

**Meeting of the Advisory Panel on Medicare Education (APME)
Centers for Medicare & Medicaid Services (CMS)
Marriott Metro Center
775 12th Street, NW
Washington, DC 20005
January 13, 2009**

Location

The meeting was held at the Marriott Metro Center, 775 12th Street, NW, Washington, DC 20005.

Federal Register Announcement

The meeting was announced in the Friday, March 27, 2009 *Federal Register* (Volume 73, Number 230, Pages 72492-72493). (Attachment A)

Panel Members Present

Gwendolyn T. Bronson, SHINE/SHIP Counselor, Massachusetts SHINE Program

Clayton S. Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging

Cathy C. Graeff, R.Ph., M.B.A., Senior Vice President, Communications and Industry Relations, National Council for Prescription Drug Programs

Jessie C. Gruman, Ph.D., President and Executive Director, Center for the Advancement of Health

Cindy Hounsell, President, Women's Institute for a Secure Retirement

Kathy Hughes, Vice Chairwoman, Oneida Nation

Gail Hunt, President and Chief Executive Officer, National Alliance for Caregiving

Andrew Kramer, M.D., Professor, Medicine and Director, Center for Health Services Research, University of Colorado, Denver

Frank B. McArdle, Ph.D., Manager, Hewitt Research Office, Hewitt Associates

Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging

Molly Mettler, M.S.W., Senior Vice President, Healthwise

Robert L. Mollica, Ph.D., Senior Program Director (retired), National Academy for State Health Policy

David W. Roberts, M.P.A., Vice President, Government Relations Healthcare Information and Management System Society

Julie Bodén Schmidt, M.S., Associate Vice President, Training and Technical Assistance, National Association of Community Health Centers

Rebecca P. Snead, Chief Executive Officer and Executive Vice President, National Alliance of State Pharmacy Associations and APME Chair

Panel Members Absent:

Yanira Cruz, Ph.D., President and Chief Executive Officer, National Hispanic Council on Aging

Stephen P. Fera, Vice President, Social Mission Programs, Independence Blue Cross

Nan-Kirsten Forté, Executive Vice President, Consumer Services, WebMD

Designated Federal Official

Ms. Lynne G. Johnson, Office of External Affairs (OEA), Centers for Medicare & Medicaid Services (CMS)

Others

Sign in sheet (Attachment B)

Open Meeting

Lynne G. Johnson, OEA, CMS

Ms. Johnson identified herself as the Designated Federal Official for the Advisory Panel on Medicare Education (APME) meeting, welcomed all participants, and opened the meeting. She reminded attendees that there would be an opportunity for public comment later in the meeting.

Welcome and Introductions, Swearing In of New Members, and Review of Previous Meeting

Rebecca Snead, APME Chair

Robin King, Director, OEA, CMS

Ms. Snead welcomed the panelists and introduced Mr. Robin King. Mr. King said that it is his responsibility to ensure that information generated through the panel's activities is transmitted to CMS in a way that will be most beneficial to Medicare beneficiaries. Mr. King welcomed the four new panel members attending their first meeting, Ms. Cathy Graeff, Ms. Cindy Hounsell, Mr. David Roberts, and Dr. Andrew Kramer. After swearing in the new members, Mr. King had the new members introduced themselves.

Mr. Roberts introduced himself as the vice president for government relations with the Healthcare Information and Management System Society. Previously he worked for the U.S. Air Force, the Department of Defense, the U.S. House of Representatives, and the U.S. Senate, as well as private industry. He currently serves as the mayor of Solana Beach, California.

Ms. Graeff, a senior vice president working on communications and industry relations with the National Council for Prescription Drug Programs, said that she was a pharmacist by training. She has experience in all facets of the field, working as a direct provider as well as for payers and processing pharmacy benefit managers.

Dr. Kramer identified himself as a professor of medicine and health policy at the University of Colorado and non-practicing geriatrician. His research focuses on health policy, approximately half of which is funded by CMS. He also studies health disparities.

Ms. Hounsell is the president of an organization that supports educational efforts geared toward women and retirement/benefits issues. Her organization, Women's Institute for a Secure Retirement, runs a resource center for the Administration on Aging (AoA) on women's retirement issues.

The veteran panelists briefly introduced themselves and their organizations' activities with regard to Medicare and related issues. Mr. King stated that he hoped to help the panel understand how it can be of service to the incoming administration.

Mr. King, introduced Ms. Charlene Frizzera, Chief Operating Officer and Acting Administrator, CMS, who is chiefly responsible for guiding the agency through the transition to the new administration. Ms. Frizzera noted that she is committed to making education easy so that Medicare is not so difficult for beneficiaries to understand.

Mr. King shared some comments in hopes of guiding the panel's discussion with regard to the transition period and the challenges faced by CMS. He said that the threat of Medicare insolvency and the current financial crisis provide an opportunity for "big thinking" about the future of Medicare and how CMS can best use its resources to serve beneficiaries. The struggling economy has the potential to speed up the exhaustion of the Medicare Part A trust fund, currently projected to occur between 2016 and 2018. By 2017, health care spending is anticipated to represent almost 20 percent of the gross domestic product. Within two years, Medicare spending will consume up to 34 percent of current beneficiaries' average monthly Social Security check.

Mr. King stressed the importance of the collaborative aspects of the panel's advisory role. He said that collaboration between the panel, CMS, and stakeholders results in improved public communication. He challenged the panel to set communication improvement goals and vet the goals thoroughly in order to improve the lives of beneficiaries. CMS will continue to look to the panel for advice and suggestions on CMS publications, websites, partnership development, communications, outreach campaigns (especially those geared toward vulnerable and underserved communities), HIT, transparency initiatives, quality, consumer choice, and the future financing of Medicare.

Ms. Snead thanked Mr. King for his service to the panel before briefly reviewed the discussions of the previous meeting. Since the conclusion of the previous meeting, the panel and CMS looked at how to best use the experience and passions of the members in the coming year. Ms. Snead asked panelists to begin thinking strategically about how CMS can achieve its overall goals in the long term, while continuing to provide tactical feedback. (Attachment C)

Open Enrollment – Lessons Learned

Renard Murray, Regional Administrator, Denver Regional Office, CMS

Nancy DeLew, Senior Advisor, Office of Research, Development, and Information, CMS

Kelly DiNicolo, M.B.A., Director, Division of Campaign Management, Strategic Research and Campaign Management Group, OEA, CMS (Attachment D)

Ms. Snead started the session by saying that all of the data from the Fall 2008 open enrollment campaign are not yet available, but that a work group would be formed to review the data when it is to begin providing feedback for the 2009 campaign.

Mr. Murray asked the panel to consider the process people use when buying a car, specifically all the decisions individuals make about brand, type, options, and financing. Choosing a Medicare plan is a similar process – it is all about ensuring that a plan meets your specific needs.

In 2008, CMS used the idea “Plans Change, You Change, Shop and Compare” as the central message of the open enrollment campaign. CMS asked beneficiaries to look at their current plans, determine whether they wanted/needed to change plans, and review other available plans. The campaign encouraged beneficiaries to look at the options offered by plans and not focus exclusively on price. CMS provided beneficiaries with information on comparing plans and relied heavily on state and local partners, such as the state health insurance and assistance programs (SHIPs), to help beneficiaries compare plans. CMS used paid and earned media extensively to encourage beneficiaries to compare and to use local resources to help them do so.

Ms. DeLew highlighted aspects of the 2008 open enrollment season. She summarized Part D coverage and how it has increased since 2006. Before Part D, approximately one-third of beneficiaries did not have coverage; now only 10 percent do not. Part of the growth in drug plan enrollment resulted from a large portion of beneficiaries selecting Medicare Advantage plans. CMS’s outreach efforts were informed by their comparison of data related to new beneficiaries. New beneficiaries are less likely to have Part D coverage or employee-sponsored coverage than all beneficiaries and are more likely to have no known source of drug coverage than all beneficiaries. Ms. DeLew noted that CMS does not have complete information on individual beneficiaries’ drug coverage.

Ms. DeLew also shared race/ethnicity data that showed that a higher percentage of minority beneficiaries receive low-income subsidy (LIS) benefits than whites. She briefly summarized Part D trends including growth in the number of plans, in enrollment in alternative plan types (e.g., no deductible, higher initial coverage levels, etc.), and in the number of Part D contracts.

Ms. DiNicolo reviewed the changes over time between 2006 and 2008 in the open enrollment campaign messaging. In early fall 2006, CMS emphasized education and information about the new Part D benefit. There was little mention of LIS to avoid confusion. CMS worked closely with partners to reach people where they live, work, pray, and play. Later in the 2006 campaign, CMS emphasized the idea that time was running out to enroll in Part D.

The following year, CMS focused its messaging on the need to find the best plans for beneficiaries’ individual needs and then getting on with their lives. The key message focused on reviewing coverage for cost, benefits, and services. Secondary messages focused on where to go for help and, for the first time, where to go for help in cases of limited income and resources. Print ads showed active and healthy seniors enjoying their lives. Fall 2007 was the first time CMS ran a separate ad promoting the LIS benefit

Ms. DiNicolo reviewed research trends from the 2006 and 2007 campaigns. CMS generally conducts a pre-open enrollment awareness survey and a post-campaign awareness survey. The 2008 post-campaign survey is being conducted now. Based on these surveys, CMS has learned that awareness of the ability to make changes during open enrollment tops out at about 85 percent in January, which is five to ten points higher than in the pre-open reenrollment survey.

Awareness that costs can change yearly remains consistent at 75 percent. Approximately 66 percent of beneficiaries reviewed their plan in 2007, up from 50 percent in 2006. In both years only about 35 percent compared other plans. Based on this research, CMS has determined it needs to continue presenting messages on the importance of reviewing and comparing plans.

Ms. DiNicolo concluded her remarks by highlighting the messages employed in the 2008 open enrollment campaign, which was the first to use television ads. Both print ads and television ads focused on changing premiums and the need to review and compare to find similar coverage at a better price. Supporting messages focused on ensuring plans still fit beneficiaries' needs, where to go to compare plans, and the need to act now to avoid problems at the pharmacy in January. CMS ran a separate campaign promoting LIS benefits in the spring.

Mr. Murray shared photos of the buses used during the Mobile Office Tours in 2006 and 2007. The themes in those years focused on "Working together for better health" and "Take the enrollment check up now."

He described the three general types of events CMS held during open enrollment: large events involving local, U.S. Department of Health and Human Services, and CMS dignitaries (one per region) designed to attract media attention; 115 events in key cities nationwide, some of which offered flu shots to attract beneficiaries; and more than 10,000 local events hosted by SHIPs and other local partners. Preliminary results of the 2008 campaign show that the target audience saw open enrollment messaging an average of 24 times.

Discussion

Member Comment – Mr. Roberts asked if CMS knows why 10 percent of beneficiaries opt to not have drug coverage.

CMS Response – Ms. DeLew stated that based on CMS data, approximately 10 percent of beneficiaries do not have a prescription in any given year. These beneficiaries may decide not to participate in Part D because they believe that they do not need it. It is a challenge to get beneficiaries to make the best choice for their situation.

Member Comment – Mr. Clayton Fong noted that an earlier study found that a large part of the 10 percent without coverage were LIS-eligible beneficiaries. He asked if this is still the case and suggested that the issue might be CMS's ability to reach these individuals, not the cost of the various plans.

CMS Response – Ms. DeLew indicated that LIS outreach would be discussed later in the meeting. She noted that CMS does not have income and asset information, which makes it challenging to estimate how many of the 10 percent might actually be eligible for LIS.

Member Comment – Dr. Jesse Gruman asked how CMS felt it was doing with regard to the success of the campaign.

CMS Response – Mr. Murray replied that the most recent campaign was more about in-depth discussions about plans and individuals’ personal situations. Previously, it was only about enrollment. This year it was about comparing plans. CMS tracked the level of individual counseling done at the events. Mr. Murray also reported that the regional phone banks, established to coordinate with local media exposure, were very successful in reaching individuals and getting information to them.

Member Comment – Dr. Gruman asked how CMS defined success and if CMS knows what it wants to accomplish and if it is being successful in doing so.

CMS Response – Mr. Murray responded that a large percent of beneficiaries are satisfied with their plan. CMS views the high level of satisfaction among its beneficiaries concerning their plans to be an important measure of success. CMS also believes that the number of people using the tools also reflects success. The agency has not yet tried to quantify what success looks like from the beneficiaries’ perspective.

Member Comment – Dr. Gruman stated that she felt any new CMS administrator would be interested in knowing what CMS is trying to accomplish, how it determines whether what it is doing is working, and how it determines how much money to spend to reach its goals.

Member Comment – Ms. Gail Hunt commented that newly enrolled beneficiaries are different statistically than earlier beneficiaries. New enrollees seem to include fewer low-income and dual-eligible individuals. This should be taken into account when designing the Fall 2009 campaign. CMS should also use the data it is collecting to inform the next campaign.

Member Comment – Ms. Snead indicated that the Fall 2008 campaign report was included in the day’s agenda as a way to provide background. A future conference call will allow the panel an opportunity to provide comment on the upcoming campaign.

Member Comment – Dr. Frank McArdle expressed that the data presented is misleading with regard to employer-sponsored coverage, in part because of changes in the way in which employer-sponsored coverage is defined.

CMS Response – Ms. DeLew responded that CMS is trying to map the situation using categories it has now. As a result, the data does not match up from year to year.

Member Comment – Dr. McArdle pointed out specific areas that would need to be adjusted in order for CMS to make actual comparisons year to year.

CMS Response – Ms. DeLew stated that CMS could not map the categories backward in time.

CMS Response – Mr. King stated that the 2008 outreach season was geared to what was actually going on in the marketplace, specifically an increased number of plans offering more choices and expanded options. CMS changed and refocused its messaging based on its research and data.

Issues for the Continuing LIS Campaign

Mark Gilbert, Regional Administrator, Denver Regional Office, CMS

Joan Altman, Office of Policy, CMS

**Beatrice Disman, Regional Commissioner, New York, Social Security Administration
(Attachment E)**

Ms. Snead opened this session by noting that CMS was beginning to map out the 2009 LIS outreach campaign and that the presentations would provide the panelists with information they could use as a basis for formulating questions and suggestions for improving CMS and Social Security Administration (SSA) collaboration.

Mr. Gilbert served as the discussion moderator, opening the session by providing a brief overview of the presentations. He outlined CMS's past LIS outreach efforts. CMS included LIS in all of its Part D messaging from the beginning. The agency conducted LIS outreach in conjunction with the 2007 open enrollment period. Based on feedback on that campaign, CMS decided to decouple LIS and the general open enrollment efforts. While the agency realizes that LIS outreach needs to be continuous because eligible beneficiaries can enroll in the program at any time throughout the year, CMS elected to concentrate its LIS outreach efforts between Mother's Day and Father's Day. By running the most intense period of LIS outreach at this time, CMS's campaign would coincide with the LIS outreach done by SSA.

CMS looked at research on effective messaging as well as SSA's message before deciding to emphasize the ideas that qualifying beneficiaries could save between 75 and 95 percent on their prescription drug costs by signing up for LIS. The goals for the campaign were to maximize enrollment and to ensure that anybody enrolled in LIS has a drug plan. CMS provided the Regional Offices (ROs) with data throughout the year to track results, target specific geographic areas, and drive ongoing activities.

In 2008, CMS used photo novellas in multiple languages in an effort to simplify the message and help individuals better understand what steps they need to take to participate in the LIS program. Other materials focused on the 75 to 95 percent savings message. While the agency produced some generic messaging, it employed much earned local media to promote its message. Targeted materials were also developed for the African American, Asian/Pacific Islander, and Hispanic communities. CMS also used its data to identify and target areas where it thought many LIS-eligible beneficiaries might be located. CMS use the Adopt-a-Senior program to reach out to African American communities in five cities, develop partnerships with the faith-based community, and gain earned media. Materials developed for the Adopt-a-Senior efforts were used in other communities nationwide.

CMS identified new partners as well as coordinated efforts with long-term partners such as SSA, AoA, and National Association of Area Agencies on Aging (n4a). Additional funding for special activities helped the SHIPs target activities to LIS. AoA and n4a provided extra funding to support outreach.

Ms. Altman provided an overview of LIS enrollment data for 2006-2008 stating that CMS was interested in understanding the churning between the eligibility categories and determining

whether policies needed to be adjusted to prevent people from getting stuck in certain eligibility categories. Approximately 84 percent of the 12.4 million beneficiaries who first came on as LIS recipients in 2006 remain in LIS, but in many end up in different enrollment categories. She also addressed issues relating to beneficiaries who are undeemed (those who lose their eligibility status). About 55 to 61 percent of those who lose LIS eligibility in September become re-deemed by July. With regard to LIS recipients who are reassigned, approximately 85 percent stay in their new plans. For the 15 percent who switch out of their new plans, about twice as many picked a new plan as returned to their previous plan.

Mr. Gilbert stated that CMS began holding regional level meetings on a state-by-state basis and in smaller geographical areas to engage partners, recruit new partners, and help these groups plan for their various outreach activities. The tactics used and activities hosted by local partners varied greatly by place. Some examples included the use of reverse 911 messages, distributing LIS information along with food boxes provided to senior, placement of messages in food banks, using Internal Revenue Service (IRS) data to target individuals who had not filed for their economic stimulus refunds, and partnering with local malls and neighborhood shops. CMS tracked all of these events, logging in more than a 1,000 activities at the local level. CMS encountered some resistance on the part of partners with regard to putting out LIS-specific messages without additional funding and lack of understanding over the need for LIS-specific messages.

Ms. Disman reported on SSA's efforts to identify and enroll LIS-eligible beneficiaries. She stated that CMS and SSA have a common mission – both focus on the most vulnerable populations to ensure that they get the drug coverage they need. SSA works with a wide range of partners – including CMS, states, advocacy organizations, pharmacies, the faith-based community, etc. SSA works both within the context of the Social Security and Supplemental Security Income programs as well as within its community-based network of offices.

The data shared by Ms. Disman concerning LIS applications was organized by fiscal year (FY). In FY 2007, approximately 1.3 million people filed for LIS benefits. In FY 2008 1.2 million filed. More than 311,000 filed in the first quarter of FY 2009. Filings have been consistent at between 1.2 and 1.3 million people, and SSA anticipates that a similar number will file in FY 2009. SSA is seeing more higher-income people filing, resulting in more applications for partial benefits. Starting in January 2010, SSA will be using a new definition for resources (no longer counting life insurance or in-kind support) that might change the population that needs to be targeted. She asked the panel for ideas to help SSA reach out to this group.

SSA conducts both national and local campaigns related to LIS. On a national level, SSA screens for eligibility when a person first becomes eligible for Social Security. The screen results in approximately 140,000 LIS applications being sent out monthly to those whose income is under 150 percent of the federal poverty level. Since June 2008, SSA follows up after 45 days with those who did not file an application either through a phone call or during appointments individuals have with SSA. In May and June, SSA sends out more than 5 million flyers addressing LIS and Medicare savings programs to those thought to be low-income. Because of the confusion associated with the undeeding of LIS recipients, SSA works with CMS to help individuals through the process.

Ms. Disman also pointed out that LIS messages go out to more than 50 million people with their cost of living adjustment notices. Benefit statements, which reach 150 million people, also include LIS messages.

SSA rebrands its LIS messages yearly and conducts cognitive testing to determine what is effective. Consumer feedback indicated that consumers are interested in knowing how much they might be able to save. It is also important that the ads/messages do not look like something produced by the government to be effective.

SSA found that people do not pay attention to LIS during Part D open enrollment. The Mother's Day/Father's Day campaign resulted in an uptick in LIS enrollment. By focusing on these days, it is easier to get children and caregivers involved. Faith-based programs are very effective in these campaigns. Other partners for these campaigns included *Parade* magazine, American Greetings, and the National Council of Churches.

SSA relies on its local and regional management, as well as community-based organizations, to spread the LIS message. SSA used earned media exclusively to promote its outreach efforts. SSA got coverage from the Boston area Chinese language media for events it held in Chinatown, effectively used cable television to spread the LIS message, employed articles and stories in various ethnic media outlets, worked with Indian Affairs offices, partnered with local congressional offices and other local elected officials, and placed public service announcements on local radio. Other places that SSA distributed pamphlets included hair salons, health clubs, and grocery stores. Another successful approach was working with pharmacies to make the LIS application mailers available where people purchase their drugs.

Ms. Disman noted that the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) eliminated life insurance as a resource effective January 2010. In-kind support and maintenance, which had previously counted as income, no longer counts. SSA needs to get information about the LIS program to these groups. SSA is developing a campaign slated to begin in the months prior to January 2010. Another clause in MIPPA requires SSA to provide information on LIS determinations to states after the determination is made. This required a change in the application and associated redetermination forms, which is underway. SSA will have new factsheets available in the fall to address the MIPPA-mandated changes.

Discussion

Member Comment – Mr. Fong noted that LIS outreach is the most challenging aspect of outreach. Follow-up calls are very important as they can remedy errors made on applications and help “capture” LIS-eligible individuals once they are identified. He also noted the need for dedicated, language-specific telephone lines and the importance of follow up in each beneficiary's language. One of the most common problems addressed by his organization relates to random assignments and reassignments. Mr. Fong asked if CMS can use claims data to reassign these individuals to plans that cover all of their drugs. It is also important that beneficiaries receive notification about yearly formulary changes to prevent problems in January. He also reported seeing more LIS messages in the past year, but was not certain that they could

be connected to actual enrollments. Formulary changes should be considered as a topic for messaging next year to encourage people to check their coverage.

Presenter Response – Ms. Disman agreed that it is important to follow up with LIS applicants as a means of capturing them. Her office follows up on as many applications as possible. SSA publishes its major pamphlets in multiple languages, but the Mother’s Day and Father’s Day brochures are only in Spanish and English. Applications are available in English and Spanish and in 14 additional languages online. AT&T translators are available at the 1-800 number. Additionally, third parties play an important role by providing assistance to applicants.

Member Comment – Dr. Kramer observed that it seems that CMS’s efforts have gone beyond mass marketing and are now focused on targeting specific populations. He stated that he would share some ideas via email for using data to determine beneficiary characteristics (e.g., emergency room use, whether they actually do not have prescriptions, etc.) for the 10 percent without drug coverage.

Member Comment – Ms. Sandy Markwood stated that her organization had just completed a 15-month, 31-community study that underscored the importance of community-level involvement. Local partners and one-on-one counseling are essential to capturing LIS-eligible beneficiaries. Their research indicates that CMS’s general messages are good, but that they need to be tailored for specific communities. In addition, stakeholders wanted more targeted training.

Member Comment – Dr. McArdle suggested that CMS do more to encourage “one-stop shopping” for LIS. He suggested, as an example, that CMS put SSA’s toll-free number on its pamphlets and that CMS’s telephone customer service representatives should be able to transfer beneficiaries inquiring about LIS directly to SSA’s customer service hotline.

Presenter Response – Ms. Disman said that SSA is working on connecting their systems with CMS’s data centers. Ideally, individuals calling CMS will get to SSA, but improving the process is a long-term project.

Member Comment – Ms. Molly Mettler said that it was encouraging to see SSA and CMS working together. She asked about their efforts to reach older adults in rural areas.

CMS Response – Mr. Gilbert said that local partners are essential to reaching these populations. The great distances between people in rural settings create challenges.

Presenter Response – Ms. Disman said that rural post offices and restaurants such as McDonald’s are very important, as are rural health centers. Geographic distances make local partners more important because they provide a sustained, ongoing presence. She asked panelists to share their ideas for reaching people in such areas.

Member Comment – Ms. Julie Bodén Schmidt pointed out that some rural areas do not have any restaurants or other similar meeting places. Some do not have drug stores or other sources of health care. She suggested that CMS and SSA consider reaching out to churches, schools, grocery stores, and bars – any place information is shared.

Listening Session with CMS Leadership

Charlene Frizzera, Chief Operating Officer and Acting Administrator, CMS

Ms. Frizzera, who is serving as the Acting Administrator, opened her comments by stating that she learns from other people and that she hoped this session would move away from statistics to addressing the challenges facing the agency in a more strategic way. She also took the opportunity to thank the presenters, the CMS staff, and the panelists for their contributions. She said that the panel can have a significant effect on the education of beneficiaries.

Ms. Frizzera stated that CMS, and its predecessor, the Health Care Financing Administration (HCFA), have made great strides with regard to outreach. Under HCFA, 100 people were responsible for all of Medicare's outreach activities. Today, thousands of partners assist CMS educate beneficiaries. The start-up of the Part D benefit taught CMS how to reach out and educate beneficiaries, how to run a campaign, and interact with beneficiaries. Ms. Frizzera asked panelists to consider beneficiary education beyond Part D.

Ms. Frizzera stated that, like the panelists, she knows that the transition to the new administration will bring health care, insurance, and Medicare/Medicaid reform. Three beneficiary-centered challenges the panel should think about are advancing HIT, covering more uninsured people (and reaching them in the first place), and continuing to emphasize eliminating fraud, waste, and abuse in the Medicare program.

Demographic changes present their own challenges. CMS needs the panel to help it define expectations of beneficiaries with regard to their communication preferences (short-term and long-term), set goals, and determine the appropriate metrics that the agency will use to measure its effectiveness/success.

She challenged the panel to help CMS design education programs that accomplish four things. First, they must be available to all beneficiaries, regardless of primary language, geographic location, or other factors. Information provided to beneficiaries must be easy to find and understand. Programs and/or information should address beneficiaries' needs as they define them. Finally, all programs must incorporate continuous improvement.

CMS should emphasize successful execution, which means using metrics to determine how things are going on. Ms. Frizzera asked the panel to have a strategic discussion of where CMS and the panel need to go in the coming year.

In summary, Ms. Frizzera asked the panel to consider five questions:

- What is the objective?
- What are the things that are already working?
- Why are they working (causing it to work)?
- What are the benefits of achieving the objective?
- What more can do, and how can we do it better, to achieve our objectives?

Discussion

Member Comment – Dr. Gruman suggested that the name of the panel should be changed to reflect the panel’s emphasis on helping people become engaged and make informed decisions about Medicare, their drugs, and their overall health. Focusing on how to get people to fill out forms undervalues the potential of the panel.

CMS Response – Ms. Frizzera indicated that redefining education in the panel’s objectives would be a good discussion to undertake.

Member Comment – Ms. Graeff noted that CMS will soon see a situation where many families will have two generations receiving Medicare. CMS should think about how to use family ties and relationships to disseminate information and shift paradigms.

CMS Response – Ms. Frizzera stated that the panelists possess much information from their own experiences that can help CMS understand what beneficiaries need to know. She asked the panelists to consider who Medicare really serves and identify dimensions that CMS does not account for in its efforts.

Member Comment – Ms. Schmidt noted that a substantial percentage of people with Medicare have five or more chronic illnesses and that the most health care-related money is spent in the last six months of life. She recommended that CMS adopt the idea of getting the older population to be healthier than the generation before it as its objective.

CMS Response – Ms. Frizzera cautioned the panel to avoid minimizing education. The agency needs to do a better job educating beneficiaries about how to manage their health care. CMS needs to think more broadly about education and not focus solely on filling out forms or using the Plan Finder.

Member Comment – Dr. McArdle noted that he believed the online tools are helping. He suggested that the panel undertake work to look at ways to simplify the Medicare program, specifically areas that cause much confusion.

Member Comment – Mr. Robert Mollica suggested that CMS work more closely with states to make it easier for Medicaid to contract with the SNPs. States are a key partner in making SNPs more effective.

Member Comment – Ms. Bronson suggested that the information provided to beneficiaries should emphasize personal responsibility for health care. Older people still think doctors should “fix” them, without their active participation.

Member Comment – Dr. Kramer noted that National Institutes of Health (NIH) has done research concerning its approach to teaching people about and enrolling them in research studies. NIH has shifted to community-based, participatory research. CMS should consider this idea of engagement and the bidirectional nature of the relationship between CMS and beneficiaries.

Member Comment – Ms. Mettler suggested that the panel not be presented with reports on CMS programs for the next meeting. CMS should reexamine the reasons why the panel exists and how to make the best use of their knowledge, experience, and connections. The issue is Medicare engagement, not just Medicare education. It is important to discuss two-way and three-way engagement, specifically how to engage consumers and families to pull the agenda forward. The panel should also consider the implications of the future, specifically the two simultaneous generations of Medicare enrollees.

Member Comment – Ms. Markwood stated that promoting healthy aging requires the education and engagement of individuals, families, and communities. CMS needs ways to engage people and to measure changes in behavior to get to its end game of healthy aging. CMS now has a broader approach and a large base of partnerships, which creates momentum for a discussion on a wider plain. It is important that the panel's work meshes with CMS's efforts to achieve its goals.

Member Comment – Mr. Roberts expressed his appreciation that CMS was holding a listening session. He suggested that the panel consider some of the outreach ideas being promoted on the new administration's website, *change.gov*. He cited the success of the idea of community discussions, which resulted in 8,500 people hosting local discussion sessions. He also pointed out the many new forms of technology used by the site for outreach.

Member Comment – Ms. Hunt pointed out the need to move beyond and not limit the discussion to LIS and Part D. The panel has the expertise in HIT and other areas that CMS has not yet tapped.

Member Comment – Mr. Fong stated that the panel should continue to have a limited number of program reviews and build in more time to provide input on upcoming projects. He suggested any change in the panel's work needs to relate to CMS's priorities. The panel needs to understand the agency's priorities so that its input has a real effect on programs.

Working Lunch

The panel participated in a closed-door working lunch.

Public Comment

Rebecca Snead, APME Chair

Ms. Johnson called the meeting back to order.

Ms. Lee Partridge, Senior Policy Advisor with the National Partnership for Women and Families, stated that she has been studying the issue of the medical home from the consumer perspective. Her organization has been working with consumer groups and advocacy groups to look at consumers' growing interest in the medical home as well CMS's upcoming demonstration project on the subject. The demonstration project requires the recruitment and education of 400,000 volunteer beneficiaries.

Physician Transparency

Pamela Frederick, M.S.B., Director, Division of Ambulatory Care and Management, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality, CMS

Aaron Lartey, Health Insurance Specialist, Office of Beneficiary Information Services, CMS

Ms. Snead opened the session by asking panelists to consider the physician finder tool from a strategic perspective and how to make it most useful to beneficiaries.

Mr. Lartey stated that the tool was initially started in 2000, when it included only Medicare participating physicians. It was basically a name, address, and specialty directory. In 2003, it was expanded to include more information including physician education, certification, language(s) spoken, and gender. In 2005, CMS dropped the certification information due to the end of its third-party contract, but added this information back into the database in 2006. The past year saw the inclusion of non-participating physicians and the inclusion, in July, of other health care professionals such as nurse practitioners and physician assistants. In December 2008, CMS added provider quality data for physicians who provide data under the Physician Quality Reporting Initiative (PQRI) program.

Mr. Lartey began demonstrating how visitors access and use the site by walking panelists through the steps users would take to find a provider on the site. Users can search by geographic area, specialty, and participating/non-participating status. The site also includes PQRI data organized by last name, supplemental information about PQRI (explains program), and supporting information.

Discussion

Member Comment – Ms. Mettler asked why Medicare lists pediatricians on its physician finder tool.

CMS Response – Mr. Lartey explained that Medicare covers both the elderly and those with disabilities, including children.

Member Comment – Mr. Fong suggested that CMS add a bar where users can go for definitions of the listed specialties.

CMS Response – Mr. Lartey replied that CMS is developing a user-friendly glossary for specialties, which they hope will be online in the early part of this year.

Member Comment – Ms. Graeff asked Mr. Lartey to identify the source data for the database and explain how it is updated to reflect new and retired providers.

CMS Response – Mr. Lartey stated that the main source for the data is the Provider Enrollment Chain and Ownership System (PECOS), which houses data on all Medicare-enrolled physicians. Physicians can update information on their own via the Internet. Mr. Lartey was not certain

which fields (such as retirement) that they can change at this time. Supplementary information, such as language and residency, comes from a third-party contractor.

Member Comment – Dr. Kramer asked what type of testing CMS does and the type feedback it collects concerning the tool. He suggested that CMS also add an easily accessible way for users to submit comments.

CMS Response – Mr. Lartey said that the tool has been extensively focus group-tested. The testing provided the ideas for adding non-participating physicians and adding icons in the search criteria.

Member Comment – Dr. Kramer restated his previous question by saying that there should be a place where users who encounters a problem can click and immediately provide feedback.

Member Comment – Ms. Schmidt added that she could not find the feedback link when she was having problems using the site.

Member Comment – Dr. Kramer added that the feedback link needs to be included on every page.

Member Comment – Dr. Gruman asked why, from a strategic standpoint, CMS needs to provide a physician finder tool. She wanted to know what problems it solves. She also asked if many physicians do not take Medicare assignment.

CMS Response – Mr. Lartey responded that CMS is required by law to identify participating physicians. Once that requirement was addressed, CMS looked for ways to make the tool more useful.

Member Comment – Dr. Gruman asked Mr. Lartey to explain how CMS thinks this tool will help people make better use of their benefits, what research the agency has done to guide its development, how the tool matches the results of the testing, and what assistance CMS wants from the panel with regard to this.

CMS Response – Mr. Lartey replied that CMS has done much focus group testing over the years and has incorporated the feedback into the tool. Although beneficiaries are the primary audience, CMS customer service representatives also use the tool to assist callers.

Ms. Frederick presented background on the physician finder tool and others like it. About a decade ago, CMS committed to providing consumers with more information to support decisions related to health care. She stated that the agency decided to develop a suite of comparison tools. Nursing home compare came first followed by dialysis centers, hospitals, and home health care. These tools provide consumers with information on a limited set of quality measures. The expectation is that these tools will serve as a starting point in a dialogue between consumers and their health care providers and is a step toward building a physician compare tool. CMS seeks the advice from the panel on determining what information consumers want/need to know about physicians and how to present it to provide an equitable means of comparison. The December 2008 update to the physician finder tool included physician-reported quality data collected under

PQRI, which provides financial incentive for physicians who report on quality measures. Since collecting this data is a challenge, CMS would like guidance from the panel on how to encourage physicians to participate and consumers to use the information.

Discussion

Member Comment – Mr. Kramer pointed out that there is a significant difference between a physician finder tool and a quality reporting tool and that CMS should proceed with caution as it develops a physician quality tool. He added that it is important that CMS not link reporting of data to physician quality.

Member Comment – Mr. Fong recommended that users of the physician finder tool be able to search on fields such as languages spoken, provider sex, office location, and Medicare Advantage participation (by participation or plan). He also asked CMS to consider additional information resources that could be linked to the tool (e.g., transportation information, quality review/complaint data, etc.).

Member Comment – Ms. Hughes expressed her concerns over the accuracy and completeness of the tool. Her own informal research and testing showed that the site was missing much Indian Health Service (IHS) data and that some data was inaccurate.

CMS Response – Mr. Lartey stated that some of the inaccurate information can be corrected by physicians, and some requires correction by the third party contractor.

Member Comment – Ms. Hughes asked Mr. Lartey to confirm that she should direct IHS providers to go online and input/correct their information.

CMS Response – Mr. Lartey replied that the feedback tool should be used to inform CMS about any omissions or errors.

CMS Response – Ms. Frederick added that providers should also check the Provider Enrollment Chain and Ownership System (PECOS) page on CMS website and make sure their enrollment information is up to date. CMS is conducting education sessions on updating information in the database.

Member Comment – Ms. Graeff stated that not all non-participating providers are included in the PECOS database. She asked whether CMS has considered including data from other sources in the tool.

CMS Response – Ms. Frederick stated that CMS is considering this option, but face challenges relating to cleaning up the data. Mr. Lartey added that CMS decided to use PECOS data because it relates only to physicians that accept Medicare assignment.

Member Comment – Dr. Kramer suggested that a feedback link will help CMS improve its data. CMS should make it clear to users that it wants their feedback and will use it to make the site better. He recommended taking down the quality reporting data because trickling out data with

quality implications can be misleading and result in a loss of credibility for CMS. CMS should focus on optimizing the physician finder aspect of tool.

Member Comment – Mr. Mollica asked if CMS could identify the physicians who are accepting new patients.

CMS Response – Mr. Lartey stated that CMS may add the feature in the future.

Meeting Recap/Next Steps
Rebecca Snead, APME Chair

Ms. Snead summarized the meeting consisting of an overview of open enrollment and the upcoming LIS campaigns, a listening session with the Acting CMS Administrator, a discussion on physician transparency, and public comment.

The next meeting will be held in April, tentatively on April 21, at which time, Ms. Snead indicated that she would like to identify dates for the rest of the year. She asked panelists to work to define the new structure for the meetings and asked for volunteers to help. She concluded by asking panelists to think about topics that the panel could address in its workgroups.

Adjournment
Lynne Johnson, OEA, CMS

Minutes composed by Teresa Lucas, BL Seamon Assigned Note Taker and Lynne G. Johnson, DFO and approved by Rebecca Snead, APME Chair.

Attachments

- A. Federal Register
- B. Sign-in Sheet
- C. Meeting Summary, Advisory Panel on Medicare Education, October 22, 2008 meeting.
- D. *Open Enrollment – Lessons Learned*, CMS Presentation
- E. *Issues for the Continuing LIS Campaign*, CMS Presentation