

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

**Virtual Meeting
February 3, 2022**

EXECUTIVE SUMMARY

Open Meeting

Lisa Carr, Designated Federal Official (DFO), Partner Relations Group, Office of Communications (OC), CMS

Ms. Carr called the virtual meeting to order at 12:07 p.m. She welcomed all participants and noted that she serves as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). She explained that questions about FACA compliance can be emailed to her at lisa.carr@cms.hhs.gov. Ms. Carr noted that APOE members would hear comments from the public at the conclusion of the presentations, and that this time is set aside for comments only. She directed those who wish to participate in public comments to email Joanna Case at jcase@betah.com. Ms. Carr asked that specific questions be directed to her email address. In compliance with a White House directive, she asked that lobbyists identify themselves as such before speaking. She then turned over the meeting to Ms. Beth Lynk.

Welcome and Opening Comments

Beth Lynk, Director, CMS Office of Communications

Ms. Lynk welcomed meeting attendees and introduced herself as the new Director of the Office of Communications and Senior Advisor at CMS. She noted that APOE would welcome two new panel members, followed by presentations on three topics—Coverage to Care Updates and Outreach Plans, Health Insurance Marketplace Open Enrollment 9, and COVID Testing and Certified Labs. She then turned the meeting over to Ms. Cheri Lattimer, APOE Vice-Chair.

Opening Comments and Panel Introductions

Cheri Lattimer, APOE Vice-Chair

Ms. Lattimer greeted participants and noted that the meeting is open to the press and the public, all discussion is on the record, and the opinions expressed by panel members are those of the individuals and not the organizations with which they are associated.

Ms. Lattimer then asked panel members to introduce themselves, starting with the two new members about to be sworn in. She noted that Congresswoman Allyson Schwartz and Dr. Margot Savoy, APOE Chair, would arrive later to the meeting.

Ms. Lattimer noted that with the addition of two new members, APOE is now a committee of 16 people. She turned the meeting back over to Ms. Carr.

Swearing in of New APOE Members

Lisa Carr, DFO, OC, CMS

Ms. Carr proceeded to swear in the two new APOE members: Neil Meltzer, President and CEO, LifeBridge Health, and Melissa McChesney, Health Policy Advisor, UnidoUS.

CMS Response to APOE Recommendations

Jonathan Blanar, Acting Deputy Director, CMS Partner Relations Group

Mr. Blanar informed members that the APOE recommendations from the September 15, 2021 meeting were included in the meeting packets. APOE members had no questions about the recommendations and Mr. Blanar turned the meeting back to Ms. Lattimer to introduce the first set of speakers.

Coverage to Care Updates and Outreach Plans

Dr. LaShawn McIver, Director, CMS Office of Minority Health

Ashley Peddicord-Austin, CMS Office of Minority Health and Coverage to Care Program Manager

Dr. McIver explained that the CMS Office of Minority Health (OMH) works across the agency's programs to advance health equity, including the Health Insurance Marketplace, Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). Focus populations include racial and ethnic minorities; people with disabilities; lesbian, gay, bisexual, and transgender (LGBTQ+) communities; individuals with limited English proficiency; and rural populations.

Dr. McIver said that Coverage to Care (C2C) aims to help consumers understand their healthcare coverage and use it to connect to primary and preventive care. The office provides most of its resources in eight languages. The C2C relaunch is an effort to improve existing materials and develop new resources where needed.

Ms. Peddicord-Austin told APOE members that C2C relies on its trusted partner network for feedback on what is needed by partners and consumers. The relaunch aims to spread materials to more partners throughout the country.

Relaunch Part 1, in spring 2022, will include an update of the Roadmap to Better Care, Roadmap to Behavioral Health, and their supporting materials; updates to the C2C website; and creation of a Partner Portal where partners can interact with each other and with C2C staff to share ideas, resources, and best practices. Relaunch Part 2, in spring 2023, aims to release more new materials along with continuous updates of older products and development of digital media and events.

Materials development will focus on:

Content updated for timeliness, use of plain language, search engine optimization (SEO), audience need, and research and partner feedback.

Design with a modern look identifiable as C2C. Graphics will serve as a health literacy tool to improve understanding and appeal to diverse audiences.

User experience for approachable materials in formats that are customizable for various audiences and are culturally and linguistically appropriate.

Ms. Peddicord-Austin provided examples of redesigned materials, including the eight-step Roadmap to Better Care, which uses color, layout, and plain language to guide consumers through the process of accessing healthcare.

Research and testing conducted by OMH, prior to updating the Roadmap to Better Care, included a secondary analysis of studies on how people use care and where disparities and gaps exist. The research revealed that although participants like the new design and find the Roadmap informative, they emphasize that it stills packs a lot of information into a few pages. OMH will continue to evaluate whether design or content improvements are warranted.

Discussion of Recommendations among APOE Members and Dr. McIver and Ms. Peddicord-Austin

The panel made a series of preliminary recommendations that included the following:

Allow Co-Branding – Allow co-branding of C2C materials in states that have created their own Marketplace outside of HealthCare.gov. This co-branding capability would include Federally Qualified Health Centers (FQHCs), Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP).

Expand Partnerships – The outreach to partners in the learning community should include Medicaid and CHIP outreach organizations; state Marketplaces; primary care associations, including state and regional groups; national associations of health centers and safety net clinics; and other CMS and federal healthcare agencies. Partnership with these organizations will help the C2C program capture ground-level dynamics.

Develop an Application – Create a downloadable application (app) for consumers to access C2C materials. Promote CMS health observances (American Health Month, etc.) to encourage consumers to interact with the app. Be aware of how much memory the app will use for consumers whose phones have limited capacity.

Expand the C2C Roadmap – Expand the C2C Roadmap to include steps that patients should take if they do not understand a bill, want to dispute a charge, or hit a roadblock in accessing healthcare.

Health Insurance Marketplace Open Enrollment 9 – Part 1

Barbara Johanson, Director, Division of Campaign Management, Strategic Marketing Group, CMS Office of Communications

Erin Pressley, Director, Creative Services Group, CMS Office of Communications

Ms. Johanson recapped the Marketplace Open Enrollment ad campaign to motivate the uninsured to sign up and educate enrollees to review and compare plans. The campaign strategy focused on more affordable health coverage. Campaign targets included the uninsured, African Americans, Asian Americans and Native Hawaiian/Pacific Islanders (AANHPIs), and English- and Spanish-speaking Latinos. The campaign highlighted Navigators and local community organizations as places where consumers could go for help. The campaign used a mix of traditional and digital media, including direct response email, texting, and auto dialing.

Pre-campaign research revealed that less than half of the uninsured believe that HealthCare.gov has affordable plans. The campaign used the stories of real people to emphasize that four out of five consumers can find plans for under \$10/month and coverage is more important than ever during the Public Health Emergency.

A key goal of outreach was to expand health equity:

- Data analysis allowed geographic messaging to be targeted according to where races, ethnicities, language groups, and the uninsured live.
- Expanded outreach included bilingual Latinos and ads for the first time in Chinese, Korean, Vietnamese, Taglish, and Hinglish.
- Multi-cultural outreach ran the gamut of national and local network and cable TV, radio, social media, digital displays and video, and streaming services.

Ms. Pressley discussed the 90+ publications available on the CMS website to provide ongoing consumer education on the Marketplace throughout the year. CMS rebranded and updated many materials to align them with the look and feel of the website. All publications are available in Spanish and many are translated into other languages.

Discussion of Recommendations among APOE Members, Ms. Johanson, and Ms. Pressley

The panel made a series of preliminary recommendations that included the following:

Clarify Messaging for Latinos and Non-citizens – The HealthCare.gov Marketplace is a large source of coverage for non-citizens. Thirty percent of the uninsured, subsidy-eligible population are Latinos. Encouraging messaging needs to be targeted toward Latinos and non-citizens to clarify that using the Marketplace and signing up for and accessing coverage will not impact their ability to get a green card or become citizens.

Increase CMS Messaging on Coverage Options – Increase CMS messaging about other options, including contacting a Navigator, Certified Application Counselor (CAC), or seeking out an

FQHC, for consumers who go to HealthCare.gov and are discouraged by the high premiums. Navigators, CACs, and FQHCs can explain the many options available to those who find high premium plans on HealthCare.gov.

Feedback on Health Insurance Marketplace Open Enrollment 9 – Part 2

Lisa Carr, Senior Advisor, Partner Relations Group, CMS Office of Communications

Tasha Bradley, Health Communications Specialist, Partner Relations Group, CMS Office of Communications

Michael Coulter, Executive Officer, Dallas Regional Office, Detailed to Partner Relations Group, CMS Office of Communications

Ms. Carr continued the discussion of CMS Marketplace enrollment outreach by highlighting:

Theme Weeks which focused on key populations to ensure they have the enrollment information they need in a language and with graphics that speak to them. Theme Weeks included a focus on African Americans, Latinos, veterans, rural residents, early childhood educators and daycare workers, small businesses, and many other populations. Ms. Carr shared a sample of weekly listserv Theme Week notices, including links to social media, toolkits, partner webinars, upcoming events, and other resources.

Event in a Box which allows partners to order materials from CMS and save printing costs. Materials are available in English, Spanish, or a mix of the two, customized by ethnicity, and available in small, medium, and large sizes. Contents include fact sheets, flyers, posters, and stickers. Ms. Carr reported that more than 300 packets went out this year.

Ms. Bradley highlighted:

Partner Tools and Toolkits Website which includes all the resources presented by Ms. Carr and more, such as transcripts from partner engagement webinars, where partners discussed their on-the-ground enrollment efforts.

Champions for Coverage Relaunch of a program that began in 2013 prior to the first Open Enrollment period. Organizations that sign up to be Champions are instrumental in encouraging people to enroll. The program was relaunched this year and now has more than 2500 Champions across the country. CMS accepts applications to become a Champion year-round.

Mr. Coulter provided an update of Boots-on-the-Ground events that are held in both rural and urban settings, sometimes in conjunction with city leadership or a private or public partner. CMS hosts an informational table to share materials on Marketplace insurance, including those created for Theme Weeks. Mr. Coulter reported that 422 programs occurred during the HealthCare.gov enrollment campaign that ran from November 2021 to January 2022. Attendance ranged from 50 to several thousand people. CMS reached its goal of increasing enrollment in underserved and underinsured states.

Discussion of Recommendations among APOE Members, Ms. Carr, Ms. Bradley, and Mr. Coulter

The panel made a series of preliminary recommendations that included the following:

Broaden Messaging – Connect with disease-specific organizations (cancer, diabetes, heart disease, etc.), to build on CMS’s outreach work and broaden messaging on the Marketplace.

Engage Champions for Coverage Earlier – Engage the Champions for Coverage before Open Enrollment and connect them to Navigators, CACs, and Boots-on-the-Ground organizations.

Strengthen Enrollment Efforts – Improve pre-enrollment coordination between Navigators, CACs, and Boots-on-the-Ground organizations – particularly during the pandemic – to boost outreach and Navigator presence at informational events. Examples are a shared calendar and direct communication between Navigators, CACs, and those running the Boots-on-the-Ground programs.

Theme Week for the 55-64 Age Group – Consider a Theme Week for the 55-64 age group, especially for early retirees who are not yet eligible for Medicare and grandparents who are raising grandchildren. Reach out to people on Medicare to encourage them to contact family members who may be eligible for coverage through HealthCare.gov. Partner with organizations that serve seniors like the Medicare Rights Center and others to get information out on Marketplace Open Enrollment.

Feedback on COVID Testing and Certified Labs

Jessica Wright, Special Assistant, Quality, Safety and Oversight Group, Center for Clinical Standards and Quality, CMS

Ms. Wright explained that the CMS Clinical Laboratory Improvement Amendments (CLIA) program establishes uniform federal quality standards for all laboratories that test human specimens. CMS partners with state agencies to enforce standards in more than 300,000 labs.

Ms. Wright reported an increase in temporary testing sites due to rising demand during the COVID 19 pandemic. These pop-up sites are an extension of CLIA-certified labs and must meet federal standards. CMS has fielded concerns about these labs, including inaccurate testing; improper storage; improper operation of test equipment; mislabeled samples; and identity theft.

Ms. Wright displayed two of the informational resources to guide quality testing in schools as examples of CMS outreach efforts to help ensure test quality at all labs.

Discussion of Recommendations among APOE Members and Ms. Wright

The panel made a series of preliminary recommendations that included the following:

Be Aware of Staffing Issues – The number, training, and experience of staff make a critical difference in the testing experience. Staff shortages and inexperience can sow doubt about the accuracy of test results. Quality can vary significantly from location to location.

Provide Information Before Testing – It is helpful to provide patients with information before testing on site about precautions, warnings, insurance coverage and payment, what to bring (ID/license, insurance card), and other frequently asked questions. Information can be delivered through media such as scheduling apps and onsite oversized posters. These help avoid last-minute surprises.

Be Sensitive to Consumers' Circumstances – Before directing individuals to test sites, consider where the legitimate sites are located, possible transportation issues, and hours of operation, which may not align with the work schedules of essential workers.

Public Comment

Dr. Margot Savoy, APOE Chair

Dr. Savoy noted that no one signed up to give public comments.

Final Comments

Dr. Margot Savoy, APOE Chair

Dr. Savoy and Congresswoman Allyson Schwartz introduced themselves, as they had to arrive late to the meeting and missed opening introductions. Dr. Savoy also welcomed Mr. Meltzer and Ms. McChesney as the newest APOE members. She told them that CMS staff listen to and value the thoughts of APOE members and use the information to make a positive impact.

Dr. Savoy also explained the APOE recommendations process, noting that presenters are encouraged to reach out to committee members with questions, concerns, and feedback.

She reminded APOE members to complete ethics documents and announced that the next APOE meeting will be virtual and take place on April 7, 2022, from noon until 5 p.m. ET. APOE's June and September meetings are currently scheduled to be in-person in Washington, D.C.

Adjourn

Lisa Carr, DFO, OC, CMS

Ms. Carr thanked meeting participants, adjourned the meeting at 3:28 p.m. ET, and noted that the next APOE meeting would be announced via the *Federal Register*.