

Centers for Medicare & Medicaid Services
National Medicare Education Program Meeting
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Webinar recording:

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Jonathan Blanar: My name is Jonathan Blanar. I'm the Deputy Director of the Partner Relations Group here at CMS. Thank you for joining our National Medicare Education Program, or NMEP, call this afternoon. Today's presentation is—will mostly focus on the upcoming Medicare Open Enrollment Period as well as resources that are available to partners to help amplify the Medicare Open Enrollment Period. The agenda you should be able to see on the screen will start off with Julie Franklin, the Director of the Integrated Communications Management Staff in the Office of Communications here at CMS, and Laura Salerno, the Deputy Director of the Strategic Marketing Group. They will both—they'll provide the latest information on our Medicare Open Enrollment Education and Outreach campaign, including Inflation Reduction Act (IRA) provisions that impact Medicare and available resources. Next, Jon Booth, the Director of the Web and Emerging Technologies Group. He'll provide us updates on [Medicare.gov](https://www.medicare.gov) and Medicare Plan Finder today.

We'll then hear from Valerie Perkins, the Director of the Division of Content Development in the Office of Communications as well, who will—who will—review the latest information on the *Medicare & You* handbook and how beneficiaries can opt to receive it electronically. Finally, we'll hear from Lauren Shaham, Senior Advisor in the Integrated Communications Management Staff, who will provide the latest information on HHS's (U.S. Department of Health and Human Services) "Risk Less. Do More." respiratory virus campaign, as well as the new toolkit that's available related to hospice fraud prevention. Tamika Williams from the Partner Relations Group will be moderating the call today, as well as the question and answer (Q&A) sessions.

Before we start, I do want to put a plug in for the Inflation Reduction Act speakers request form that CMS released a few months ago. Kai—I'm sorry, not Kai—Tamika is going to drop that link into the chat for everyone to use. But basically, this form is available, so if folks need an expert from CMS on IRA, they can go to this link, fill out the form, and you can choose IRA from the dropdown menu and that form will get submitted to us here at CMS. We'll review it and we'll process it accordingly. But it's a great opportunity for our partners to have someone from CMS come out and speak at one of their events on the Inflation Reduction Act. So just wanted to put a plug in for that resource that's available to folks. A few housekeeping items to go over today as well. The session is being recorded. For those who need closed captioning, the instructions and the link are located in the chat function of this webinar. While members of the press are welcome to attend the call, we ask that they please refrain from asking questions. All press media questions can be submitted using the media inquiries form, which may be found at [cms.gov/newsroom/media-inquiries](https://www.cms.gov/newsroom/media-inquiries). A recording and transcript of today's call will be

available—available—on the CMS NMEP page after the meeting. Tamika will drop the link in the chat as well.

I do want to note that we'll be answering questions today related to the agenda topics. If you have questions unrelated to these agenda topics, we ask that you save those questions. Either email them to a subject matter expert that you may have contact with here at CMS or a component, or send an email to the partnership mailbox at partnership@cms.hhs.gov and we'll try and get that question answered for you. We ask that you please—please—use the Q&A function at the bottom of your screen, and we'll answer your questions accordingly today. We will be taking questions after each of the sessions, so if you drop them into the Q&A, we'll be happy to answer those questions. And with all of that, I'm delighted to introduce our first speaker, Julie Franklin, who's going to give us updates on Medicare Open Enrollment Education and Outreach campaign. So Julie, over to you.

Julie Franklin: All right, thanks, Jonathan. Well, good afternoon, everyone. We are less than a little, I guess less than a month away from Open Enrollment kicking off, which is always hard to believe. Laura and I are happy to be here to share some specifics with you on the goals for this year, some of the operational enhancements and our outreach strategy. Next slide. This is just the agenda we're going to run through. Next slide. So in terms of the goals, the overarching goals are noted on the left side of the slide and are likely really familiar to many of you. To hit on a few, reminding people with Medicare to review and compare plans is always at the top of the list. It's really our number one call to action and what we're looking for from Medicare beneficiaries. Promoting Plan Finder as a tool, emphasizing that help is available, and the dates we know are important to continuously focus on each year. So some additional priorities which are on the other side of the slide would include implementation of the \$2,000 out-of-pocket cap for prescription drugs. We're really excited about that. We will continue educating on many of the IRA provisions such as LIS (Low-Income Subsidy) expansion, insulin savings, and no-cost vaccines. And of course we'll be educating on the newly available Medicare Prescription Payment Plan. Next slide.

Now we're going to move into some of the operational enhancements. Next slide. Thank you. We can't talk about Open Enrollment without including updates to Plan Finder and [Medicare.gov](https://www.medicare.gov) as two important sources of information. So many of these updates are actually already in place. We try to do these in the summertime well in advance of Open Enrollment, but I'll highlight a few. So a few highlights from [Medicare.gov](https://www.medicare.gov). We have added information on the \$2,000 out-of-pocket cap. There's a new consolidated mental health landing page, so check that out if you haven't seen that yet. There's an improved display in Medicare accounts for claim searches, deductibles and details. We've updated content on [Medicare.gov](https://www.medicare.gov) to focus on people working past the age of 65, and then Plan Finder, which we know is a very hot topic. Always lots of questions about Plan Finder, so that is why we have dedicated a full session to that on this presentation today that Jon Booth will cover after Laura and I are finished. So I'm not going to go through the details of Plan Finder. I will leave that to Jon to talk in more detail. But to highlight a few things, we have Medicare Prescription Payment Plan tools inside Plan Finder. We're showing employer plans on the summary page, and we've made improvements to help with cost just to—to—name a few. Next slide.

Thank you. So recently, we published information for Medicare beneficiaries about the Medicare Prescription Payment Plan on [Medicare.gov](https://www.medicare.gov). The content includes information in a video that provides additional guidance for beneficiaries on the process, eligibility, and implementation of this payment option. From this new web page, beneficiaries can help determine if the payment option is suitable for them. They can learn how it will work, how their monthly bill is calculated. It will—they can answer a few questions to get a recommendation for their specific situation and then learn what happens, you know, once they're using the payment option and then view some examples of how it's calculated. So a lot of good information there. I would recommend starting with the video because it does give a really nice overview of what it is before you jump into some of the more specific content. And with that, I want to give a plug to the Open Enrollment Bootcamp that's happening on September 25 and 26 through our National Training Program. One of the sessions will dive into this more deeply. The content will be different than what was offered in the summer workshops. So we would really encourage you to attend those sessions, especially if you have an important role in helping people with Medicare make informed decisions. So we can make sure we put the link to that in the chat so anyone that wants to sign up can do so. I will turn it over to Laura.

Laura Salerno: Thank you, Julie. Good afternoon, everyone. Next slide, please. I am going to take it from here and review the outreach and education paid advertising campaign as well as some of our other outreach strategies for this year. Next slide, please. So this slide may look familiar, and it really demonstrates the integrated approach that we take to the outreach. You know, down the left side, it lists the tactic and sort of why and how that we use these national advertising, including TV, radio, print, and digital. It really provides the umbrella of broad awareness and reminds people it's Open Enrollment. It creates urgency around the dates, and it gets people in the door to review and compare with a simple call to action: Go to [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE. We also use digital advertising to drive people directly to [Medicare.gov](https://www.Medicare.gov) to review and compare. It includes things like search ads for people that are actively out there looking for information, and we also use video ads, social media ads, and display and retargeting ads to remind people to come back to [Medicare.gov](https://www.Medicare.gov) and review their plans during Open Enrollment.

We also know that local news outlets are trusted sources for our audience. We'll use media tours at key times during Open Enrollment to deliver the message from CMS spokespeople, and we'll have efforts targeted to the general market, African American, and Spanish speaking audiences. As you know, the Medicare handbook is mailed to people every year unless they choose it—choose to—get it electronically, and it includes customized information by state and region. As a trusted and official source, our email list of over 20 million people drives people to tools and resources. We have an open rate of 40% or more, which is well above industry benchmarks. So we know that people really value the information that we send them. Social media educates on a variety of topics and drives people to tools and resources. Over 500 followers across our Medicare and X handles. As always, we'll work with our trusted partners to extend and amplify outreach from trusted sources and you know, also providing local help and using events. Next slide, please.

So this year, we're focusing on three messaging pillars because we have a lot of important information, particularly around the IRA, that we need to share with folks. So first, our—our—

sort of standard core Open Enrollment messaging that builds on considerable message testing over 10 years or more. We know that major drivers of plan review include the idea that plan options change every year, and that people can change every year, too, and you may be able to find a better plan at a lower cost. We'll also continue IRA messages about the LIS program, insulin, and no-cost vaccines. And we will also incorporate new IRA messaging about the, you know, important provision, the \$2,000 out-of-pocket cap on covered drug costs. Next slide, please.

So here's a little more detail on the core Open Enrollment messaging pillar. We know from research that people need to be reminded that it's Medicare Open Enrollment and really emphasize that deadline. It's important to emphasize that [Medicare.gov](https://www.medicare.gov) and 1-800-MEDICARE are the official sources for Medicare, you know, sort of against the backdrop of a lot of activity in the Marketplace about Medicare. You know, the idea of value and ease comparing drug and health options is easy at [Medicare.gov](https://www.medicare.gov). You can import your list of prescriptions and do a side-by-side comparison of coverage costs and quality ratings. Also, again, the notion that plans can change every year. Even your current choice may be changing. Your health needs can change, too. By comparing all of your options, you can save money and find better coverage, or both. We also deliver the message that help is available. If you need further assistance, you can call 1-800-MEDICARE or you can find free personalized help in your community using the State Health Insurance Assistance Program (SHIP). We also want to make sure that we are continuing to educate people about their overall Medicare coverage options, you know, reinforcing the message that there are two main ways to get your coverage, original Medicare and Medicare Advantage. There are important differences between the two and, you know, it's important to understand those when choosing your coverage. And then, before you enroll, consider things like the provider network, the formulary, the star rating, and overall costs. Next slide, please.

Again, we'll continue to deliver IRA messaging throughout Open Enrollment. We'll promote the expanded benefits and the Low-Income Subsidy program and encourage enrollment. We'll continue to talk about insulin and no-cost vaccines, and we'll include new messaging around the \$2,000 out-of-pocket cap. Consumer research informed this message. And it really does—we found it helps motivate plan comparison. So, you know, based on testing, the message that worked the best was: “New in 2025. All Medicare plans will include a \$2,000 cap on what you pay out-of-pocket for prescription drugs. The cap only applies to drugs that are covered by your plan, so it's more important than ever to review your plan options to make sure that your drugs are covered.” So that is a message that motivates plan comparison and, you know, hopefully really educates on this \$2,000 cap, and people need to think about it when reviewing and comparing their plans this year. Next slide.

So again, we're going to continue to emphasize LIS. It will continue in Open Enrollment, so it'll pretty much span all of 2024 when we've been out there earlier this year. It just is wrapping up right now. We had a dedicated paid advertising campaign and direct mail outreach. During Open Enrollment, we will be doing some paid promotion in newspaper advertise—in newspapers, 125 or more African American newspapers, 20 major market Spanish newspapers. It will be a topic in earned media as well as social media and email. So it's really keeping that message going about the expanded benefits and encouraging enrollment in this program. Next slide, please.

Moving on to a couple additional outreach strategies we wanted to cover. Next slide. As you know, the *Medicare & You* handbook is mailed annually. We're going to be getting some more information on updates later on in the session—in another session. We'll use social media, our own social media handles, to encourage Medicare consumers to review and compare plans, to create shareable content to maximize potential reach and engagement and provide content to partners so we can extend our reach. We'll also engage partners to educate, create awareness, and help carry the messages related to the new drug law. Next slide, please.

We'll use our email program to deliver the message pillars we just reviewed and drive people to tools and resources. We, through our email program, are able to use segmentation and personalization to send tailored emails to help people make decisions about their current situation and—and—take action. And of course, 1-800-MEDICARE is available 24 hours a day, seven days a week, to assist people with comparing and enrolling in Medicare Advantage or Medicare Prescription Drug Plans as well as supporting their ongoing insurance needs. We have support in over 200 languages via a translation service. Next slide. I think we're ready for questions.

Tamika Williams: All right, so it looks like we have two questions. One is from Linda. The first, she asked for messaging about the two main ways to enroll in Medicare. Are you also highlighting the beneficiary should be aware, whether they live in a state, that if they enroll in an Advantage plan, they may not be able to get back to original Medicare without medical underwriting?

Laura Selerno: So there is content on our website regarding that, and I think you are asking if they may not—original Medicare plus a supplemental plan. So we do have educational information on [Medicare.gov](https://www.medicare.gov) about that situation.

Tamika Williams: All right, and the second one, are you able to discuss the difference between paid ads and PSAs? Should these be PSAs? These paid ads.

Laura Selerno: So we run a paid advertising campaign every year during Medicare Open Enrollment. We do have—we do invest funding into this campaign. It's very important that we make sure that we are out there in a concerted way and are delivering this message, which is guaranteed we can deliver it through paid ads. Public service announcements aren't always guaranteed to be placed, so we really feel it's important to make sure that we deliver the message.

Tamika Williams: All right, so Bonnie wanted to know, will there be a focus on a new MPPP (Medicare Prescription Payment Plan) program?

Laura Selerno: Julie, I'm going to let you handle that one.

Julie Franklin: As I mentioned, we have information on the website about the program. We're going to make sure the SHIPs have that, and they are trained up as well as anyone else that, you know, works with people with Medicare. You know, generally, Medicare beneficiaries need to get back to their health plan to enroll, generally. That is the truth. They cannot enroll through

Medicare. It has to be through their health plan. So the goal would be to get them back to their health plan.

Tamika Williams: Thanks, Julie. And then the last question is, I think this is for you Laura, do you mind reviewing the LIS Extra Help income limits?

Laura Selerno: I think that's something we can easily put in the—as a link in the chat. It's right on [Medicare.gov](https://www.medicare.gov) laid out pretty well, so I can send you that link, Tamika.

Tamika Williams: Great. So those are all the Q&As. Thank you, Laura and Julie. We're going to move to our next presenter, Jon Booth, who will present on Medicare Plan Finder. Jon?

Jon Booth: Yeah, good afternoon. Thanks for being here, everyone. So I'm going to talk through some of the enhancements we've got for this year. We did cover some of these enhance—some Plan Finder enhancements and [Medicare.gov](https://www.medicare.gov) enhancements earlier in the year, so I'm not going to repeat those. I will focus on the items that are—that are—new that we haven't briefed to this group before. So if we could jump to the next slide. So this is—I won't read every word on this slide off, but just to highlight here, there are a lot of changes that have been made. I think, as Julie mentioned, some of these are on [Medicare.gov](https://www.medicare.gov). Again, reflecting the various [inaudible] in for the 2025 coverage year, such as the \$2,000 out-of-pocket cap, the Medicare Prescription Payment Plan.

We've also, you know, continued to improve the website overall, and so we launched a new mental health landing page as one example. There was information on mental health services in various places on [Medicare.gov](https://www.medicare.gov), but it wasn't pulled into a single—single—space. So we built a page where all of that information is now easily findable. On the right here, Plan Finder, again, many changes made. I'm going to go through a couple specific examples here and some, you know, some features we have coming. Some of these were made earlier in the year. Some of them you'll see when we roll out the 2025 plans on 10/1. I will just highlight down in the right corner here, just to note that coming in—in—the spring on April 1, there will be some changes to the Online Enrollment Center. There will be new sexual orientation and gender identity questions as well as updated assister questions. So if somebody is getting help enrolling in their health coverage, we'll actually have some additional questions that will get us more information about that. If we could jump to the next slide.

So a few—a few—enhancements to highlight here. Again, highlighting that some of these are things that we did early in the year in February. Some of them are changes that will come with the start of Open Enrollment. So just to highlight, in February, three impactful changes we rolled out. The first was, covered drugs are much more clearly highlighted on plan details now. So you can see very clearly which drugs are driving the overall plan costs. We're really—we've had a big focus this year on encouraging that comparison shopping and helping people understand the items that go into their overall out-of-pocket costs and ways to—ways to—save money with their coverage. Also in February, we launched a feature. We've got a Medigap tool on [Medicare.gov](https://www.medicare.gov), the supplemental policies, and we added household discounts. So prior to that, we only showed individual policies. So again, if you're enrolling with a spouse or a roommate, you'll see what—what—kind of cost savings you might have there.

And then also in February, we rolled out the ability for users to change their drugs right from the “Plan Details” page. So previous, you had to navigate back several steps through Plan Finder to change those drugs. There's now sort of a single click there. In March of this year, we rolled out the summary pages. If you're a logged in user in Plan Finder, you will see the summary page. It includes all the information we already have about you, such as your saved drugs list, your saved pharmacies, your current coverage, and we added the—we show employer coverage on that screen now. So if you actually have employer-based plans, those now—those are now—displayed on this page. On October, one change to highlight is that we will be updating the way we display benefits for D-SNP (Dual Eligible Special Needs Plans) plans. These are special needs plans for dual enrollees. Previously, we showed benefits as covered if they were covered by Medicare, but for this year, we will actually show them as covered whether they're covered by Medicare or Medicaid. So increasing the accuracy there and just really reflecting what the true coverage of those plans looks like. And then as I mentioned earlier, in April, we will have these Online Enrollment Center changes with the new questions. So those will roll out in 2025. Next slide, please.

So just to highlight a few other changes, this is one that just rolled out within the last week, actually. These are changes to the “Help with Costs” page. So this is a page you see pretty early on in the Medicare Plan Finder flow. We will ask you some questions about what sort of coverage you have. And we've always found this, you know, we've heard from people that this was a page that sort of confused them. We better explain dual eligibility on this page. So we explain why you might want to list covered for Medicare here. And as I mentioned earlier, if you have Medicaid, you will—you're—you're—eligible for certain plans that other users won't see, those D-SNP plans. And so we explained that those will be included in the results. There is a help drawer. If you click “Tell me more,” there's a page that—a page will open that explains all of these cost saving programs. It's got information and definitions of all of those. And we also—we separated out the “I don't get any help” answer just so that's sort of clear and the continue button is accessible and ready to move on more easily than it was on the previous page. Next slide, please.

As I mentioned, we're trying to improve the findability of the dual eligible plans. So again, those users who would select Medicaid on that previous screen will see the D-SNP plans filtered in here. That D-SNP filter is pre-selected. There's also an informational alert that we've added explaining what special needs plans are and what D-SNP plans are in particular. There's a link in that—in that—alert that explains the eligibility criteria for these plans. So that's, again, a change to—to—make sure that these are more easily surfaced and findable for—for—those users who could—could—apply to these. Next slide, please.

We've also made changes to improve the plan filters in a couple of other ways that special needs plans filter that I mentioned earlier. Again, we sort of spell that out. Again, we wanted—we wanted to—we highlight those as special plans. If you click that filter, there are sub filters underneath that explain specific types of special needs plans that are available, and you can filter down to just a subset of those if you would—if you would—like those. Next slide, please.

We also increased the visibility of “View all filters.” So again, that's highlighted there, that the button is linked as a primary button. If a user clicks that, they will see all of the filter options that are available. The way this was previously styled when we did sort of consumer testing on this, users just didn't see that button and we wanted to make sure people understood the filters that were available to them. So that's pretty—pretty—simple styling change there, but we think it will increase the use of the filters by people using Plan Finder this year. Next slide.

So just to highlight here again, an important program change coming this year is the elimination of the—the—gap phase, or the catastrophic phase. Once a user hits \$2,000, they will, I'm sorry, they will move directly from the initial phase to the catastrophic phase. And so we're eliminating references in the tool to the gap phase that no longer applies at all. What this really means is it just sort of streamlines the user interface. We were able to delete all of the columns in various tables that related to that. So all of that information no longer applies and will be gone from the user interface for 2025 plans. So as we open up shopping on October 1 and you're looking at 2025 plans, those references will be gone from the tool. Next slide, please.

So to talk a little bit about Medicare Prescription Payment Plan, we've talked about that a little bit already in this briefing. This just highlights here again the references that—that—Julie mentioned earlier. All of the—the—references on this page are available on the site. There's no login needed here to access any of these resources. I'll talk a little bit about how we're handling this inside of Plan Finder as well where we have more detailed information. Next slide.

So inside of Plan Finder, we will basically—the user has given us their drugs, they've given us their pharmacies, so we know what their out-of-pocket costs will look like. And so throughout the tool, we will highlight for users who have very high drug costs that they might be interested in this program. The most sort of specific reference that I want to highlight is this cost preview help drawer. So when a user gets to the “Plan Preview” page, again they're looking in the context of a specific plan and they've given us their drugs and pharmacies, they will be able to look at this table. At the top, the table has a little bit of framing content about this program, what it means. It's got a link to more detailed information. There is a pharmacy selector, so based on the particular pharmacies you've selected for comparison, you can switch between those and see what the costs look like. And we've done a lot of work over the last year just to highlight for users that in-network, out-of-network and preferred pharmacies can have pretty significant cost differences between them. So you'll be able to see that here. The cost table will show what your month-to-month costs will look like with the payment option and without the payment option. So showing that sort of smoothing effect over the course of the year. We do note here that this table only shows part—covered Part D drugs. Non-covered drugs are not included in this payment plan program. And then highlighting again that—that—the user would sort of coordinate with their—with their—plan to enroll in this coverage, as Julie mentioned earlier. Next slide, please.

And then if the user moves forward and goes through the enrollment process, this is the final screen, the Online Enrollment Center. So we highlight here that their application is with the plan. Again, this—this—page exists today. We do highlight down, this is sort of down here at the bottom, we will highlight that especially for those users who were likely to benefit from the program, that—that they—that they—are good candidates for this and that they can contact their plan to talk about next steps for enrolling in this program. Next slide, please.

Another change we're making relates to the dental and—and—hearing benefits. So right now for 2024 coverage, there's a single hearing aid benefit displayed. That will be broken out into two benefit services, the prescription hearing aids, and over the counter—hearing aids. We're also expanding the—the—benefit—the dental benefit services as well from four preventive services to six, and from seven comprehensive services to 10 respectively. So if we can jump to the next slide.

Just highlighting, these are displayed on the “Plan Details” page. So on the left here is the current screen. On the right is the new one. So we've broken these categories out more clearly than they are today so that there are header rows. And then underneath of those rows you can see the specific services, and you'll see the in-network and out-of-network copays associated with those services. Next slide. And I think with that we can go ahead and open it up to any questions that—that—people have. Thank you.

Tamika Williams: Thanks, Jon. It looks like we have no questions but more of a thank you from Rachel. She says thank you for all the changes for D-SNPS. So that's what we have for that part. If there's no more questions, we are going to continue and move forward. And we are going to bring on Valerie Perkins who will be—our next speaker, who will give an update on *Medicare & You* handbook.

Valerie Perkins: Thank you so much, Tamika. Good afternoon, everybody. We can go to the next slide, by the way. We're excited to share that the *Medicare & You* handbook has three new languages that will be available electronically by the end of September: Tagalog, Arabic, and Russian. The Spanish, Chinese, Korean, and Vietnamese formats are also still available upon request or electronically. Early September, we started mailing the 2025 handbook to the households of all people with Medicare in English or Spanish. In addition to the standard version, the handbook is also available in other formats, including large print audio and e-book, which I'll talk a little—a little—bit about shortly. You can find the standard handbook and other languages and formats at [Medicare.gov/publications](https://www.medicare.gov/publications). Next slide.

I am also happy to share that we are running a campaign to encourage people with Medicare to sign up for the electronic handbook and Medicare Summary Notices (MSNs) during this year's Open Enrollment. We'd like to increase the number of digital signups for these important products. People with Medicare don't have to wait months anymore to get copies of their MSNs. They can just log into their secure Medicare account at [Medicare.gov/account](https://www.medicare.gov/account) and sign up for electronic MSNs. This way, every time they have claims, they'll get an email with a secure link to their electronic MSN. We encourage people with Medicare to create a secure online Medicare account so they can access and manage their Medicare information anywhere, anytime. To create—to create—an account, they can visit [Medicare.gov/account](https://www.medicare.gov/account). People with Medicare can also sign up to get their *Medicare & You* handbook electronically. The online version of the handbook is updated throughout the year, so they'll always have the most updated information. Any questions?

Tamika Williams: I don't see any questions for you, Valerie. Thank you so much. So with that, again, if you guys have any questions after the presentations, please feel free to drop them in the

Q&A and we can answer those accordingly. So with that, we're going to move to our next presenter, which is Lauren, who will be talking about the HHS “Risk Less. Do More.” respiratory virus campaign. Lauren?

Lauren Shaham: Thank you very much. It's nice to be here with you all today. If I could get the next slide, please. In this short presentation, we're going to talk about the public education campaign, its messaging around viruses and vaccines, and then share some resources that are available for you to help spread the messaging about the importance of vaccination through this respiratory virus season. Next slide, please. So “Risk Less. Do More.” is the campaign of the Department of Health and Human Services. It is focusing on the uptake of vaccines that reduce severe illness from influenza, COVID-19, and RSV (Respiratory Syncytial Virus). So this is a bit of a shift from previous years where we maybe we're focusing on COVID or flu, where we're now having a unified campaign work that is targeting people and risk populations—which includes adults 60 plus and their caregivers, long-term care residents, and pregnant people—to speak with their doctor and to get the respiratory virus vaccines that are most important for them. The campaign started last month in August and will continue through March. If I could get the next slide, please.

Here are our key messages: Viruses cause most respiratory illnesses, prevention is the best option, older adults are at higher risk, vaccines protect pregnant people and newborns, vaccines are tested and safe. And perhaps most important take home for you all is to remember the website www.risklessdomore.hhs.gov to learn more and to download resources. Next slide, please. Here's a sample of some of the resources that are available. These are some sample media posts with the text at the bottom. It says things like, “If you're 75 or older or 60 or older with conditions such as heart or lung disease, RSV can get serious. Learn more,” and then with the web address. I should also mention that it's an HHS campaign very much in partnership with CDC (Centers for Disease Control and Prevention). Next slide, please.

And there are sample social media posts for community organizations like yours that you can just download and use on your own channels. Next, please. Here are some ads targeting pregnant people. Next. And there's also a lot of resources available for health care providers to use with their patients, so we encourage you to take a look at those as well. Next, please. So again, the website is risklessdomore.hhs.gov. If I remember correctly, they're going to be posting some new resources as soon as tomorrow. So I encourage you to bookmark the site and go back to it every so often to see what it has to offer. And with that, I will stop and take any questions.

Tamika Williams: It doesn't look like we have any questions for you, Lauren. I think we could go ahead and move to the next presentation, which is on Center for Program Integrity (CPI) Hospice Fraud Prevention Toolkit.

Lauren Shaham: Thank you. Yes, very different but very important topic, so if I could get the next slide, please. Our background here is that as we all know, people with Medicare should be aware of scammers offering in-home perks like free cooking, cleaning, and home health services because in some cases, they could be unknowingly be signed up for hospice services that they know that—that they don't want at this time. The scammers then unlawfully bill Medicare for these services in the person with Medicare's name. Criminals are using every avenue they can

think of, including knocking on people's doors, phone, text, email. So this effort that we're doing now is to emphasize that hospice care is for people who are terminally ill and only patients and their doctors can make this serious decision about end-of-life care. Next slide, please.

So as with the other campaign, there are sample social media posts. We really do hope that our partner groups will use them to spread the message about how hospice is very important. But you want to make sure you're—you're—making an informed decision about signing up for hospice and understanding what it provides and what it won't. And most important, talk to your doctor first. Next slide. The resources are also available in Spanish. Next slide, please.

There is a drop-in article, and I'm not sure if we could get a screen share of that article, but I am also hoping that we could put this web address into the chat for people to have. Is that possible? I hope so. And if we are not able to share the drop-in article, let me just go through some of its key messaging. It starts—and it is also available in English and Spanish. It starts off with many of the messages we all know about guarding your card just like your Social Security card and your credit card, and only sharing Medicare information with trusted health providers. It then moves into discussing hospice fraud in particular. And it has these important messages, which are: Your doctor is the only one who can certify that you're terminally ill with a life expectancy of six months or less. If you're not terminally ill, you should not receive hospice care. Never accept perks or gifts in return for signing up for hospice services. Medicare does not provide free services like housekeeping. Be suspicious if someone offers you free services like these in return for your Medicare number, and also Medicare will never come to your home. And then most important, it provides information about where to report suspected fraud. That is [Medicare.gov/fraud](https://www.medicare.gov/fraud) or 1-800-MEDICARE. And that's it. I'm happy to take questions here.

Tamika Williams: All right. So just to let everyone know, I did drop the article in the—for the Hospice Fraud Prevention Toolkit. It's in the—in the—chat for everyone. It looks like we don't have any questions. You guys did an excellent job explaining. That's why. So thank you so very much. At this time, this concludes our presentation for today. We appreciate all of you for taking time out to be with us on today. If you have any information, any topic suggestions for future meetings or questions about Medicare in general, please feel free to submit your questions to our partnership mailbox, which is partnership@cms.hhs.gov. Again, that is partnership@cms.hhs.gov. Again, thank you so much and have a great day.