

Transcript

CMS Medicare Advantage and Prescription Drug Plan October 1, 2009 2 : 00 PM ET

Operator: Good day, ladies and gentlemen, and welcome to the 2010 Planned Landscape Conference Call. At this time, all participants are in a listen-only mode. Later we will conduct question and answer session and instructions will follow at that time. If anyone should require assistance in the conference, please press * and then 0 on your touch-Tone telephone. As a reminder, this conference call is being recorded. I would now like to introduce you to your host for today's conference, Bob Adams.

Bob Adams: Good afternoon and late morning for those in Pacific Time. Thank you for joining us on this call to hear about the Medicare Advantage and Prescription Drug plan Open Enrollment for 2010.

The Centers for Medicare/Medicaid Services understands how important this information is for you as organizations dedicated to helping benefit beneficiaries, to have this information for your counseling and your day-to-day education efforts. Because virtually all Medicare beneficiaries will have a wide array of Medicare Advantage and prescription drug plan choices, we wanted to give you an overview so you can help your beneficiaries carefully review their current plan to insure that it continues to meet their needs.

Our speaker today is Tim Hill, Deputy Director of the Center for Drug and Health plan Choice at CMS. There will be an opportunity as the operator said, following Tim's remarks for questions, which will be taken in line by our operator for today's call. We will now hear from Tim.

Tim Hill: Okay. Thanks, Bob. So I am going to go through here this afternoon and talk about Part C and D changes and talk a little bit about LIS, and then we can take some questions. I think that some information may have gone out in terms of Web sites to go to to get more data, and if not, we can make sure to get you those links at the end of the call.

So, as we sort of work through the open enrollment period, we want to just be sure we are all on the same page here, that we are trying to seek to give beneficiaries as much information as they can to understand if the Medicare program is strong, that they have a broad array of health choices for 2010, and that their choices are as good, if not better, as they have ever been.

For Part C, the Medicare Advantage plans, for Medicare Advantage, as with last year, 99% of beneficiaries continue to have a variety of MA options. The weighted average plan premium for all MA plans is \$39.37, which compares to the premium in 2009 of \$31.51. It is an increase of about 25%. We have made a number of improvements this year to the MA benefits that we think are going to be a big help to our beneficiary community.

On cost-sharing, we made some changes to the way we negotiated the plans and the way they structure their benefits that will result in about 4.3 million beneficiaries being in plan benefits designs that are more favorable to them in terms of their cost-sharing for a wide variety of benefits. In addition to their cost-sharing issues, we also view maximum out-of-pocket benefits as an important beneficiary protection. This year, access to plans with a maximum out-of-pocket benefit remains nearly 100%, that's access to a plan. An actual enrollment in plans with a maximum out-of-pocket will go up by about 10 percentage points from 21% to 31%.

This year in our call letter we also articulated the desire to make the choice comparison for beneficiaries more simple, and we indicated our desire to reduce low enrollment in duplicative plans, so they are not sort of clogging up the system, if you will. Working with, collaborative with, health plan sponsors we reduce the number of low enrollment in duplicative plans by about 400, which is about 12% of plan offerings. And even while reducing that number of plans, there still is in every county, a wide array – in most every county with the exception of one state, a wide array of plan offerings.

There is sort of the one area that we do have a concern about and that we will be working with you all on over the next few months is about 1.5% of all Medicare beneficiaries or 7% of all MA enrollees will be losing coverage at the end of 2009 because their MA or Part D plan that they are in now is not going to be offered in 2010. 73% of these bennies are in private fee-for-service plans. Many of the private fee-for-service plans have chose to discontinue their offerings in 2010 due to changes in the program made by Congress in 2008, including the requirement that plans maintain a contracted network of providers in 2011.

I want to stress that, notwithstanding the business decisions that plans have made that have resulted in these non-renewals, Medicare beneficiaries are still covered by Medicare for their health care services, even if their current plan is not being offered for next year. And even with the non-renewals, more than 99% of the affected benes will have access to an MA plan in their area.

We are conducting an aggressive education effort so that beneficiaries know about the remaining choices available to them and to help them select the most appropriate choice. We want to work closely with you as we sort of move through the open enrollment period to insure a smooth transition for beneficiaries.

All beneficiaries affected by non-renewals will also receive information directly from their plan, as well as directly from CMS, letting them know that they need to make a choice and what those choices might be. We will continue to target our outreach efforts in geographic areas where there are a significant number of beneficiaries.

Moving on to Part D. Part D beneficiaries in 2010 will only see slight changes in their premiums and benefits. Part D premiums will be lower than we previously estimated, with the average annual premium being about \$30.00. Beneficiaries will continue to have broad access to Part D plan choices in 2010 and with no region having fewer than 41 plan offerings. Since 2010, the number of plans has gone down each year, and that continues in 2010, where there will be 6.8% fewer plans than were offered in 2009. But as with the MA program, we believe that this actually

helps us simplify the benefit and makes it easier for beneficiaries to make a choice, so sort of a reduction in misplace is really about duplicative offering than it is about reducing choice or options. Beneficiaries in every region have access to a wide variety of options, including zero-deductible plans and enhanced plans with some form of generic gap coverage. Formularies remain largely unchanged from 2009.

A word about the LIS bennies-- beneficiaries, in 2010, our preliminary estimates are that about 1 million beneficiaries are going to have to be re-assigned to a different PDP sponsor to ensure that they remain in a zero-premium plan. This is about 100,000 fewer than in 2009, and roughly half would have been – had we not implemented a low-income subsidy benchmark demonstration under the Medicare statute – the demo is going to allow us, as I said, to not have to re-assign nearly as many bennies-- beneficiaries as we had thought.

We are going to take a number of steps to insure that beneficiaries are well informed about the LIS-- the reassignment process, notifying all reassignees that they have to – that they will be moved to a zero premium plan, effective January 1, unless they make a choice on their own. We are providing detailed information about reassignees to the plan sponsors who are losing and gaining, as well as to 1-800-MEDICARE and our partners, including the states and the SHIPs.

We have also conducted readiness audits of plans receiving LIS reassignments and auto-enrollment and will continue to review the status of the plans to be sure that they can administer the benefits for these LIS reassignees when they get them through the fall.

One new wrinkle for us on the LIS side this year has to do with folks who we call choosers. These are the roughly two-and-a-half million LIS beneficiaries who have previously chosen to enroll in a plan on their own. As you know, these folks, these choosers, do not get reassigned. Under our rules, we don't reassign somebody who affirmatively made a choice to be in a plan. Unfortunately, a significant number of these folks actually end up paying a premium. So for 2010, we are going to expand a mailing to these folks to ensure that they understand that there are stand-alone prescription drug plans with premiums without a planned premium in their area so that they can -- we can help them make a choice if they want to get into a plan that does not have a premium.

Let me just say before I close this out that we have a number of tools and resources to help beneficiaries and their family members compare health and drug options, including updating our information on the Web site candidmedicare.gov. Beneficiaries will be receiving their handbooks in late-- during October, and also working with our partners like you all, with a health insurance assistance programs as well as other folks out in the region to help them make choices. Our oversight of plan marketing activities will be vigorous this year to protect beneficiaries from inaccurate or misleading information, or from prohibited tactics conducted on the part of nefarious or unscrupulous agents or plans. And plans are on notice that we are going to apply the strongest tools to sanction anybody who we find violating these rules.

So, we expect to have a wide range of plan offerings, and we expect to do all we can to help beneficiaries make their choices for 2010.

With that, I am going to stop and see if folks have any particular questions that we can help you answer.

Operator: Thank you. If you have a question at this time, please press * 1 on your Touch Tone telephone. If your question has been answered, or you wish to remove yourself from the queue, please press the # key. Again, if you have a question at this time, please press * 1.

Our first question comes from Chris Reed (ph).

Chris Reed: Good afternoon, I am with the Ohio SHIP. My question is when can we expect to get the detailed list of the plans available in our region, both Part C and Part D?

Tim Hill: Today. They went up on the website today. Look in the bottom – I am not quite sure how we are getting that information out –

Unidentified Participant: We are pushing that out to all partners.

Tim Hill: It's getting pushed out today, so you should see that very shortly.

Chris Reed: Wonderful. Thank you.

Operator: Our next question comes from the line of Kathy Horgan (ph) from Agency on Aging.

Kathy Horgan: Hi. I was wondering why there isn't some notice of which plans are benchmarked when you are actually on the site to help people understand them a little better?

Tim Hill: I think -- we believe it is, and it is in the landscape.

Kathy Horgan: Okay. It's not really

[CROSSTALK]

– it's easy – you know, it's easy for someone doing their own to miss and I don't know if there is any way to up that a little bit?

Tim Hill: We will take a look. We thought it was, but to the extent we can make it more visible, we will do that.

Kathy Horgan: Well, that's great.

Operator: Our next question comes from the line of Shelly Blackstone (ph).

Shelly Blackstone: Yes, Hi. I am with an employer group in [Henrico] County, Virginia, and I was interested in knowing if you will be actually sending us the list of low-income subsidy folks or if-- I am concerned about reassignment. We have a group product.

Tim Hill: If you are getting reassigned benes-- if we are reassigning beneficiaries to your plan, you would have heard by now.

Shelly Blackstone: I was more concerned of them being reassigned away from our plan.

Tim Hill: Oh.

Unidentified Participant: We have listed all the plans that have lost people and all the plans that have gained people in each region. I think as the contract ID –

Tim Hill: Right –

Shelly Blackstone: Yep –

Unidentified Participant: -- presumably, you can figure it out from looking at that.

Tim Hill: Right. So we are posting those plans by region, so you should be able to see on the Web site.

Shelly Blackstone: Well, it's the plan reassignments, but it's not actual individual beneficiaries that we receive a list of?

Unidentified Participant: You will be getting a list of – the gaining plans get a list of people they are gaining, and the losing plans get a list of people they are losing.

Shelly Blackstone: Right.

Unidentified Participant: I am not sure what more we could do.

Shelly Blackstone: How does the employer group know?

Unidentified Participant: Well, I (inaudible)

Tim Hill -- your plan.

Shelly Blackstone: Okay. So they'll just – they may reject when we try to enroll them , is that what will happen?

Unidentified Participant: So if I understand what your issue is, you are saying that you think there might be a reassignment that goes on and in fact, it's the beneficiary who would enroll in your plan?

Shelly Blackstone: Yeah.

Unidentified Participant: Okay. So, my understanding is that they enrollment trumps, is that right?

Tim Hill: If they choose you, that's what will trump. But I think you should work with the plan and we can put in touch with some folks in the regional office if we have a question about how this all operates.

Shelly Blackstone: Okay. We are going to do a check on –

Tim Hill: -- okay.

Shelly Blackstone: --anybody we reject that is enrolled with the – we will work with our plan to do that.

Tim Hill: Thank you.

Operator: Our next question comes from Sharon Miller of Monroe County.

Sharon Miller: Hi, I am with the SHIPs in Pennsylvania. I just wanted to know do we have a number as far as what it will be for the gap at this point, or not – you know, the amounts for the gap for the donut hole?

Unidentified Participant: You mean the dollar amount when you enter the gap?

Sharon Miller: Right.

Unidentified Participant: Oh, Goodness.

Sharon Miller: Do we have that yet, or not?

Unidentified Participant: That's been out for a couple months.

Tim Hill: That's been out.

Sharon Miller: That's what?

Tim Hill: That's been out.

Unidentified Participant: It's been a long time, since April.

Tim Hill: So, the answer is yes, but I don't know if I can tell you what it is right here.

Sharon Miller: So, for 2010, the new amount has been out?

Unidentified Participant: Oh, yes, since April, when plans had to prepare their bids.

Sharon Miller: Okay. So where can I find that then, because we – okay. I was at a meeting and we weren't even told anything –

Unidentified Participant: -- as proof, which is the insurance of 2010. But we posted that on our Web site.

Tim Hill: That sounds high. Working with Bob, we will push that out through to the SHIPs to make sure you get it.

Sharon Miller: Oh, okay. Thank you.

Tim Hill: Yep.

Operator: Our next question comes from Andrew Sperling (ph).

Andrew Sperling: Hi, on the choosers-- I want to be sure that I understood that number quote, that is 2.5 million choosers you know of, that doesn't mean-- that certainly all 2.5 million of those choosers are at risk of a higher premium or have chosen a plan that is moved above benchmark, does it?

Tim Hill: Correct. A portion of them have chosen a plan that adds a premium.

Unidentified Participant: (inaudible) every person that has chosen a plan that has a premium in 2010. Now, of course, more people could choose a plan going forward that they do so then of course --

Andrew Sperling: Yeah, the issue wasn't the going forward but the looking back. In other words, do we know yet how many of those 2.5 million are at risk of a higher premium in 2010 or are actually-- not just a higher premium but essentially no longer zero premium and, essentially, have chosen a plan that is now in 2010 above benchmark?

Tim Hill: But the point is we know those-- in 2009, we know everyone of those beneficiaries pays a premium.

Andrew Sperling: Okay.

Unidentified Participant: No, in 2010, everyone would pay--

Tim Hill: --would pay a premium, excuse me.

Unidentified Participant: The letter would say, here's your premium in 2009, be it zero or be it, you know, 250 or whatever, here's your premium in 2010. Here are all the zero premium plans.

Andrew Sperling: I got it. Good. It's just that that number has always been a lot lower in terms of choosers that chose a plan that in the forthcoming year was above benchmark.

Unidentified Participant: Right, and the reasonable -- first of all, the number of choosers goes up every year because people choose. Secondly, in the past, we identified the chooser group as only people that were in a zero premium plan and moved to a plan that going forward, would

have a premium. This year we took a more expansive view of the chooser population and (inaudible) are going to mail to every single person that would have a premium as to their choice.

Andrew Sperling: Right. Thank you.

Operator: Our next question comes from Rochelle Bluff (ph) from Ohio Department of Insurance.

Rochelle Bluff: Hi. I am curious as to what sanctions CMS will be placing on agents and companies who violate the Medicare marketing guidelines.

Tim Hill: The sanctions that we would apply, to the extent we apply sanctions, are to plans, not the agents. We have a wide variety of sanctions available to us starting at the very minimal, you know, compliance letter sort of "stop doing bad things" all the way up to civil monetary penalties to suspension of enrollment, marketing and payment. It would just depend upon the transgression. We'd have to investigate, find out what they did and we would take the appropriate action.

Operator: Our next question comes from Bruce Strongman (ph).

Pat Sinera: Hi. This is Pat Sinera (ph) with Bruce. I think you have already answered my question. I wanted to know when we would have the detail information of the plans for next year.

Tim Hill: Right. We should have that today.

Pat Sinera: Thank you.

Operator: Our next question comes from the line of Shelly Mattson (ph) from Vernon County Aging Unit.

Shelly Mattson: Good day. My question is regarding-- I want to be sure I didn't miss something in what this enrollment period is called. I see in the announcement for this teleconference and at the beginning of this conference it was referred to as open enrollment period. Was that changed from the AEP, the annual election period, or annual enrollment period that it's been referred to in the past?

Tim Hill: No, I think that's just our shorthand for annual election period.

Shelly Mattson: Okay, yeah, because my understanding was open enrollment, particularly relating to MA plans, is a whole different scenario, so I just wanted to be sure that I was clear and I hadn't missed something in the process and -- because we all need to get our nomenclature correct so we can pass that on to our -- to the people that we're helping.

Tim Hill: Okay.

Shelly Mattson: Thank you much.

Operator: Our next questions comes from Yvonne Clearwater (ph).

Yvonne Clearwater: Hi. Just wanting to know about the Medicare advantage and the PDP pull out for 2010, when are we going to get the specific plan numbers? We have the – we have how many people are going to disenrolled. I would like what plan it is, if it's an MA, is it a PDP and what the name of it and the plan number.

Tim Hill: I thought we had given that to the SHIPs.

Yvonne Clearwater: I am not sure if I am still on but we have a – we have the numbers and we know that in Illinois, they are all MA plans, but I don't know what the name of the companies are.

Tim Hill: All right. Well, we will make sure that gets out. We thought that had been provided, but we'll make sure that gets out.

Yvonne Clearwater: Thank you.

Operator: Our next question comes from Nancy Lombard (ph) from Southwestern Connecticut Agency on Aging.

Nancy Lombard: Hi. I just would like clarification. Did I understand you to say that the Medicare in year 2010 handbooks are coming out late October?

Tim Hill: October. I said late, but it's October.

Nancy Lombard: So, anytime during the month then?

Tim Hill: I believe so, yes.

Nancy Lombard: All right. Thank you.

Tim Hill: You're welcome.

Operator: Our next question comes from Barbara McGregor (ph) from Area One Agency on Aging.

Barbara McGregor: Yes, thank you. I wanted to know if there is an analysis of the formularies of the benchmark plans because one of the things that we found last year was that we had to, – people were coming to us because they benchmark plans weren't covering their medications, and it seemed to have changed quite a lot this last year. And that's why they chose new plans and that's why they're having to pay premiums, so I am wondering if you looked at the benchmark plans to see if, in fact, they covered some of the more expensive medications.

Unidentified Participant: All formularies that we approved have gone through an extensive review process so they have all been approved to cover a wide range of diseases that Medicare beneficiaries are likely to have. But we think in general, all of them are adequate. But we can't – we have not looked specifically at a formulary for benchmark plans to see how they compared to last year. We can do that.

Barbara McGregor: Well, if not last year, maybe the year before because last year was particularly bad. In our area, we lost two benchmark plans because they were sanctioned, so that was the fewer number. And then what we found was none of the benchmark plans covered certain pretty common but expensive medications and so people had no choice but to end up paying premiums and this – last year was the first time that we had seen that happen, and so I am a little – I am just wondering if you are aware that that happens, and to see-- I know everybody – they all have to have medications in all the categories but they are pretty much eliminating some so that there are avoiding some of the medications – well, this is my analysis, perhaps I am not being fair. But it appears that they are avoiding some of the more expensive ones that are the most effective and, therefore, low-income people can't get them unless they pay more.

Unidentified Participant: I think if you have specific examples of that, you should send it to us.

Barbara McGregor: Okay. I will. Who do I –

Unidentified Participant: Do you want to send it to Bob?

Bob Adams: Yes. You can send that to Robert.Adams2@cms.hhs.gov.

Unidentified Participant: And we can look at the specific drugs that you are talking about and see what's happening for 2010 versus 2009.

Barbara McGregor: Great. Thanks so much. Could we have that address again?

Bob Adams: Yes, It's Robert.Adams2@cms.hhs.gov.

Barbara McGregor: Great. Thanks so much.

Bob Adams: You're welcome.

Operator: Our next question comes from Colleen Massey (ph). Colleen, your line is open.

Colleen Massey: I am sorry. The question that we had – wait, what did we do?

Operator: Your line is open.

Colleen Massey: I apologize. The question that we had was in regards to Medicare Advantage plans dropping the market. What happens to those individuals? Are they going to be assigned to another plan or are they going to have an option, or are they going to just lose coverage if they choose not to do anything?

Tim Hill: If they choose not to do anything, they will be back into Medicare, original Medicare. And so we have – we'll be undertaking throughout the fall a series of mailings and in particularly hard-hit regions, direct outreach to beneficiaries so that they understand that if they want to remain in Medicare Advantage and particularly for those who are getting their stand-alone drugs, if they want to continue their drug benefit, they need to make a choice during this open enrollment, during the annual election period. So, because otherwise they do go back to original Medicare, and if they don't pick, you know, they will lose their Part D coverage. There are some low-income benes, roughly 60,000, that are part of that non-renewing category that just as part of normal reassignment or because of normal reassignment, they will be reassigned. But that is by virtue of the fact that they are low-income, not because they are in a non-renewing plan.

Colleen Massey: Okay. Thank you.

Operator: Our next question comes from the line of Lisa Alba (ph) from Southwestern Connecticut.

Lisa Alba: Yes, hi. What is the benchmark amount for 2010?

Tim Hill: Depends on the region.

Lisa Alba: Well, for Connecticut.

Tim Hill: We weren't prepared here for the benefit side. We cannot – we'll send that information out.

Lisa Alba: Okay. Thank you.

Operator: Our next question comes from Leslie Preed (ph) from the Alzheimer's Association.

Leslie Preed: Hi everyone. Can you tell me if there are regions this year that have a very few number of benchmark plans in the Part D?

Tim Hill: Every region has at least four.

Leslie Preed: Okay. A lot better than last year. Thank you.

Operator: Our next question comes from Don McKerry (ph) from Western Connecticut Area Agency on the Aging.

Unidentified Participant: -- for Don McKerry. The remark was made that formularies mostly will remain the same in 2010. Reference pricing is a de facto shrinking of the formularies. Do you have any figures on whether the use of reference pricing will increase and, if so, by how much?

Unidentified Participant: No. They won't increase. In fact, we don't expect you to see reference pricing –

Unidentified Participant: -- in any -- right. We basically don't allow referenced pricing anymore.

Unidentified Participant: So the formulary isn't shrinking. Instead, in fact, it was happening (inaudible) there is no reference pricing.

Caller for Mr. McKerry: Are you saying to me that you guys are not going to allow the use of reference pricing going forward?

Unidentified Participant: I thought we had --

Unidentified Participant: Yes.

Unidentified Participant: Yes. I thought we had put that in a call letter that we don't allow it any longer.

Caller for Mr. McKerry: Thank you.

Operator: Our next question comes from Brendon Hogart (ph) from the Vermont Department of Disability, Aging and Independent Living.

Brendon Hogart: Hi. I was wanting to know specifically the breakout of premiums, not just the premium amount total but the -- the benchmark premium amount and for premiums that are above the benchmark, the amount that CMS would pay up to the benchmark. In our state, we have an S pass (ph) where we pay after CMS does. So, usually within the first few weeks of October this information comes to us, and I just wanted to check to see where that might be at across the country.

Unidentified Participant: We are all kind of looking at each other trying to figure out what you want. A lot of the information on the benchmark has been out since August. And, so I will get to Bob Adams the e-mail address for you so you actually go on the internet and find this yourself. I believe it's out there. If you still have questions, direct them to Bob and we can get them answered.

Brendon Hogart: Okay. Thanks.

Operator: Our next question comes from the line of Doreen Nimmiss (ph)

Doreen Nimmiss: Hi. This is a follow up question to Colleen Massey's question earlier about the folks -- if they're losing -- if Medicare Advantage plan is going away and they don't do anything and they are reassigned, they revert back to original Medicare. It seems to me, we have had this discussion before that those people are losing their Part D coverage in an involuntary way, and that should qualify them for a special 63-day step following that period of time.

Danielle Moe (ph): Right. This is Danielle Moe. These individuals who are losing their plan due to a non-renewal do have an existing special enrollment period. We have extended that SEP this

year, as I think we did last year, to – it starts October 1st and runs until January 31st. But beneficiaries need to make a choice by the end of December in order to have coverage start January 1 and avoid as coverage gap.

Doreen Nimmiss: Okay –

Danielle Moe: You also mentioned 63 days, and that's the date that they have – that's the period during which they can choose – they can get back into a Medigap policy with Medigap guaranteed issue rights, which are also triggered by this non-renewal. So that is all going to be explained in the notice from the plan and from CMS to these individuals. We'll be explaining what the length of the period and what they need to do and we actually include separate information about Medigap rights in with the notice from the plan.

Doreen Nimmiss: Okay. All right. That's great. I – our problem is we see these people usually the people that don't read the letters or don't understand them so we won't see them until mid-January, when they go to get their drugs and they are told that they have no Part D plan. So they will have until the end of January in which to enroll in a plan that will start February 1?

Danielle Moe: Yes. So, they'll have until the end of January, yes, and they can enroll in a plan and it would be effective the month after they make that election.

Doreen Nimmiss: Thank you.

Operator: Our next question comes from the line of Daniel Zintz (ph) from Alamo Area Agency on Aging.

Daniel Zintz: Thank you. One question was answered earlier regarding those plans that are pulling out. Texas got all the numbers at their SHIP but they need the plan names. I can think of one county where the MA beneficiaries -- 35% of MA beneficiaries are losing their plans. My second questions has to do what is going on in the House and the Senate right now as the MA plans are being scrutinized. Do you foresee that any actions of Congress will affect the plans that will be available in 2010? Thank you.

Tim Hill: No. I don't think anything – nothing will happen. We don't anticipate Congress doing anything to change plan offerings for 2010.

Bob Adams: Okay. Devon, we have time for one more question?

Operator: Yes, sir.

Our final question comes from Ruth Wydell (ph).

Ruth Wydell: Hi. I actually have two questions. The first one is, do you have any idea what we should be using in our materials for a premium for 2010 for the Part B premium?

Unidentified Participant: Part B as in "boy"?

Ruth Wydell: Yes.

Tim Hill: Yeah, there is a –

Ruth Wydell: I know there is a bill in Congress right now that seems –

Tim Hill: When do you have to have your materials done?

Ruth Wydell: Today.

Tim Hill: So do we. I'm not a betting person but I know that Congress has, in the House, has passed a hold harmless piece –

Ruth Wydell: Right.

Tim Hill: You know-- I can't tell you to use the 2009 amounts but I know they passed that in the House.

Ruth Wydell: Yeah, I know. We've been watching that and we were hoping that it would speed up but it hasn't. Do you know when the 2010 Medicare new handbook will be posted on the Web site.

Tim Hill: I don't know that.

Ruth Wydell: Okay. That's my question, thank you.

Bob Adams: Okay. Everyone, we really thank you for joining us today to listen and certainly for you excellent questions. We can tell from those questions that you follow these things very carefully. We promise we will get clarification and continue communication to you. And most of all, thanks for your continued good work assisting beneficiaries.

CMS External Affairs staff in regional offices across the country will be available to help you. They will be doing extensive outreach as well, and we'll be sure that you receive all updates on available tools and resources to help beneficiaries and family members during the open enrollment periods. Stay well and have a good afternoon.

Operator: Ladies and gentlemen, we thank you for your participation in today's conference. This concludes the program. You may all disconnect. Everyone have a great day.