

## **EXECUTIVE SUMMARY**

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

**JUNE 22, 2023, 12:30 – 5:00 P.M. ET**

#### **Welcome and Opening Comments**

***Jesse Pitzler, Facilitator***

Mr. Pitzler opened the virtual meeting at 12:30 P.M. and welcomed all participants. He explained the rules of the meeting, including that all participants should speak their comments in lieu of using the chatbox, to capture all comments in the public record. He advised that anyone with questions should email them to [kelley.vinton@novakbirch.com](mailto:kelley.vinton@novakbirch.com) or hold their comments or questions until the public comment period at the end of the meeting. He then turned over the meeting to Lisa Carr to call the meeting to order.

#### **Open Meeting**

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

Ms. Carr officially called the meeting to order at 12:33 P.M. and greeted participants, including those on the West Coast. She introduced herself as the DFO and reviewed items to ensure compliance with the Federal Advisory Committee Act (FACA). She explained that questions about FACA compliance could be emailed to her at [lisa.carr@cms.hhs.gov](mailto:lisa.carr@cms.hhs.gov).

She noted that the APOE Advisory Panel would have an opportunity to hear comments from the public at the conclusion of both presentations. She directed those who wished to provide public comments to email Kelley Vinton at [kelley.vinton@novakbirch.com](mailto:kelley.vinton@novakbirch.com), noting that the time is set aside for comments only. She also noted that specific questions should be emailed to her at [lisa.carr@cms.hhs.gov](mailto:lisa.carr@cms.hhs.gov). In compliance with a White House directive, she asked lobbyists to identify themselves as such before speaking.

She then turned over the meeting to Stefanie Costello, CMS PRG Director, for her opening comments.

#### **Opening Comments and Panel Introductions**

***Stefanie Costello, Director, CMS Partner Relations Group***

***Neil Meltzer, APOE Chair***

Ms. Costello greeted the participants, thanked everyone for joining, and welcomed those in the western time zones. She reminded attendees that they had received a meeting packet and that there would be two presentations. The first would address the Center for Medicare and Medicaid Innovation (CMMI)—also known as the "Innovation Center"—value-based care web page and resources site. The second, a listening session, would cover Medicare Part D. Ms. Carr mentioned that new members, including the new Chair, Neil Meltzer, and the new Vice-Chair, Carrie Rogers, were attending the meeting, and then she turned over the meeting to Neil Meltzer.

Mr. Meltzer noted that he believed there was a full panel in attendance. He also stated the meeting was open to the press and the public; all discussion was on the record; and the opinions expressed by panel members were those of the individuals, not the organizations with which they are affiliated. He then asked panel members to introduce themselves. After introductions, he turned the meeting back to Ms. Costello.

Ms. Costello noted that five APOE members—Ted Henson, Joan Ilardo, Cori McMahon, Alan Meade, and Morgan Reed—would be departing the panel, and this would be their last meeting. She thanked each for their service and noted that their terms would end on September 8, 2023. She then turned the meeting back to Mr. Meltzer and Ms. Carr.

**Swearing-In of New APOE Members**

***Lisa Carr, DFO, Senior Advisor, CMS PRG***

Ms. Carr introduced the eight new panel members: Mitchell Balk, Vacheria Keys, Allister Martin, Carol Podgorski, Melanie Ann Prince, Mina Schultz, Daniel Spirn, and Emily Wicheloe. As each new individual raised their right hand and spoke along with Ms. Carr, Ms. Carr administered the Oath of Office, Affidavit as to Striking Against the Federal Government, and Affidavit as to the Purchase and Sale of Office to this new group. She then congratulated the new members, welcomed them to APOE, and turned the meeting back to Ms. Costello.

**CMS Response to APOE Recommendations**

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

Ms. Costello reminded attendees that in their meeting packets they would find the recommendations from the four presentations in the April 20, 2023 meeting. APOE members did not have any questions about the recommendations, and Ms. Costello turned the meeting back to Mr. Meltzer to introduce the first speakers.

## **CMMI Value-Based Care Web Page and Resources Site**

**Neil Meltzer**, *APOE Chair*

**Carrie Wells**, *Writer-Editor, CMS Innovation Center*

**Jessica Anderson**, *Writer-Editor, CMS Innovation Center*

Mr. Meltzer introduced the speakers and mentioned that meeting attendees would find the speakers' bios in the meeting packet. Ms. Wells then began the presentation.

Ms. Wells explained that the CMS Innovation Center had conducted market research to gain an understanding of the perception of value-based care (VBC). The outcome of this research was to use what they learned to increase the understanding of VBC and its benefits, increase provider participation in VBC and CMS Innovation Center models, and provide broader public support for VBC. She presented the idea of a new section on the CMS website called "The Value-Based Care Spotlight," which would include storytelling and educational content, such as patient and provider videos, written narratives, interviews with subject matter experts, and toolkits for providers and patients.

Ms. Anderson and Ms. Wells concluded the presentation by showing a video with a patient based in Washington, DC. After the video, they presented the following questions:

- Is it important for patients to understand VBC and the changes that are happening in the health care system?
- Do APOE panel members believe this project will accomplish the goal of raising awareness of VBC, and do you have suggestions about the content?
- For the third subpage, is "health care communicator" the right term to capture the group of people that might be giving information to others about VBC, or is another term better?

Mr. Meltzer opened the discussion to the panel. Members discussed the presentation and each of the questions.

## **Discussion of Recommendations among APOE members, Ms. Wells, and Ms. Anderson**

The panel made a series of preliminary recommendations in these key areas:

Strategies for the importance of patient understanding of VBC care and the changes in the health care system. Explain the differences between Medicare Advantage and VBC. Tailor communications to address the broader problems VBC is designed to solve. Communicate the importance of VBC, not just what it is, and clarify that VBC will help provide better health outcomes. Communicate that "value-based" does not mean Medicare benefits are being taken away. Explain the basics of health insurance coverage and that the care experience should be

seamless from an insurance and payment perspective; convey that VBC means more coordinated care for patients. Incorporate the “so what?” into patient communications; highlight benefits such as the ability to spend more time with providers. Explain the VBC acronym and terms to beneficiaries and members of their care team. Explain the commitment time frame: how long does a patient need to participate in VBC? Create a resource that allows people to find VBC participating providers.

Add content to clarify and help raise awareness of VBC. Look at the No Surprises Act website for good examples of distilling complex information. Speak with provider associations for feedback and for disseminating information. Create a CMS Instagram page for sharing video content. Update and clarify existing graphics. Create a comparison between Medicare Advantage and VBC and include frequently asked questions. Toolkits will be incredibly important for the boots on the ground. Provide medical/doctor/nurse social media influencers content for their videos, to allow CMS to reach audiences who don’t follow a CMS social media page. Create content to dispel provider fear of losing revenue or reimbursement. Think outside of the box about content sharing and consider younger individuals who may use resources and receive information from community organizations. Do not stigmatize chronic illness; focus the content on the patient-doctor relationship and access to resources (e.g., food, technology). Create a video with a patient who speaks a language other than English chronicling how they accessed VBC. Partner with community-based organizations or others doing similar health literacy communications in other languages. Showcase the implementation of remote patient monitoring and ongoing engagement to highlight one of the benefits of VBC—ongoing interactions—instead of waiting to see a doctor in a few months. Create a guide with a list of questions patients can ask providers. Document what a provider needs to do operationally to offer VBC. Create YouTube videos. When making videos, include a summary of key takeaways, and focus on loved ones and future generations. Incorporate information from the *60 Minutes* news segment on how individuals can beat type 2 diabetes.

Applicability of the term “health care communicator” to those who might provide information to others about VBC, including alternatives. Alternative terms included advocate, partner, and connector. Consider adding family caregivers as a subcategory. Whatever label you decide, it is important to define who is in the group.

After the discussion, Mr. Meltzer noted that the meeting was running ahead of schedule. He introduced the next speaker, Erin Pressley, and asked her to start her presentation.

### **Low-Income Subsidy Listening Session**

***Erin Pressley, Director, Creative Services Group, CMS***

Ms. Pressley explained how the Low-Income Subsidy (LIS or Extra Help) program helps people with limited income and resources pay for Medicare drug coverage costs. The Inflation

Reduction Act expanded LIS eligibility to individuals with incomes up to 150% of the federal poverty level who meet the eligibility criteria. Beginning January 1, 2024, the expansion will provide the full low-income subsidy to those who currently qualify for the partial subsidy. This will improve access for approximately 300,000 low-income individuals with Medicare who will not have to take any additional action.

Ms. Pressley explained that CMS is trying to connect with individuals who are likely eligible for the LIS partial subsidy but are not enrolled. CMS is creating outreach toolkits and is building on a targeted mailing to 1.2 million seniors and disabled people from the Social Security Administration to reach people who may be eligible.

Upon the conclusion of the presentation, Mr. Meltzer opened the floor for questions. Ms. Pressley replied to the following questions:

Question 1: What information do people need to have available to apply?

CMS Response: The Social Security Administration administers the application. We will follow up with more information, but at a minimum, individuals need to provide information such as proof of income and the type of Medicare benefits they receive.

Question 2: Can people apply online?

CMS Response: Yes, the online application is the fastest and easiest way to apply. But individuals can also contact the local Social Security Administration office to apply.

Question 3: If someone is already receiving Partial Help, will they be converted to the full subsidy in 2024? If so, who is the target audience we should have in mind when discussing recommendations?

CMS Response: Yes, those who are currently receiving Partial Help will automatically be enrolled in full Extra Help in 2024. Today we are asking for feedback on better targeting individuals who are not currently enrolled but would likely qualify.

### **Discussion of Recommendations among APOE members and Ms. Pressley**

The panel made a series of preliminary recommendations in these key areas:

Barriers to eligibility at LIS signup and ways to overcome those barriers. People with low incomes or who receive other assistance may not be aware that their income level qualifies them for other assistance due to a lack of integration between the benefit programs. Being previously rejected for a benefit may discourage some people from applying. Target communications to encourage people to apply even if they had been rejected, explaining that

the new law expands eligibility. Low staffing levels in local Social Security Administration offices may be a barrier. Individuals with behavioral health concerns may not have the capacity or ability to apply.

Potential outreach partners. APOE members named the following possible outreach partners: Pharmacies—they have information on who uses Medicare Part D for prescriptions. Providers, healthcare navigators, the AARP Foundation, family caregivers, State health insurance assistance programs, case managers, social workers, community health workers, community action agencies, area agencies on aging, and faith-based groups. Statewide associations of different occupations/disciplines, Aging Life Care Association, Case Management Society of America, local and state health departments, hospital-based case managers, libraries, organizations offering food pantries, community health centers, community mental health agencies, substance abuse agencies, the IRS Volunteer Income Tax Assistance Program, and the Department of Veterans Affairs.

Additional tools and tactics to help advocates identify those potentially eligible for Extra Help. Create targeted mailings. Make sure the mailing is clearly an official government communication, so it is not confused with commercial marketing mail. Include Extra Help information in Medicare Part D open enrollment mailings. Create a single application that can be linked to the services the applicant's income level may qualify them for. Explore working with the IRS to link an individual's tax return to applying for Extra Help. Create materials to include in discharge packets from emergency room case managers. Billboards work well in exurban and rural areas. Create a centralized government help number to triage individuals to the right agency/office (e.g., dialing 2-1-1 in Texas). Share via inStory, newspaper stories, ads, and public service announcements.

After completing the discussion, Mr. Meltzer noted that the group had finished the agenda.

### **Public Comment**

***Neil Meltzer, APOE Chair***

No individuals signed up to provide public comment during this meeting.

### **Final Comment**

***Neil Meltzer, APOE Chair***

Mr. Meltzer stated that the next APOE meeting is scheduled to be held in person on September 21, 2023, at the Hubert H. Humphrey Building in Washington, DC, and that attendees would receive more information on that meeting. He then turned the meeting back to Ms. Carr.

### **Adjourn**

***Lisa Carr, DFO. Senior Advisor, PRG, OC, CMS***

Ms. Carr thanked the panel for their participation. She adjourned the meeting at 2:37 P.M. (EDT) and noted that the next meeting of APOE will be announced in the Federal Register.