EXECUTIVE SUMMARY

Virtual Meeting of the Advisory Panel on Outreach and Education (APOE)

FEBRUARY 1, 2024, 12:30–3:15 P.M. EST

Open Meeting

***Walter Gutowski**, Designated Federal Official (DFO), Senior Advisor, Partner Relations Group (PRG), Office of Communications (OC), Centers for Medicare & Medicaid Services (CMS)*

Mr. Gutowski opened the virtual meeting at 12:32 p.m. EST, introduced himself as the Designated Federal Official (DFO), and reviewed housekeeping items to ensure compliance with the Federal Advisory Committee Act (FACA). He announced that APOE would hear public comments at the end of the meeting and directed those who wish to participate to email Kelley Vinton at kelley.vinton@novakbirch.com, noting that the time is set aside for comments only. Next, in compliance with a White House directive, he asked that lobbyists identify themselves as such before speaking. Finally, Mr. Gutowski stated that questions regarding FACA compliance and questions about the presentations could be emailed to him at walter.gutowski@cms.hhs.gov.

Welcome and Opening Comments

***Stefanie Costello**, Director, PRG, OC, CMS*

Ms. Costello thanked the APOE members for joining the meeting and previewed the agenda, then introduced Neil Meltzer as the APOE Chair.

Opening Comments and Panel Introductions

***Neil Meltzer**, APOE Chair*

Mr. Meltzer welcomed attendees and reminded them that this is an open meeting and everything said is on the record. He stated that the opinions expressed by panel members are their individual opinions and do not necessarily reflect the views of the organizations with which they are affiliated. Mr. Meltzer conducted a roll call. After each member introduced themselves, he turned the meeting over to Mr. Gutowski.

Swearing-In of New Panel Members

***Walter Gutowski**, DFO, Senior Advisor, PRG, OC, CMS*

Mr. Gutowski introduced and administered the oath of office to one new APOE member, Lynn Kimball.

CMS Response to APOE Recommendations

Stefanie Costello, Director, PRG, OC, CMS

Ms. Costello informed the APOE members that CMS's response to APOE's recommendations from the September 21, 2023, meeting was included in the meeting packet. APOE members did not have any questions. Ms. Costello turned the meeting back to Mr. Meltzer to introduce the first speaker.

Promoting Equity by Increasing Access to the Medicare Diabetes Prevention Program (MDPP)

Dr. Colleen Barbero, MDPP Model Lead, Center for Medicare and Medicaid Innovation (CMMI), CMS

Tina Cooley, Health Insurance Specialist, CMMI, CMS

Dr. Barbero explained that the MDPP is a structural behavioral change intervention, offered as part of Medicare Part B since 2018. MDPP uses a CDC-approved diabetes prevention curriculum focusing on diet, physical activity, and weight loss. The primary goal of the program is to achieve at least 5% weight loss. Only organizations, not individuals, can become MDPP suppliers.

Dr. Barbero stated that Medicare covers up to one year of MDPP sessions: months 1-6 are 16 weekly core classes, and months 7-12 are six monthly sessions. To enroll in MDPP, no referral is required and there is no beneficiary copay, but a blood test within the prediabetes range is a requirement. For CY 2024, CMS increased virtual options to expand access to beneficiaries in rural areas; those who lack access to health care providers; and beneficiaries who live in underserved communities, are homebound, or lack transportation options. CMS also simplified the payment structure by reducing the number of billing codes.

Ms. Cooley explained that CMS is hoping to expand MDPP's offerings, including offering distance learning or a combination of distance learning and in-person synchronous sessions. Asynchronous delivery is currently not allowed in MDPP. Other enhancements to improve equity and access to the program include increasing delivery of services through non-traditional suppliers (including CBOs and pharmacies), increasing screening and referrals by providers, and increasing coordination with providers of diabetes care, including diabetes self-management training providers.

Discussion of Recommendations Among APOE Members, Dr. Barbero, and Ms. Cooley

(1) APOE members discussed how to effectively collaborate with providers to increase beneficiary screening and referrals:

- Work with organizations as sources of referrals. These include the Aging Life Care Association, local government aging offices, employee wellness programs, and DoD/VA disease management programs.

- Post information on medical social media sites. Post advertisements, blog posts, op-eds, etc. written by authoritative messengers and influencers in the physician communities on medical professional social media websites, such as Doximity and Medscape.Explore.

- Offering financial incentives for referrals. Consider an incentive for care providers who make referrals.

- Collaborate with professional associations for marketing MDPP.

- Bring in educators and providers who are representative of the target populations. There is a higher success rate when educators and providers look and feel like the patients they are trying to reach. It is a challenge to make sure there is a broad array of representative providers.

(2) APOE members discussed how to effectively collaborate with suppliers to increase the adoption of virtual options, such as distance learning, that may expand MDPP access for beneficiaries:

- Let organizations know that it's now easier to become suppliers. Promote the positive changes CMS has made to MDPP that make it easier for organizations to become suppliers.

- Administer the program through trusted media such as national associations and peer-to-peer communications (e.g., spokespeople or champions).

- Include training for first-time billers to Medicare since new suppliers are not likely to be set up for that process. Provide technical support on how to become eligible to bill and be reimbursed, including long and short instructional videos.

- Collaborate with the Aging and Disability Business Institute.

- Conduct outreach to states that have a Section 1115 waiver.

- Engage with potential suppliers at the CMS Health Equity Conference

- Do a road tour of areas that lack MDPP suppliers.

- Spread the word that the curriculum is already CDC-approved. Potential suppliers do not have to start from scratch.

(3) Finally, APOE members discussed how to effectively collaborate with beneficiaries in high social vulnerability index communities and in geographies with a high prevalence of diabetes and limited access to care to improve enrollment in the MDPP:

- Collaborate with those who have the same mission. Work with associations and nonprofits whose missions interact with beneficiaries.

- Promote the availability of coaches. Communicate that people receive a coach as part of the program.

- Educate Medicaid navigators. Many would be happy to learn about services they can refer their clients to.

- Target places that service older adults, such as adult daycares.

- Enlist the support of medical labs. Investigate whether medical labs can provide brochures or inserts in connection with lab results as a note to patients or doctors.

Communications Planning for a Natural Disaster

Thomas Bane, Special Assistant to the New York Regional Administrator, Office of Program Operations and Local Engagement (OPOLE), CMS

Mr. Bane explained that there is an increase in severe weather events across the country—according to the National Oceanic and Atmospheric Administration, there were about 28 separate billion-dollar weather and climate disasters in 2023. These events have a large impact, and CMS is integrating them into its regular outreach strategies. There are 10 CMS regional offices in the continental United States, one office in San Juan, Puerto Rico, and one office in Honolulu, Hawaii. Each office has at least one person who has responsibility for conducting outreach concerning CMS's role in a disaster response.

Mr. Bane discussed OPOLE experiences responding to previous disasters. For example, Superstorm Sandy required the New York regional office to close for two weeks, but, as a result, the office formed a working relationship with FEMA and other emergency response agencies to coordinate for future natural disasters. During emergencies, typical messaging from CMS includes information on filling prescriptions in different states, special enrollment periods, and how to replace medical equipment such as damaged wheelchairs.

Upon the conclusion of the presentation, Mr. Meltzer opened the floor for questions, but there were none.

Discussion of Recommendations Among APOE Members and Mr. Bane

(1) APOE members discussed which Medicare materials would be most helpful to partners and beneficiaries in preparation for and after natural disasters. Recommendations included:

- Self-assessment checklists. These help to orient people during disasters and prompt a conversation in preparation for a disaster.

- "How to" materials. Develop materials explaining what to do with your medicine in the case of power outages; how to make/obtain baby formula in a water crisis; how to get your medication if your typical pharmacy is inaccessible; how to replace a Medicare card or identification card if it is lost or damaged; and how to replace durable medical equipment.

- A fact sheet explaining how to register for priority support (e.g., requesting that the power company prioritize your power restoration because you have an electric-dependent device).

- Collateral with special enrollment period information.

(2) Next, APOE members discussed how the information can be best delivered:

- Social media and YouTube videos.

- Collateral such as FAQs and toolkits that can be easily used, edited, and shared.
- Incorporated into emergency alert systems and text messages.
- Radio and television.
- Through the promotion of personal emergency plans.
- Region-specific communications to supplement general information (e.g., hurricane-specific information for regions that receive a lot of hurricanes).
- An insert included with electric vehicles.

(3) Finally, APOE members discussed new partnerships that could assist CMS with this work:

- Work with community hubs and community health centers. Conduct training in partnership with community health workers.
- Partner with state and local emergency management organizations as well as provider groups and organizations that provide support during disasters. Think about what people would need during different types of disasters and work with those corresponding providers and nonprofits (e.g., groups providing shelter during extreme heat events, food banks). Promote contingency plans for facilities in disaster-prone areas.
- Non-governmental organizations such as Healthcare Ready and The American Academy of Family Physicians.
- Reach people where they live. Work with pharmacies and grocery stores to share information.
- Partner with tech companies. Promote digital management of health care information.
- Work with organizations that can help people plan ahead. Reach out to care planning organizations. Create a registry for people who live alone.
- Get the attention of these groups in advance of a disaster to proactively plan.

CMS Interoperability and Prior Authorization Rule

Lorraine Doo, Senior Policy Advisor, Office of Burden and Health Informatics, CMS

Ms. Doo presented on the CMS Interoperability and Prior Authorization final rule (CMS-0057-F), released on January 17, 2024. This rule demonstrates CMS's continued commitment to increasing efficiency by ensuring that health information is readily available to the right person, at the right time, by leveraging application programming interfaces (APIs). Some provisions must be implemented by January 1, 2026, and others must be implemented by January 7, 2027. The goal behind the rule is to reduce patient, provider, and payer burden by streamlining prior authorization processes and moving the industry toward electronic prior authorization.

Ms. Doo explained that impacted payers include Medicare Advantage Organizations, state Medicaid and Children's Health Insurance Program agencies, Medicaid Managed Care Plans and CHIP Managed Care Entities, and Qualified Health Plan issuers on the Federally Facilitated Exchanges. Impacted providers include hospitals participating in the Medicare Promoting Interoperability Program and Merit-Based Incentive Payment System (MIPS) eligible clinicians participating in the MIPS Promoting Interoperability Performance Category.

For the Patient Access API, patients should be able to download their data from payers, including prior authorization requests and decisions (excluding those for drugs). For the Provider Access API, the API must make available individual claims and encounter data, must be part of an attribution process to associate patients with their providers to ensure that a payer only sends data to providers for patients with whom they have a treatment relationship, and must contain a process for patients to opt out of having their health information available and shared.

For the Payer-to-Payer API, impacted payers must identify previous and concurrent payers and give patients the opportunity to opt in, previous payers must provide data to new payers within one day of receiving the request, and where a patient has concurrent coverage with two or more payers, impacted payers are required to exchange patient data within one week of the start of coverage and at least quarterly thereafter.

Finally, for the Prior Authorization API, the API must identify the payer's documentation requirements for all items and services that require a prior authorization request and must support the creation and exchange of prior authorization requests from providers and responses from payers. Payers must provide specific information about prior authorization denials, and impacted payers are required to report certain metrics about their prior authorization processes on their public website, including the percentage of requests approved, denied, and approved after appeal.

Ms. Doo explained that CMS strongly recommends that impacted payers develop their APIs to confirm with certain implementation guides and that the Agency has revised regulatory language to further clarify the standards to apply to each API. Further, impacted payers must provide plain language resources to patients and providers about the benefits of the data exchange and the patient's ability to opt out.

Discussion of Recommendations Among APOE Members and Ms. Doo

(1) APOE members discussed the best ways for CMS to conduct outreach to impacted payers to share how they can communicate the safe use of APIs:

- Leverage partnerships with entities such as national trade associations to provide assurance to impacted payers.

- Tailor communications to meet the provider where they are technology-wise. All providers are at different starting points.

- Make sure there is accountability with third-party vendors on any increased costs for technology updates. The National Association of Community Health Centers has a user group that can give feedback on this matter.

(2) APOE members then discussed the best ways to reach patients to help them understand their data-sharing options (both opt-out and opt-in):

- Communicate the message when patients are selecting plans during enrollment.
- Create plain language guides (English and other languages) about the importance and value of the data transfer and how the APIs can make future visits easier.
- Give information to providers who can explain it to their patients.
- Tailor information to caregivers, who often make medical decisions on behalf of patients.

(3) Finally, APOE members discussed how CMS can most effectively advise impacted payers on reporting their prior authorization metrics to the public:

- Clarify what is and is not included within the data. For example, prescription drugs are excluded.

Public Comment

Neil Meltzer, *APOE Chair*

Mr. Meltzer recognized individuals who signed up to provide public comment:

Jester Jersey recommended that CMS collaborate with fraternal service organizations, such as Rotary International, Lions Club International, or Veterans of Foreign Wars, to provide outreach and education, as members of these organizations are already involved in their communities and there are local chapters nationwide.

Final Comments

Neil Meltzer*, APOE Chair*

Mr. Meltzer stated that the next APOE meeting is scheduled to be held in person on April 18, 2024, at the Hubert H. Humphrey Building in Washington, DC.

Meeting Adjournment

Walter Gutowski*, DFO, Senior Advisor, PRG, OC, CMS*

Mr. Gutowski adjourned the meeting at 3:15 p.m. EST. The next APOE meeting will be announced in the Federal Register.