

# **Meeting of the Advisory Panel on Outreach and Education (APOE) Centers for Medicare & Medicaid Services (CMS)**

**The Embassy Row Hotel  
2015 Massachusetts Avenue, N.W.  
Washington, DC 20036  
July 28, 2011**

## **EXECUTIVE SUMMARY**

### **Open Meeting**

*Jennifer Kordonski, Designated Federal Official (DFO), Office of Communications (OC), CMS*

Ms. Kordonski welcomed participants and confirmed that there were no lobbyists in attendance.

### **Listening Session with CMS Leadership**

*Julie Green Bataille, Director, OC, CMS*

*Donald M. Berwick, M.D., Administrator, CMS*

Following Ms. Bataille's introduction, Dr. Berwick discussed CMS' role as a driver of change within the nation's health care system, especially as it relates to providing better care, better health, and lower costs for all Americans. Noting that the agency's vision statement focuses on health and health care for all Americans, he discussed CMS' efforts to work with a wide range of stakeholders to make care safer, more effective, more patient-centered, more cost-efficient, and more equitable.

Dr. Berwick also addressed some of the opportunities provided by the Patient Protection and Affordable Care (ACA) to expand coverage, improve the performance of the health care system, reduce or eliminate fragmentation of care, and reduce costs.

Panelist questions allowed Dr. Berwick to discuss in more detail the "Partnership for Patients" initiative, Accountable Care Organizations, and prevention initiatives.

### **Formal Introductions**

*CMS Staff and APOE Members*

The APOE panelists introduced themselves by describing their experience, areas of professional interest, and hopes for the panel.

### **Swearing In, Charge to Panel, New APOE Chair and Co-Chair, and Plaques for Outgoing Members**

*Julie Green Bataille, Director, OC, CMS*

Ms. Bataille swore in the new APOE panelists and recognized the contributions of the outgoing panelists with the presentation of service plaques. She also briefly reviewed the panel's charge, which emphasizes:

- Developing and implementing outreach and education programs for individuals enrolled in or eligible for CMS programs;
- Enhancing the federal government's effectiveness in informing consumers, providers, and stakeholders about CMS health care programs and the availability of other health care coverage;
- Expanding outreach to vulnerable and underserved communities including racial and ethnic minorities in the context of CMS education programs;
- Assembling and sharing an information base of best practices for helping consumers evaluate health plan options;
- Building and leveraging existing community infrastructures for information, counseling, and assistance;
- Promoting consumer understanding of health care coverage choices and facilitating consumer selection and enrollment.

### **Year in Review**

***Rebecca Snead, R.Ph., Chief Executive Officer and Executive Vice President, National Alliance of State Pharmacy Associations and Outgoing APME Chair***

Dr. Snead reviewed the main topics of discussion during the March and June 2010 Advisory Panel on Medicare Education meetings. In addition, she summarized the discussion of the transition to the APOE that was the central topic of the October meeting.

### **CMS.gov Redesign**

***Jon Booth, Director, Web and New Media Group (WNMG), OC, CMS***  
***Anita Panicker, Deputy Director, WNMG, OC, CMS***

Mr. Booth addressed several websites that are the responsibility of the WNMG. He announced that CMS plans to launch the Medicaid.gov website within a few months. He also alerted panelists that the complete Medicare.gov site is now available in Spanish.

The main focus of Mr. Booth's presentation was the redesign of the CMS.gov website. The current version of the site is geared more toward professional audiences than the Medicare.gov site, which is geared toward consumers. He described the research and feedback used to inform the redesign and shared some examples of the anticipated changes, including reduction in the amount of text on each page, the location of links, and the addition of more blogs and video content.

The redesign will take place in three phases. The first phase will focus on the appearance of the site. The middle phase relates primarily to the adoption of a new content management system. The final phase will address the complete revamping of the site. Ultimately, Mr. Booth anticipated that the new website would incorporate information from other agencies that updates in real-time, support CMS' efforts to unify and improve consistency across all of its websites, and incorporate user feedback in the design.

Major themes running through the discussion period included matching content to users' needs, ensuring that users are quickly routed to the appropriate information, making it easy to find the

same information on a return visit, addressing the needs of low-vision and low-literacy users, making available state-by-state Medicaid data and information, identifying potential new audiences, matching the information presented to user characteristics, and organizing information so that it is easy to find and use.

**CMS Action Items:**

- Share information on the new Medicaid site with the panel later in the year.
- Share links to portions of the CMS.gov website that are under development with the APOE members for review and comment.

**Increasing Access to Affordable Coverage**

*Jen Ryan, Center for Medicaid, CHIP and Survey & Certification (CMCS), CMS*

*Anne Marie Costello, CMCS, CMS*

*Lauren Block, Center for Consumer Information and Insurance Oversight, CMS*

This session focused on the opportunities provided by the ACA to increase insurance coverage, on how the exchanges will work, and on how individuals will experience the enrollment process.

Some of the mechanisms for increasing coverage discussed by Ms. Costello were changing eligibility requirements for Medicaid and the Children's Health Insurance Program (CHIP) as well as premium tax credits for the purchase of insurance through state exchanges. Starting in 2014, the Medicaid eligibility thresholds for adults and children will increase, making as many as 32 million more children and adults eligible to be enrolled in coverage through Medicaid, CHIP, or the exchanges.

One of the goals of the ACA is to improve, streamline, and align the application processes for Medicaid, CHIP, and the premium tax credits and cost sharing reductions in the exchanges. CMS plans to achieve this through high quality, responsive customer service; seamless coordination of coverage options; and maximizing use of technology, especially Web-based enrollment and data matching and verification tools. Ms. Costello explained the benefits of standardized eligibility requirements based on modified adjusted gross income (MAGI) and the incentives offered to states to adopt the technology necessary to ensure a streamlined eligibility and enrollment process.

Ms. Block focused her comments on the exchanges and the enrollment process. The exchanges will enable individuals to enroll in both private and public health coverage and offer small businesses the opportunity to purchase health coverage at costs similar to that currently offered to larger businesses. CMS anticipates that the exchanges will be responsible for providing consumer information on qualified health plans, offering tools for calculating costs and comparing plans, determining eligibility, and facilitating enrollment. To further streamline the process and ensure "no wrong door" entry, all programs will use a single form designed by HHS or a state (with HHS approval). Eligibility determinations will be based on MAGI and verified through the use of data matching. Ms. Block highlighted milestones such as the certification of the exchanges, the beginning of the initial open enrollment period, and the beginning of coverage, all of which will occur between January 1, 2013 and January 1, 2014.

The final portion of the presentation focused on the outreach and education efforts needed to make consumers aware of the new opportunities for coverage that will become available in 2014.

The primary theme of the question and answer period was outreach and education, including lessons learned from other programs; the role of outreach and education in renewal as well as enrollment; the role and scope of the Navigator Program; the scope of partnership initiatives and potential partners; and the need to overcome distrust of government. Other themes included the role of providers and transitions between programs.

Action Items for Panel:

- Share examples of real-life experiences and best practices from within panel members' organizations and states that relate to outreach and education. Specifically, CMS hoped to learn from examples of efforts that were able to combat distrust of the government with regard to the application process.
- Share example of successful messaging.

**Public Comment**

*Sandy Markwood, APOE Chair*

There were no comments offered during this period

**Next Steps**

*Sandy Markwood, APOE Chair*

Ms. Markwood briefly summarized the day's discussions. Because of the lack of time available at the meeting CMS elected to hold a Web-based meeting in late August to select a new APOE Vice-Chair, provide an opportunity to set the operational structure for the panel's future work, and develop recommendation based on the day's discussions. Ms. Markwood also announced that the next APOE face-to-face meeting would take place in late October.

**Adjourn**

*Jennifer Kordonski, DFO, OC, CMS*

Ms. Kordonski thanked the panelists and speakers for their participation and adjourned the meeting.