescheduled NMEP Call. I'm Dan Evans the Acting Director of the Division of Partner Relations in the Office of Communications here at CMS. Again, we greatly appreciate your support and patience with us as we try to get through the technical issues last Wednesday. And also in today's NMEP meeting will be audio call only and we have posted today's presentations to the NMEP web page. You may Google NMEP meeting and go from there to visit today's presentation.

For the record, today's meeting is being recorded, an audio file along with the materials will be presented today, will be posted on the NMEP web page. In this meeting, we should say it's not for intended for the press. The remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have inquiries, please contact CMS at press@cms.hhs.gov.

I want to thank you all for joining today's call. Trusted organizations like yours are truly and we mean truly on the frontlines of working to connect individuals to Medicare formation, help resources and services. We hope that this afternoon's presentations will assist you in the important work that you do. As you may be aware, Medicare Open Enrollment began on Saturday,

October 15th and ends on December 7th. And I'm excited to bring to you a lot of healthful information about Open Enrollment in these various resources.

At this particular time, I'd like to introduce you to our speakers. The first person to speak will be David Santana from the Creative Services Group. He will be presenting on aging out of the Marketplace and into Medicare. Also, we have Gwendolyn Green, from the Integrated Communications Management Staff and Maya Newman from the Strategic Marketing Group who will provide an overview of the planning and implementation of Medicare Open Enrollment. We also have with us today, Jay Dobbs from the Webb and New Media Group. And Jay will provide an overview of the 2017 Plan Finder update so I know everyone is very excited to hear that information.

And finally we have Jason Green, who's the Chief Advisor and Deputy Ethics Counselor in the Office of Medicare Hearings and Appeals, and Jason will give us an update on the beneficiary, prioritization policy and the Office of Medicare Hearing and Appeals Operations. We will take your questions after each presentation. Now, it's my pleasure – my great pleasure to introduce David Santana.

David Santana: Thank you, Dan and hello and welcome everyone. Thank you so much for giving us the opportunity to spend a few minutes with you and share some information about Medicare. So, as we all know, the Medicare population is growing by the day. This year, we are expecting to have more than 60 million people enrolled in the Medicare program. We are getting in an average of 10,000 individuals every day joining the Medicare program.

So, it is crucial for us to have some basic information about the choices that those individuals face when they come into Medicare. Specifically, we will have many individuals coming in or aging from the Health Insurance Marketplace. Those individuals face choices and questions about how becoming eligible for Medicare affect their enrollment in the Marketplace and specifically what choices do they have when they age into Medicare.

Nevertheless, we will also address those individuals who are already enrolled in Medicare and contemplating the option to joining a Health Insurance Marketplace. So, this time of the year particularly is confusing for many people and that's because everyone have their Open Enrollment period around this time. This is from employer plan to Medicare plan through the marketplace where the Open Enrollment will begin November 1st through the end of January next year. So, again this is a time that the individual will be looking around about their options and asking questions.

So, again my goal today is provide some basic information so this individual - we can guide these individuals through decision-making so they can make the right choice with the options they have. So, I'm going to be mentioning for those who have the slide in front of them, I'm going to be mentioning the slide number that I am within the presentation so you can follow along.

So, I'm going to start with slide number three which is basically the topics that we will be focusing today enrollment consideration for marketplace enrollees. So, the first thing we're going to be looking at is whether the individual has minimum essential coverage. That is the requirement that exist today as a result of the Affordable Care Act that the individual had minimum essential coverage, qualify for an exemption or may have to pay a fee, becoming eligible for Medicare and choices that individuals have coming from the marketplace.

Those contemplating terminating Marketplace coverage when they become eligible for Medicare and the timing for doing so Medicare and people with disabilities, so Medicare is also for those who are on their 65 with certain disability. Also, the marketplace have what they call the small business health option program whereby a small employer can choose to buy health insurance through the marketplace for their enrollees and how does that affect Medicare and also help paying for Medicare course for people with limited income and resources.

So, that part – that last part particularly is important because of the questions of individuals that are getting help in the marketplace in the form of premium tax credit and cost sharing reduction and thinking that that is the best they can

have. So, we're going to talk a little bit about the help that exist within Medicare to help those individuals that they may be better off going into Medicare.

Now, I'm going to and switch to slide number four, Medicare and the marketplace. So, the first message we're going to get across to individual with Medicare is that Medicare – those enrolled in Medicare Part A, are considered to have minimum essential coverage. And I mentioned the requirements in the Affordable Care Act that you have minimum essential coverage qualify for an exemption or pay a fee when you pay – when you (file) your taxes. So, right at the back, if you're enrolled in Medicare, you don't have to worry about having to meet this requirement.

In fact, Medicare along with all the other forms of health insurance that you have will be sending a 1095 or Form 1095B every year, telling the individual that they have minimum essential coverage and they could use our form to file their taxes. Now, the marketplace plan is not a platform for individuals with Medicare to evaluate their options.

In fact, we have the medicare.gov website that is a consumer friendly website to help individual choose or compare health plans as well as prescription drugs option for those individuals. So, again, if you have Medicare, you would really or generally don't need to do anything with regards to the Marketplace. Medicare again is not part of the Health Insurance Marketplace.

I'm going to switch to slide number five, so those individuals a I mentioned at the beginning who are not involved in Medicare are looking into the Marketplace plan. What would we need to tell these individuals? So, if you're already enrolled in Medicare, it is against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is the case even if you only have Medicare Part A or Medicare Part B only. The only exception to the rule – to this rule is for example if the individual is working for a small employer who is purchasing health insurance through the marketplace plan. In that case, those individuals could still enroll in Medicare in addition to the employer plan that is purchased through the Marketplace.

Slide number six, if you have a Marketplace plan first and then get Medicare. So, the ideal situation for an individual is to come in from the Marketplace plan, aging into Medicare, the ideal situation for that individual would be to just go ahead and enroll in Medicare. Now, they have the option to keep the marketplace plan if they like, however, in the ideal situation they would enroll their Medicare and terminate their marketplace plan and evaluate their options and Medicare such as Medicare Advantage Plan, Prescription Drug plan, Medicare supplement to see if they qualify for Medicare saving program.

We ask the individuals that when they are transitioning from the Marketplace to Medicare to pay attention to their termination date and the Medicare effective date to make sure that they have no gap in coverage. So, when an individual aged into Medicare at anytime, they could terminate their marketplace plan. Usually even individual is terminating the entire application in the marketplace plan, they could do it as soon as 14 days in advance.

However, if there are more than one individual in the application and they're just terminating that one individual, for example if it's a couple, that one is aging to Medicare and the other one is not that individual could terminate the policy right away. So, those are kind of the – the timeframe for terminating coverage. In either case again, we just call upon the individuals to pay attention to the termination date and the beginning of Medicare to make sure that there is no gap in coverage.

The next slide is slide number seven. This is for individual choosing in Marketplace plan and still in Medicare. So, these individuals are aging into Medicare if they are not receiving social security or Railroad Retirement, those individuals are like – were not likely automatically enrolled in Medicare, that means that they have been proactive and apply for Medicare when they turn 65. So, if that's the case, these individuals could certainly keep their Marketplace blank and not enrolled in Medicare.

However, there are two things to keep in mind. Those individuals are qualified for retirement benefit on their social security or Railroad. Even if they don't – if they don't enroll in Medicare, they are going to lose their

premium tax credit and cost sharing reduction even if they don't enroll in Medicare. Now, those individuals that has to pay for Medicare because they don't qualify for benefits could and instead choose to keep their Marketplace going and if they we're getting premium tax credit, cost sharing reduction they will be able to keep it.

In either case, however, it's important for us to tell these individuals that when the time comes that they will like to enroll in Medicare that he will be a late enrollment penalty for both premium Part A and Medicare Part B. The penalty for Medicare Part B is 10 percent for each 12 months that went by and they could have had Part B but they did not enroll. The penalty for Medicare Part A is (kept) at 10 percent for twice the number of years that the individual delayed enrollment in Medicare.

Slide number eight, talked about those individuals who are already enrolled in Medicare and are contemplating terminating their Medicare coverage to enroll in the Marketplace plan. So, there are two things again that we need to focus to make sure that these individuals make the right decision. If you are enrolled in Medicare because you have to pay a premium for Medicare Part A meaning that you don't qualify for benefits, you could go ahead and terminate Medicare Part A and B. You could do it one month in advance is going to be terminated the next month. To do so, then you need to contact social security. Those individuals who will be able to go into the marketplace and if eligible, they could qualify for premium tax credit and cost sharing reduction.

However, the second group that I addressed before is those individuals that qualify for benefit social security or Railroad benefit and they qualify for premium free Part A. Now, for those individuals however to terminate Medicare social security before they approve the termination, they're going to require this individual to withdraw the entire claim for benefit from social security. That means that they will be ask to pay all social security and Medicare benefit they ever received before that could be approved. Even if they do that, they repay, they withdraw they will not qualify for premium tax credit and cost sharing reduction in the Marketplace.

Now, slide nine talks about those individuals on their 65 and qualifying for Medicare because of disability. So, when the individuals are getting tax benefit from social security, for disability benefit, 24 months later or two years later they become eligible for Medicare. They will be automatically signed up for Medicare. Now, for those two years on the meantime that these individuals were waiting for Medicare they could certainly apply for marketplace coverage possible get premium tax credit cost sharing reduction or even qualify for Medicaid. Again, on the 25th month of disability that individual would be automatically enrolled in Medicare and they will face the same choices that I just explained for the rest of the Medicare population.

Slide number 10 talk about the coverage to the small business health option program. So, traditionally, Medicare beneficiaries working for an employer whether it's a small employers or large employers, general coordination of benefit rule apply the medic or what we call the Medicare Secondary Payer Rule. That means that Medicare could be primary or secondary depends on the number of employees. Also, those individuals who are employed regardless of the size of the employer's group health plan they have, they qualify for a special enrollment period in Medicare. Mainly is to eliminate the penalty for late enrollment and Medicare Part B, they can sign up for Medicare at anytime while they're working or eight months after the group health plan terminate or the individual retires whichever comes first.

Slide 11 talks about Marketplace and Medicare prescription drug benefit. So, while the prescription drug is an essential health benefit required to be offered by each health insurance plan in the marketplace that coverage do not necessarily have to be credible to Medicare Part D benefits. However, each and every plan is required to tell the individual whether that prescription drug coverage is comparable or creditable to Medicare Part D so the individual can make an informed choice. If their drug coverage is not credible that means that if they want to enroll later they may face a Part D penalty which is 1 percent for each month that went by and they could have had Part D but they decide a no to enroll.

Finally slide number 12, talk about Medicare savings program. It is very important for us to tell these individuals that Medicare have programs to help

for those who have limited income and resources and that goes from paying Medicare Part A and B premium to pay out-of-pocket expenses to the point that individual have zero out-of-pocket expenses. And we all know that many individuals that are enrolled in the marketplace plan and getting premium tax credit cost sharing reduction even if they are on a lower income bracket they will have some out-of-pocket expenses whereas Medicare with this program, the individual will have zero out-of-pocket expenses. So, it is important for us to make sure that we screen these individuals to see if they would be better off coming into Medicare as opposed to staying in a Health Insurance Marketplace with premium tax credit and cost sharing reduction.

The next four slides, just basically have helpful resources for you to go and get more information and that concludes my quick overview of Medicare and the Marketplace.

Dan Evans: That's great, David. And before you take questions over the phone, I have a couple of scenario questions for you. The first one is: Jim he has Medicare Part D only. He did enroll in Part B during his initial enrollment period and he plans to sign up for Part B in January 2017 during the general enrollment period and his coverage at that time will begin on July 1, 2017. The question I have for you is, can Jim enroll in the Marketplace plan while he waits for his Part B to take effect?

David Santana: Right, thank you Dan. This is one of the – the questions that we get the most from individuals that decide to postpone enrollment in Medicare Part B because that's the part that you have to pay the premium. So, as I mentioned in one of the first slide in the presentation, addressing those individuals who are already enrolled in Medicare and the fact that it would be against the law for a plan to know that you already have Medicare to sell you a plan. So, right at the back, these individuals would not be able to have a health insurance marketplace plan even if they want to enroll in the plan because the law does not allow so.

Dan Evans: Great, thank you for that. I have one more scenario for you. This one entails Barbara. She works part-time and isn't getting social security retirement benefits yet. Her employer doesn't offer employer coverage so she enrolled in

a marketplace plan. Her Medicare initial enrollment period ends next month but she decided to keep her marketplace plan and wait to sign up for Medicare. Questions I have for you are will Barbara have a late enrollment penalty when she signs up for Medicare Part B? What about Part D and what should you tell her?

David Santana: Great, Dan. This – this scenario basically like almost summarized everything that we went through. So, here's the typical situation of an individual that is working part-time, the employer doesn't offer a health insurance and she went on purchase a private health insurance plan through the Marketplace, now she appears to be happy with that plan. She's not collecting social security benefits yet but I assumed that she is basically either waiting for full retirement age or she just basically postponing to collect later because usually you'll get more if you wait -- postpone your benefit up until the age of 70.

So, in either case, Barbara decided that she's happy where she's at. She's not applying for benefit and she doesn't want Medicare yet. So, what should we tell her? The first question that you asked Dan, would she be penalized for late enrollment in Medicare Part B? So, the answer to that question is yes. Medicare Part B penalty could go on forever. So, if you wait two years a 20 percent penalty, five years 50 percent, 10 years 100 percent penalty and that penalty will be based on whatever Part B premium is for the given year. And that penalty will remain there for as long as she's enrolled in Medicare.

So, that's the first thing that she needs to know so if she want Medicare later, she wouldn't be surprised by the late enrollment penalty. The second question was about Part B, so I mentioned this is the – the drug benefits under Medicare. So, I mentioned that the plan is required to tell you whether that Part B plan is comparable to Medicare. So, Barbara will know whether the employer plan is credible. If it's credible, she's not going to be penalized for enrolling later on. If it's not, she knows that there's going to be a penalty for Part D which is 1 percent penalty for each month that went by that she could have which she didn't decide to enroll.

So, what would I tell Barbara? Barbara, as you consider her option about enrolling in Medicare to be sure that she doesn't have a late enrollment

penalty. She can choose to keep marketplace coverage and also enroll in Medicare. That's another option that she has. But in either case, Barbara will not be eligible for tax credit from the marketplace and that is because we know that Barbara qualify for social security retirement benefit she choose not enrolling and that's her choice but keeping in mind that if she was getting premium tax credit it's going to be terminated because she now qualify for Medicare. Thank you.

Dan Evans: Great, that s very interesting. Now, I want to thank you David and at this time, it's time for questions from the audience and I like to turn the call over to Lisa, the moderator. Lisa, please explain the process.

Operator: At this time, I would like to remind everyone in order to ask a question, press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. And again if you would like to ask a question, that's star one on your telephone keypad. Our first question comes from the line of Leslie Freid from National Council on Aging. Your line is open.

Leslie Freid: Hi, and thank you – thank you David for a great synopsis of the marketplace to Medicare transitions. so, I have heard through the great vine that CMS and social security were either considering or have implemented a special enrollment period for people who didn't get notice or missed their – their Medicare enrollment period, can you talk a – is that accurate number one and number two how would people find out about it? Hello?

David Santana: I'm sorry, I was on mute. Actually, I will say that to my knowledge, no such special enrollment period had been granted for individuals in this case.

Leslie Freid: It might be – it might be actually under equitable relief or something. I should know that I met that last piece.

David Santana: Right and it could have been – yes, equitable relief is a process to social security that you apply to eliminate a penalty for Medicare Part B because of certain events for example an error that a federal employee or one of these contractors basically incurred by giving wrong information to someone. Outside of that, it is, you know, the equitable relief is very limited. In terms

of the marketplace plan, again if you can prove that an individual made a mistake, advice an individual you could claim equitable relief or you could prove that but outside of that I haven't heard that we have a special enrollment period for these individuals.

Leslie Freid: OK. Thank you. I'll search if I can find it I'll send you an email, thanks.

David Santana: All right.

Dan Evan: And Lisa, we'll take one more question for David.

Operator: Our next question comes from the line of Akiya Jaffill from Connecticut State Department. Your line is open.

Akiya Jaffill: Great, thanks. so, my question is does a person with Medicare but not social security – but they're not collecting their social security benefits and they want to enroll at MSP, do they have to start collecting their social security in order to get MSP benefits?

David Santana: I'm sorry, MS...

Akiya Jaffill: Medicare Savings Program.

David Santana: Medicare Savings Program.

Akiya Jaffill: Yes.

David Santana: So, your question is whether you have to be collecting social security benefits?

Akiya Jaffill: Right, they are already on Medicare but they don't have social security benefits, do they have to start and getting those cash benefits in order to get the Medicare Savings Program because we had a couple of situations where people were told that they wouldn't get MSP because they don't have any Social Security Benefits or any other income?

David Santana: No, so Medicare Savings Program is not necessarily for individual who are getting – it's not tied up to getting Social Security Benefits or not. In fact, it

helped individual that do not qualified for benefit. For example those individuals that I mentioned that you have to purchase into Medicare if you don't qualify for benefits, so that is a kind of the main group of individuals that could qualify for Medicare Savings Program whereby the state is going to pay for their Medicare Premium, Part A, Part B and depending on their income, also the (doctor) was on copayment. So to answer the question, no, they don't need to be receiving Social Security benefits to qualify for Medicare Savings Programs.

Akiya Jaffill: Thanks.

David Santana: Thank you.

Dan Evans: Great, thank you for that David and next we're going to be chatting a bit about the Medicare open enrollment period and the campaign. So folks if you have a – have an opportunity to do so, you can open up the slides entitled, Medicare Open Enrollment. And now it's my pleasure to introduce Gwendolyn Green and Maya Newman to discuss the topic, thank you.

Gwendolyn Green: Thank you Dan. The Medicare open enrollment period began very shortly and we are a couple of weeks in and the communication plan that I will be sharing with you is how we went – how the Centers for Medicare & Medicaid Services went about planning and preparing for this year's 2016 Medicare open enrollment.

Specifically, our objectives through the open enrollment through this communication plan and our outreach and education efforts is to inform our Medicare beneficiaries of their open enrollment opportunity which is the time to review and compare, and enroll in new or a retained the same Medicare program they had been in over the past year, keeping everything the same, their health plan and drug plans, whatever. Or if they choose to compare, to let the new plan and enroll in that plan.

Also during this time, it's important that we remind our Medicare beneficiaries about the different channels that we communicate and share our information, and the benefits to their – the Medicare program such as our 5-Star plan rating. In addition, our objectives included that we want to make

sure that beneficiaries are reminded about the donut hole and their free preventive benefits and we as well want to increase awareness and utilization of Medicare's extra help or LIS, low-income subsidy program that helps people with limited income to pay for prescription medications.

Our Medicare open enrollment period is divided into two phases. It's our pre-implementation phase and our beneficiary – our beneficiary outreach phase. The pre-implementation phase is – occurs during the period of August to September and that's an opportunity where CMS as well as some of our partners, we come together and we provide outreach to our information intermediaries.

These are individuals that – that have – that touch our Medicare beneficiaries and they educate them and assist them with making plan selections or we just provide them with information to our Web site or assistance with different trainings that we offer. And I'll get into those a little bit more throughout the presentation. But every year we – our national training program provides a very in depth update on Medicare and any changes that may have taken place and that is very – that training is very valuable to our information intermediaries.

Also the other phase, the beneficiary outreach phase and that occurs during the active period of Medicare open enrollment which is October 15th through December the 7th and that's the time which we'll begin the outreach to the Medicare beneficiary themselves, their caregivers or authorized representative to make sure that, you know, we're provide – we're educating about their opportunities and their benefits and services.

During the pre-implementation phase as I said before, I'm on slide 5, we partner – we – we – our information intermediaries, our partners, our providers, the plans themselves and our various stakeholders. During the beneficiary outreach phase, we're focusing on our timelines which I've already highlighted as October the 15th to December 7th.

Our key messages, if there's anything new or that may have change, anything that we want to make sure that the information intermediaries can push or

promote with the Medicare beneficiary to make that path smoother. And our various tactics which includes tactics or the way in which we go about doing our work, making sure that we're promoting the Medicare open enrollment and we're touching Medicare beneficiary across the nation.

Through our paid and earned media, campaign and our – through our various information channels and these terms may sound like they're a little confusing but we'll get a little bit more into explaining paid advertisement and more TV, radio. Earned is more like PSAs and other things that don't involve us paying for air time but we're still pushing a message. So, the CMS information channel would be things such as our CMS or www.medicare.gov, Web site which is use for our Medicare beneficiary.

And our local outreach that is done in your neighborhood, in your state, in your region and that's when we partner with people that actually – organizations that actually reside in their area and they go out and make the most and provide events and outreach and education and fairs to bring Medicare beneficiaries and to help them make better – to make – make informed decisions. And as well, we have as I highlighted before the CMS education resources such as provided through our division of training and they offer monthly as well as – monthly and specifically focused webinars and other trainings.

Okay, during the Medicare open enrollment, the Medicare open enrollment timeline, October 1, was the time period in which our plans, the Medicare Part B plan and other Medicare Advantage plans became available or visible for information intermediary to begin to explore to see what the premiums are, to see what the benefits are. And that is the time in which our Plan Finder went live.

And as I said before, October 15th is when our open enrollment began and that actually when our CMS media campaign began and that's when you may begin to see TV ads or you know radio spots that is promoting the Medicare beneficiary to review their current plan options and to explore the new options to see what would be best for them.

Open enrollment (during) the week of November the 28th, it's one week before Medicare open enrollment is to end. Usually, that week after Thanksgiving, that's when CMS begins our urgency message – message and that's when you'll see more advertisements, saying – informing Medicare beneficiaries to, there's only one week remaining in Medicare open enrollment, please make sure you have reviewed your plans, options and you have selected and you compared those options, that you make the best choice before Medicare open enrollment ends.

So, that's what we called urgency messaging. We don't want you to miss that opportunity, so. And then December 7th, the open enrollment, the (election) period end. Okay, I'll just sort of highlight a couple of key things that we always emphasize to our Medicare open enrollment such as – as I said it several times, this is an opportunity for you to review your plan.

If you're satisfied with your current plans, then we tell Medicare beneficiaries there's no need to make any changes, if you're – if you're satisfied and your coverage is exactly what you want. That we also emphasized, don't – don't forget that you have free preventive benefits that were made available through our – the MCA and also the discount on prescription drugs which I already highlighted earlier. But the most important thing that we emphasized is to protect your personal information and protect your Medicare card.

Now, we're on slide number 10, which begins with paid media campaign and I'm going to pause here and allow my colleague, Maya Newman, to take over. Maya?

Maya Newman: Thanks Gwendolyn, so right now I'm on slide 10 and this is the paid media campaign section of the presentation. We do a lot of different things at CMS for paid advertising, for the general market, national broadcast which Gwendolyn also mentioned which would include your television commercial that you may see, I know I've seen a few of them, even watching Sunday television shows recently. So, I'm sure you guys have seen some as well.

National print which would go through different publications, newspapers around the country as well and national paid search which really includes like

your Google search. So when folks are googling Medicare or open enrollment or different terms related to those terminologies, we have purchased those ad words through Google, so that we're able to kind of come up higher in search when folks are searching for that information during this time period.

We know a lot of people tend to rely on the computer and googling and things of that nature to kind of get more information and we want to make sure that we appear first or pretty high. I know other organizations also are bidding for different words such as private insurance companies as well, so we definitely want to be part of that as folks are googling.

And we also have paid advertising for the African American community which will include a national broadcast as well as local print. So, the national broadcast is really targeted towards certain morning shows and radio shows that the African American community tends to listen to quite often. That national TV included (BP) centric up and (owned) the same (inaudible).

And the national radio includes the Tom Joyner Show, The Yolanda Adams Show and the Al Sharpton Show as well. And we've also partnered with the organization to get into local newspapers that are affiliated with the national Newspaper Publisher Association which are predominantly African American publication.

And our paid advertising as well, another audience that we tend to target is the Hispanic community where we have geo-targeted radio in Hispanic communities and also print. And again, that paid search that I mentioned with Google.

Moving on to slide 11, continuing the paid media campaign, these are just two examples of our print advertisement that you see here. We know from our post campaign research from our prior year that this (creative) has tested well and was very memorable for a lot of our audiences. Therefore, we'll be using the same creative for our 2016 campaign. So these two ads, one is in English and one is in Spanish, we actually utilize these advertisements last year and we thought it did really, really well.

Moving on to slide 12, our earned media tactics this year will include national and regional and under the national tactics will include the (landscaping) announcement plans that were announced. I think there's a press release. You can go to [cms.gov](https://www.cms.gov) to get that press release.

That was announced September 22nd. We'll have satellite media tours both for TV and radio, so that will really allow us to reach into the communities where folks are (tending) to not just see advertisement and TV ads on television but we'll be able to give interviews on morning shows and local news station as well.

And we also have a print article distribution and under regional we'll do a lot of phone banking and other local events and interview with our regional administrative and local spokespeople that are really on the local level, that kind of have a better understanding of different things that are going on, that information in those regional level that they can – we can also kind of connect with the people on a more local versus the national level.

And moving on to slide 13. Our social media tactics will include Facebook, so we hope that many of you on the call today are following up on Facebook and you can get to our page at facebook.com/medicare. And throughout open enrollment season, there will be social media post promoting the open enrollment date and driving beneficiaries to the Plan Finder on [medicare.gov](https://www.medicare.gov).

Additionally, there will be blog posts about Medicare open enrollment as well as encouraging groups and beneficiaries to follow up on our Facebook and our Twitter page. So you can get to – our Twitter page, @MedicareGov on Twitter and we're using the Hashtag #MedicareOE, which stands for open enrollment, to then generate that conversation in the social media landscape.

Moving on to slide 14, this Web site below, you go to [cms.gov/Outreach-and-Education](https://www.cms.gov/Outreach-and-Education) with that link that's presented. There are ready made articles both in English and Spanish, an editable flyer that organizations can edit to provide their own information on a – in a CMS ready – ready already editable flyer for you guys.

And there are also live read public service announcements, so the special page where these tools are featured for resources, for groups to use to help us promote Medicare open enrollment season. And we also have social media graphics that we can also use to then present information on Twitter and Facebook.

And I'm now going to turn it back over to Gwendolyn to discuss our CMS information channel.

Gwendolyn Green: Thank you Maya. Okay in closing, we just wanted to highlight once again CMS information channels which are www.medicare.gov and it is through this Web site that our Plan Finder and our 5-star – with our 5-star rating system is available. We highlight our 1-800 Medicare call center and their capability. We have over 3500 CSRs trained to – trained within the 1-800 Medicare system and they are trained to use the Plan Finder and assist Medicare beneficiaries on those calls.

We have our YouTube resources. There's an extensive library available, the hyperlink is right there listed in this presentation and we have several very popular Medicare publications, a Medicare & You Handbook, which was recently mailed throughout our nation and our fact sheets. A lot of these information may be available on the Web site as I identified and we'll highlight that at the end of the presentation.

Our 1-800 call center as I said before, this slide on slide 16, just highlights the wonderful work that they're doing and the extent of the volume of calls that come in and these are specific 4.6 million number of calls that came in, in 2015 is joined – doing the Medicare open enrollment period, and these are specific calls coming from our Medicare beneficiaries. And one other thing I wanted to highlight, our 1-800 Medicare call center is available 24/7, so you know, the call will always be answered and our agencies that we assumed will accommodate our Medicare beneficiary.

Our local tactics through our outreach, we work – CMS national and our regional office works very closely with the state health insurance program and – and participating in kick-off events, ongoing open enrollment outreach

events with various departments, nonprofit organizations. Beneficiary counseling sessions, that again if you're trying to find a SHIP, again you can go to our Web site or you can call 1-800 Medicare and they will direct you.

Our frontline – let's say our frontline of defense and at arm or extension of – extension of our national – of our headquarters is our regional CMS office, and they do a number of interviews with our local media. We have press officers in each of our 10 regions and many of our regional staff attend conferences (inaudible) and promote Medicare open enrollment and do various events and – that we are participating in.

One last thing, our educational resources which was already highlighted in the – in our presentation by Maya and myself is highlighted – the hyperlink is highlighted right at the top. So, we won't go over that at the end of this presentation but if you have any questions we can just tell you a little bit about what's on that page and Maya listed several of the toolkit items from articles to – from articles and – draft in articles that you can personalized and used in your own PowerPoint different things that you can use to help strengthen your presentation in the field.

We have our training session as I highlighted before, open door forums, our conferences, our congressional briefings and our Listserv, just how we push out messaging about Medicare open enrollment to get the furthest reach.

Medicare and marketplace, that's slide 19, it's – the only thing on video just resources for you. Again, just be aware that Medicare is different from marketplace but there are – these are resources are very helpful in providing the additional information.

Lastly, I'm on slide 20, is resources to our fraud prevention. Well, we had a campaign, we have some – we have a Web site available and here's where some information can be obtained. These are two specific publications that's very informative.

Do you have any questions?

Dan Evans: Yes, thank you – thank you tremendously Gwen and Maya. That’s a tremendous amount of information you shared with everyone and at this time I like to turn it over to our moderator, (Lisa), to see if there are any questions.

Operator: At this time, I would like to remind everyone in order to ask a question, press star and the number one on your telephone keypad. And again, that’s star one on your telephone keypad.

You do have a question from the line of Irene Acopia from U.S. Social Security. Your line is open.

Irene Acopia: Thank you. I was going to ask that you share the link with us for all these presentations at the end of the call, so that – there’s been so much information conveyed, that it’s a very complicated situation that we like to have the presentation, so that we have something to refer to here at Social Security. Is that doable?

Dan Evans: Yes, the – yes, ma’am and the information is currently on the NMEP Web site.

Irene Acopia: All right. Is that nmep.gov?

Dan Evans: No, what we will do is send out a link to the Web site, so everyone will have it directly in their mailboxes.

Irene Acopia: That would be great. Thank you so much and just one other question while I have you on the phone, when we will get the information about the Medicare Premiums and the 2017 deductibles for Part A and B for 2017?

Gwendolyn Green: Yes, that information is released annually and it’s always released in the fall. We can’t give an exact date because that doesn’t rest within our particular office.

(Crosstalk)

Irene Acopia: Okay.

Gwendolyn Green: Once the – once that information is available, we pushed it out immediately through our press releases, so you will be aware.

Irene Acopia: The reason I asked you of course is the Social – yes Social Security COLA was announced last week. And so we get calls about what the Medicare Premiums are going to be, so it should be coming up you're thinking in the next couple of weeks? This is normally around the time as the COLA.

Gwendolyn Green: It will be within the next couple of weeks. You can rest assured. It was released last year – all I can speak on is that it was released last year in the month of November.

Irene Acopia: Okay, thank you.

Dan Evans: And Lisa – and Lisa in the interest of time, we do have two more presenters to go. We're going to try to move forward and the next presentation is going to be on the Medicare Plan Finder, so if you have those slides, that you can open up. And I'm honored at this particular time to introduce Mr. Jay Dobbs, who will talk about the Medicare Plan Finder.

Jay Dobbs: Thank you Dan very much. Folks, it's good to be back with you again this year. I will go ahead and go through my short presentation, so we'll have plenty of time for questions at the end. Let's go immediately to – to slide number 2, if you do have the slide deck there in front of you on NMEP Web site.

The first three or four slides, we're just going to talk about a very important tab or a set of information that I think a lot of you who are counselors or who work with counselors and in turn work with Medicare beneficiaries may want to take advantage of, it's called the manage drugs tab. It's under the plan – it's on the plan details page.

So when you click on the name and contract number of a plan, this – this tab will come up. Now both Part B plans, PDP and MAPD plans offer these – these features of this particular program. In detail, it's called the Medication Therapy Management program and if you're working with beneficiaries who

have certain chronic conditions who have to take and manage a long list of drugs and you may be spending a lot of money on these – on these drugs.

This particular tab may offer that particular beneficiary some relief, depending on their chronic conditions and whether they're eligible for certain of these MTM or medication therapy management programs. Basically, the slide show you a little bit different format from years past. So if you'd been on our Plan Finder and have used that tab before, the pages may look a little different.

But in fact, the information has been enhanced and a new part of the MTM program is – has been called and will be called in as MTM programs. Some Medicare health plans are offering those and so if you have beneficiaries who as I said maybe having to manage chronic conditions as well as a list of – a long list of drugs and they spend a lot of money on those drugs. Please check out these MTM updates under the manage drugs tab on the plan details page.

We still have more information on slide 3 and slide 4 and 5 are the Spanish update on the Spanish side of Medicare Plan Finder for the manage drugs tab. And at this point, I like to say that all the changes, all of the enhancements no matter how small are made of both sides of the Plan Finder tool. That is as we update the English side of the Plan Finder tool, we also update the Spanish side. So, the Spanish side mirrors the English side.

Moving on to slide 6, this is perhaps one of the – one of the larger changes that we've been required to make this year for PY or plan year 2017. In the past, for MAPD plan and MA plans, there was a link on the – on the health benefits tab under the plan details page that gave you an extensive view of what supplemental benefits might be available for that particular plan, as well as other details that were more specific than the general health benefits that you can see under tab itself.

That link is no longer available for 2017. Plans were not required for PY '17 to provide Plan Finder with those detail benefits in the old format. So, we couldn't – we didn't have a way to display them and so to try to cut down on the confusion we removed those links from the health benefits tab for Medicare Health Plan, the Medicare Advantage – MAPD plans and MA plans.

Slide 6 and 7, give you screenshots of what those – what the tab looks like now. The next few slides are probably what I would consider the more beneficiary, friendly, one of the more beneficiary and friendly and informative enhancements that we made in some time.

As those of you who may be former or heavy users of the – the tool will know in past years, enrollees in sanctioned plans were able to – during a personalized search see drug prices for – for that particular sanctioned plan and other data and information associated with that sanctioned plan for comparison to see if they wanted to stay in that sanctioned plan which is their right or switch to another plan which is also their right.

So only – only beneficiaries currently enrolled in the sanctioned plan could see any information about a sanctioned plan, that is if other beneficiaries – if there were sanctioned plan in your area, you did a general search, there would never be a hint that – that particular plan, that sanctioned plan was in your ZIP code because there was no way to see it under a general search. That has changed.

There – let me take this on two different paths to try to make it a little bit easier to understand. The – the workload that I just described, that is for current enrollees and the sanctioned plan has not changed, that is if sanctioned – sanctioned plan enrollees do a personalized search on Plan Finder, they can see drug cost and other information they need to compare their current sanction plan to any other plans.

They're the only beneficiaries who can see that detailed information. The change now comes in the general search workload that is if there is a sanction plan in your area you do a generalized search or a personalized search for a beneficiary who is not in that sanction plan. Those sanction plans will show up on the plan results page. They will be very noticeable and that they will have a very huge red button on the right of the page and in the right column or there should be an enrolled button that says Sanctioned.

If a user clicks on the Sanctioned button, they will see the pop-up that comes up on Slide 9. It explains in a link that's included on that particular pop-up a

direct link to the CMS sanction letter that was sent to that particular plan. If you click on that link, you can download that letter and see exactly why that plan was sanctioned and other details about their compliance issues. So, that's the biggest change.

On Slide 10, it explains that, again, if you're current enrollee in that sanction plan, you can see the star ratings details. If you're not a current enrollee and you find that plan through a general search or personalized search, you will not be able to see the star ratings. And again, Slide 11 and 12 show that we made the same changes in the Spanish word flow of Plan Finder.

Last slide, 13, Gwen and Maya have already talked about, but you know the drill. As Gwen said, we've been at open enrollment for almost two weeks, a week and a half, and it ends per statute on December 7th. So, that's it for my formal presentation. Thanks, everybody.

Dan Evans: Thank you, Jay, for that tremendous information. And I have a couple of very brief questions for you. So, how many enrollments did the Plan Finder record during last year's open enrollment period?

Jay Dobbs: We recorded almost 850,000, Dan. It was 846,500 in change.

Dan Evans: That's incredible. And the follow-up question is has the capacity increased to a job for more enrollments this year?

Jay Dobbs: Yes, we have. In fact, we have – we have tremendously upgraded our technical side, our backend side, where all the data resides. We've increased the number of servers, which pushed the data back and forth that will give you faster page views and more – and more users can be on the – can be in the system without any slowdowns. So, yes, we're quite proud of our technical upgrades.

Dan Evans: Great. And then finally, we get this question a lot. Does your team work closely with 1-800-MEDICARE?

Jay Dobbs: We do. We work very closely with our customer service representatives at the toll-free number. They actually use Plan Finder. They use what we call the

public facing side, which is the side that everybody uses once they get to the site to actually help beneficiaries either enroll in the plan or shop to the plan that's best for them. So, we work very closely with them. In fact, if we – if we do have issues, technical or otherwise, with Plan Finder, their – and knock on wood, we haven't really had any issues so far this year, fingers crossed on that. Our CSRs are sort of canaries on the coalmine for us. If there are any issues with the tool, they immediately tell us about it and we do have – during open enrollment 24/7 access to the technical side of the tool and to folks who can fix problems immediately.

Dan Evans: Great, Jay. It's wonderful to hear how closely you work with 1-800-MEDICARE. That's a great thing. And we really appreciate the information you provided. It's been extremely helpful. And at this time, I'd like to turn it over to our moderator. (Lisa), can you give the instructions.

Operator: Again, if you would like to ask a question, press start then the number one on your telephone keypad. We have a question from the line of (Kathleen Wallace), coordinator. Your line is open.

Kathleen Wallace: Hi. I had actually tried to get myself into these programs, the Medicare, because it's self-enrollment and I'm of that age, but I had talked with someone and she said it would cost me \$670 a month to get enrolled in Medicare. I make \$1,900 a month. I'm carrying mortgages, college debts. It's going to break me. I don't know what I'm supposed to do. That's just how Medicare is affecting me if I have to sign up for it. I'd be better off I think not signing up than signing up.

Jay Dobbs: Kathleen, I'm not really sure how to answer your question. Could you give me or give us in the room some details about where that's ...

Dan Evans: I was going to suggest maybe since it's more of a personal issue ...

Kathleen Wallace: Yes.

Dan Evans: ... why don't you just send an e-mail directly to our partnership mailbox and we'll be happy to reply to that in the ...

Kathleen Wallace: That will be great. Yes.

Dan Evans: And the e-mail address is partnership@cms.hhs.gov. We'll be happy to respond to you offline.

Kathleen Wallace: That's great. Thank you.

Dan Evans: Thank you. And next question please.

Operator: Your next question comes from the line of Glenda Walton from Schiff. Your line is open.

Glenda Walton: Hello. I was working with some clients yesterday using the Plan Finder and wanting to look at special needs plan and I noticed that a lot of the fields said Coming Soon. When will the special needs plans data be up fully on the Plan Finder?

Jay Dobbs: Do you know which specific special needs plan or what area?

Glenda Walton: There were several different plans we are looking at for clients and many of the fields looking at what the plan benefits would be and so forth said coming soon, did not have the detail that the other Plan Finder for general Medicare Advantage plans did.

Jay Dobbs: Oh, yes, ma'am. Thanks for clearing that out for me. This actually goes back to an earlier question in the presentation that when responded to regarding Part A and B premium rates deductibles and those sorts of amounts. Since those amounts have not been released yet by CMS, we can't post them on Plan Finder, but that's what that particular text means and coming soon. Once those limits, those deductibles and other amounts for Part A and B are released, the Plan Finder will be populated with those numbers.

Dan Evans: Great. Thank you, Jay, for that particular answer. And at this particular time, we're going to move on to the last presentation. We are a little bit short of time, but there's been tremendous information for everyone. So, I applaud all the presenters.

In the next slide – next presentation, we’re going to be talking about the Medicare Hearings and Appeals process and if you could take a look at your slide from NMEP Web site. And I’d like to, at this time, hand it over to our last presenter, Mr. Jason Green.

Jason Green: Thank you very much and thank you to the CMS Partner Relations Group for allowing us to participate on this call today. This is Jason Green. I’m the Chief Advisor for the Office of Medicare Hearings and Appeals. And just to reorient everyone, our office administers the nationwide ALJ hearing program for Medicare benefit and claims appeals. And on my slide 3, I outlined what that entails. But the rule of thumb is basically is we hear appeals when items or services that are furnished to beneficiaries are denied. Usually the appeals come from the providers or suppliers, but they do come from beneficiaries themselves on occasion.

We also hear appeals from the Part C Medicare Advantage program and the Part D Prescription Drug program, again, for denials of items, services, or in the case of Part D, drugs. And almost always, those appeals are by the enrollees, the equivalent of the fee-for-service beneficiaries. So, we do have a population of beneficiaries/enrollee appeals that we – that we have here. We also adjudicate appeals from Social Security Administration determinations regarding entitlement and some premium issues. And again, those are coming from beneficiaries.

So, moving on to my Slide 4, if you have the deck, we have an experience of significant challenge with our workload in recent years. It was at a high of over 900,000 pending appeals at one point. Right now, we’re down to about 700,000. Our average processing time for appeals in fiscal 2016, which just ended, however, I only had data through the end of the third quarter, was 935 days. So, obviously, that’s not good. We do have a statutory provision that says appeals from Part A and B quick reconsideration, which are the bulk of what we receive, are supposed to be done within 90 days. So, obviously, we aren’t meeting that standard overall.

However, as this challenge emerged, we quickly recognized that the beneficiaries were going to be impacted and we have established prioritization

policies that make sure we are continuing service to the beneficiaries. Our goal is to meet that 90-day requirement. So, that is a special carve out.

We do receive about 5,000 to 6,000 of the beneficiary appeals per year. To give you some concept of that, that's about 3.5 percent of our appeals in fiscal 2016. In previous years, it was a lower percentage, but it's only because we had a higher number of provider supplier appeals. But the number, the whole number of beneficiary appeals is fairly constant between 5,000 and 6,000 a year.

So, while it's not a big percentage, again, the importance of those appeals because this is – these are items or services the beneficiaries aren't getting or that they would have to pay out of pocket on or is possibly preventing further items or services. All those have weighed heavily in our minds and making sure that we can service those beneficiaries as prime in our mind.

Also on Slide 4, I provided some information on the timelines that we are seeing in recent years. So, in fiscal 2016 – and I'm always a little hesitant when I have partial year data – we're running about 72 days and that's in contrast to the overall 935 days that other appellants are seeing. So, that's very good. I think looking at the fiscal 2015 appeals, it's probably a better measure, (met) at 86 days. Because we're still processing fiscal 2016, the 72-day figure – I have 71.4 in the slides – I think is a little premature. I think it will grow into the 80s as we close out those appeals in the coming months. But again, I just wanted to give you a little perspective of how we're performing in the area of beneficiary appeals.

Moving on to Slide 5, I detailed our beneficiary prioritization program. We initiated in 2013, again, to make sure those beneficiary appeals were being put on the top of any pile on anyone's desk, whether it's electronic or on paper. It is done first and foremost. So, that was the rule. And then in 2015, we revised it just a bit because we started to see some indication that providers and suppliers who were the ones who were actually liable and generally appealed things. We're trying to take representation positions from the beneficiaries and use that prioritization policy to get to the head of the line.

Some were legitimate, but some we did not see as legitimate. So, we did implement a new provision where an appeal would not be prioritized. Just the beneficiary wasn't financially responsible and they were represented by a party with an independent appeal rights, again, provider/suppliers, or they were represented by a representative who also represented the independent party with appeal rights.

So, that was our policy and that continues to be the full policy, but we also had an intervening event where some beneficiaries whose appeals were delayed, filed in action in the federal court, and that was a reaction to their particular appeals, which were delayed – significantly delayed at that as well as their concerns about their colleague, if you will, beneficiaries and enrollees. So, working with the council for those plaintiffs, we were able to resolve that suit and make sure all beneficiaries and enrollees were getting to the front of the line. And we also made some improvements going forward through this agreement with the – with the plaintiff's counsel.

So, it was actually one of those instances where I think we and the plaintiffs had a common goal, which was to make sure that the beneficiary appeals were moving to the front of the line and we had some improvements going forward and how we can service the beneficiaries. Excuse me.

Moving on to my Slide 6, the enhancements coming for the beneficiary community that we have – that's a result of our 2016 agreement. We have a new dedicated beneficiary help line. It's a toll free line and that line is 844-419-3358, again, 844-419-3358. It's staffed from 8:00 a.m. to 4:30 p.m. Eastern Time. And if someone is not available to take the call because they're helping other customers or if it's after hours, there is voicemail available. It's overseen by one of our division directors. Her name is Anne Lloyd and she oversees OMHA's field operations. And the line is available for general questions or status of appeals. We're just troubleshooting issues with pending appeals.

We're also going to increase transparency on our appeals data related to beneficiaries. So, it's going to have the average wait time for decisions, which I discussed on Slide 3. It's also going to have the number of pending

appeals and where those appeals are in the process if they've gone over 90 days. And that's going to help everyone see where in the process they might be and also allow for the plaintiff's counsel and that action I discussed to monitor and make sure we're keeping our word, which is going to happen and I'm going to make sure of that.

Moving on to Slide 7, we are also going to be working with 1-800-MEDICARE. The CMS Office of Communications runs that program. And we're working to get those scripts revised, so operators know to direct beneficiary callers to OMHA's beneficiary help line and also give them information about the prioritization program, and those should be up and running by the end of this month.

We're also – excuse me – revising the form for requesting an ALJ hearing or review of a quick dismissal and revising the appeal instructions that contractors provide to give the beneficiary community more information on the program as well as how to make appeals and get into the right mail stop at OMHA, and that's going to come out no later than January of 2017, but I am hoping it will be sooner. We are ahead of schedule on that one.

So, moving on to Slide 8, the beneficiary prioritization program is there for beneficiaries, but we need everyone's help in making sure that the request gets to the right place. We do have a specific mail stop and I provided the address on Slide 8. It's also on our Web site and it's also in the appeal instructions that beneficiaries receive with their reconsiderations.

So, the other item I wanted to mention is if a Notice of Assignment is not received within two weeks after a request for hearing was sent in, they should check with our online portal or call our beneficiary help line. We should be getting those notices of assignment, which tells the beneficiary or his or her representative where the appeal is assigned in terms of which field office as well as the judge. So, if they aren't getting that within about two weeks, they should start calling and asking so we can troubleshoot any issues that might have arisen.

And in my slide deck on slides 9 and 10, I provided some information on using our online tool for the Status Lookup. I'm not going to go through it over the phone. It's a little complex to explain. It is pretty straightforward to use though. So, if you want to go to the OMHA Web site, we do have a link to it as well.

On Slide 11, I have information about contact in OMHA. If an appeal is assigned to an ALJ, the first line of communication should always be with the ALJ team. If you aren't getting a response or you have other issues to troubleshoot, again, the 844-419-3358 toll-free beneficiary help line is there. Other appellants, we have another toll-free hotline to use. And then we also have an e-mail that people can use. But do keep in mind that if you have personally identifiable information, you should probably just call rather than e-mail that. We also, for Part D expedited appeals, do have a separate line for those. Those could be filed orally, the request. So, we have an 866 line for that.

So, with that, I'm going to turn it back over for questions. I know that was a lot of information. We're almost at the end of the 2:30 period. So, I wanted to make sure we had some time.

Dan Evans: Yes. Thank you, Jason. That's really interesting information. And Lisa, I like to turn it back over to you for the Q&A.

Operator: Again, if you would like to ask a question, press star and the number one on your telephone keypad. And again, that's star one on your telephone keypad. We had no questions in queue at this time. I'll turn it back to the presenters.

Dan Evans: OK. Great. Great. Thank you, again, Jason. And at this time, I would like to introduce Mr. Tom Dudley of Partner Relations Group. He has some important information for you regarding the flu season.

Tom Dudley: Thank you, Dan, and good afternoon, everyone. This is kind of like my annual (PSA) regarding the importance of getting the flu vaccine. I'm a nurse by profession. I'm an RN. I won't say how many years. There is a flyer that was sent out along with the appointment and the e-mails that went to everyone who was signed up for this webinar. It's called – it's a flu flyer and it's

basically very simple one prepared for the flu season, protect yourself and those you love and get your flu shot. We really want people to share this, post it, get it out there. It's very important that people get their flu shot.

The flu vaccination is recommended for anyone six months of age and older. I might want to note that the – on this flyer, the needle seems a bit large. You can tell people it is not that big. It's much smaller. However, anyone who may have younger children, they're going to be disappointed this year because the flu mist is not approved for use this year. It was found not to be effective and it is not recommended for anyone this year. As most of you already know, flu is a serious illness that does not discriminate. Many people are hospitalized or even die every year from flu-related complications.

The shot is actually covered under preventive benefits under the Medicare, Medicaid and CHIP programs. It is also one of the essential benefits of the marketplace plan – for the marketplace plans. People, especially high risk for complications, include children younger than 5, especially children younger than 2 years of age, adult 65 years of age and older, pregnant women, resident of nursing homes or other long-term care facilities. American Indian or Alaskan native have higher incidence of complications. And those are – there are many different medical conditions, such as asthma, neurological, chronic lung disease, heart disease, blood disorders such as sickle cell, endocrine disorders such as diabetes, kidney disorders, liver disorders, metabolic disorders, weakened immune system due to disease or medication such as people with HIV, AIDS, or cancer, people younger than 19 years of age receiving long-term aspirin therapy, and people with extreme obesity. That's quite a long list and it encompasses many different people.

Bottom line, flu is a very serious illness. It is very important for you to get vaccinated to protect – not only protect yourself but to protect those around you. And I'll step off my soapbox now and turn it back over to Mr. (Dan Evans).

Dan Evans: Thanks a lot, Tom, for that very pertinent information. And we'd like to thank everyone who participated in the call today. We hope that the information presented will be very helpful to you and the work that you do on

behalf of the people you serve. We look forward to continuing our work with you and we really deeply appreciate your assistance all throughout the year.

If you would like to revisit this Web meeting, please visit CMS' NMEP page. In about a week, there will be an audio recording and other materials will be posted on the Web site. Then again it will be the CMS NMEP page. Additional questions that you may have, please e-mail them to partnership@cms.hhs.gov.

Thank you again for joining us today. We wish you a wonderful autumn.

Operator: This concludes today's conference call. You may now disconnect.

End