



eMedicare

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Kaye Rabel: Okay. It is now time for our next session which will provide information about the eMedicare initiative, which is focused on modernizing Medicare customer service for beneficiaries, caregivers and assisters. In addition, we will be given an update on the Medicare Consumer Tools project. From the Office of Communication, please help me welcome Jon Booth.

[applause]

Jon Booth: Good morning, everyone. Yeah, so I was going to take you through what we're doing in the world of eMedicare and describe what the eMedicare initiative is. And then I'm going to spend some time specifically diving deeper into the changes we are making to the Medicare Plan Finder for this fall and go through those in more detail.

So, eMedicare is one of the Agency's major initiatives going on. And eMedicare is really about improving the Medicare customer service experience regardless of which channel that people use. And so while it has E in the title, it's really what we call an omnichannel initiative meaning we are looking at the capabilities that we offer regardless of which channel people like to use. So, we're working very closely across my team, which is the web team, 1-800-Medicare, and all the other parts of the Agency that – that provide beneficiary customer service.

And so, again, Medicare Plan Finder is one of those projects, or Medicare Consumer Tools is another – another name for the same initiative.

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Over the past year, a couple of things that you would have seen come out from the agency that are related to eMedicare. We launched a number of changes last year before Open Enrollment. So we launched a new tool to help people that are new to Medicare decide which coverage option is best for them. If somebody is coming in, they're not sure if they would like original Medicare or Medicare Advantage, Medigap, Part D coverage, how do those play in. Wo we had a tool to support that.

We also had for the first time a stand-alone out-of-pocket cost calculator. So we've had an out-of-pocket cost calculator in the Plan Finder for many years, but people – some people didn't really know that was in there, and so we surfaced that as a standalone capability.

We've also – we also launched a tool called the Procedure Price Lookup tool that lets beneficiaries in original Medicare compare the costs of coverage between care settings, specifically outpatient hospital and ambulatory surgical center care choice. So that was the first time we had sort of put price information out for consumers.

And then earlier this year we also launched our first mobile app for Medicare beneficiaries. So we have an app called What's Covered that allows beneficiaries to look up a procedure or a service and find out if Medicare will cover that – original Medicare will cover that – or not.

So, those are a couple examples of the efforts that we have underway. There are more, and we'll continue to roll out additional capabilities over time. The biggest one, I think, for this year is the redesign of Medicare Plan Finder. This is the first big redesign that we've done on that tool in a number of years. And we heard a lot of feedback from stakeholders – users of the tool themselves, and stakeholders, and assisters, about some of usability problems with the current tool. And so we're excited to address those.

So, a couple of the goals for the project. Really, we want to deliver a plan shopping and comparison experience for beneficiaries that works for their

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individual situation. You know, making sure that people sort of understand where they fit in their Medicare journey and which options they want to be considering and comparing.

We want to provide a personalized experience, and this is a capability we will look to mature more and more over time.

Help users decide what type of coverage is right for them. And one of the things that you'll – that you'll hear, hopefully, throughout my presentation is there were a couple of things that we did build last year as kind of like standalones. We learned a lot from them. And while we will continue to offer those tools, we're also taking what we learned from the use of those tools last year, and the feedback we got on those tools, and building that into the new Plan Finder experience.

We're looking to shepherd beneficiaries through the enrollment process, and we will be replacing the current sort of standalone online enrollment center that we have now. That will be more integrated. And we will be integrating with other CMS systems, so we're doing a lot more integrations with things like health plan management system than we have in the past. The way it's worked in the past is, you know, we would get write-offs from that system every couple of weeks and update the data, and those will be much more closely integrated than we have been before. Which makes for, you know, timelier updates of data refreshes and those sorts of capabilities so that users are making more – making decisions based on the most current data that we have.

So, a little bit of background around the tool. It originally came out of – of MMA, back in 2005. It gives people a place to compare, view, and select Part D and Medicare Advantage plans. And if you all remember or have been around a couple of years, the last big change that we made in sort of the 2010-2011 time period was we used to have two separate tools, one for MA and one for Part D, and Medicare Plan Finder was the bringing together of those two tools. So that was the last really sort of big change we made to the tool.

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And the current tool, it does have sort of a proprietary back end and legacy technologies, and so, you know, our ability to change that tool in significant ways over the last couple of years has been limited, and so we're really going back to sort of rebuild the tool from ground up. Where I think we have been successful over the last couple of years, we've continued to see huge use of the tool during Open Enrollment. And every year more and more people using it, more and more enrollments. We've had a great run of sort of stability on the tool and keeping it, you know, evolving with the growing user population, but not evolving based on the feedback that we were hearing, and so that's what we're really looking to do now.

So, here, again, are a couple of the changes that we made for last Open Enrollment, just to highlight these. We did streamline the Medicare Plan Finder home page that you use to get into the tool. We found there were a few links – there were lots of links on that page, some of which, you know, a point of a single percentage of users used, and so we got rid of those things.

We did, last year for the first time, allow users to log into the tool using their My Medicare account. So previously you could either use the tool anonymously or you could use knowledge-based authentication to log in if users have My Medicare accounts. Now they can use those to log in immediately. So all you need is your user ID and password, and you're logged into the tool.

And another part of eMedicare that I haven't highlighted yet is we're doing a lot of work on the My Medicare website. We launched new capabilities last year with the rollout of new Medicare cards, and so we've seen large increases in the user population of My Medicare and the number of accounts that have been created. So that's – that's good, and we're trying to keep those things well integrated.

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As I mentioned, we launched the Coverage Wizard. That's the tool to help people compare options. And we launched the standalone OOPC Estimator.

Last thing is, for those users that did authenticate last year with their Medicare – My Medicare user ID and password, for the first time we allowed authenticated chat for those users. So if a user was in the tool and had questions, previously we hadn't offered any online support so if a user had a problem, they basically had to channel shift. They would have to get off the website, call 1-800-Medicare, or arrange a session with a family member or a (inaudible) counselor, those sorts of things. And so we did see adoption of that last year, and people were actually able to get their questions answered and continue through and complete their transactions online. So, again, we learned a lot of good stuff from that.

So the redesigned Plan Finder, I'll talk a little bit more about specifics as we go through, but this tool is on track to launch this year. And the new Plan Finder is the system we will be using for the Open Enrollment period this fall.

So, the users, as I mentioned, it's a very large population. Continues to grow over the course of a year. This is the most-used tool during Open Enrollment. This is by far the most used tool. So we had about 20 million users last year that came to the Plan Finder, unique users. That was about a third of all the traffic to – to Medicare.gov over the course of the year.

And what we see is that at the moment it was about a 90/10 split, approximately, in terms of Part D and Medicare Advantage, in terms of the enrollments through the tool. And, you know, noted here, whether it's somebody new coming in or repeat users, we continually hear from people that the current tool is – is daunting. People don't feel, even if they get through the tool and make a decision, they often have questions. Did I make the right decision? Did I look at the right things? Did I consider the right information when I was making my decision?

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So, key things. We've been doing a lot of consumer research throughout the process, both sort of formative research to understand how people feel about the process of shopping for and comparing plans, as well as specific research on the tool itself about which piece users might find confusing.

But a couple of high-level themes have really jumped out for us. People want simpler results. We're actually providing too much information. And – and there is a balancing act here which – that I will note, which is that we do have power users of these tools. We have assisters, like 1-800 customer service representatives, like (inaudible) counselors, that actually want that additional level of detail. But – but we're sort of showing all of that to everybody all of the time, and we think we can do a better job of that.

People also want personalized information. They want to make sure that it sort of speaks to their needs and their situations. There's a lot of interest in the out-of-pocket costs, ensuring that those are accurate, ensuring that people understand them, so that when they're making a decision, they really do sort of understand the financial impacts to them of those decisions.

And then supporting that decision. Again, people that are new to Medicare, just the decisions around original Medicare versus Medicare Advantage, maybe adding in Medigap, maybe adding in Part D, those are decisions that can stress people out and cause them to feel confused about the right decisions.

So, user pain points. We have lots of input. We have input from industry, from stakeholder organizations, from research reports that have come out. So lots of people have looked at Plan Finder and highlighted ways that it could be made better.

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So we've taken all of that data in. We've given that to our team. Everybody has sort of poured through all these – all these findings that we've got. And really sort of highlighting looking for the themes, looking for the themes – the themes that are common, the themes that are common across the reports, and seeing how we can address those.

So, a couple of things. You know, again, if people make bad decisions in here, that – that can have long-term implications for them. You know, somebody deciding, you know, sort of not to elect a Medigap plan when they might want it later, that will have financial penalties that they will incur. So we want to make sure that people are making the right decisions for them up front.

And so, a couple of the things that we found is that people may, you know, really may not be finding the plans that are best for them given their – given their conditions.

And we also have seen that once people are in a plan, again, maybe feeling nervous about the tool, they actually don't come back and – and shop, and look at options because that – that feels like a daunting experience to them.

They are more dependent on the resources that we have up front to – to help them, so they don't feel empowered to do it themselves.

And one thing I will say, I don't know if I said this at the beginning upfront about eMedicare, but one of the – the really exciting things to me about that project is that it's not about – eMedicare is not about taking anything away, it's not about getting rid of the Call Center. You know, we know that there are people in the program that really, you know, their mode of getting support is getting on the phone with somebody and talking through that. And the Agency is going to continue to offer all of that. We want to make sure that we've got the capabilities for people to use the channel that we prefer. And so we know as – as Boomers are aging into the Medicare population, they are comfortable with technology and using the web. So, really, what we want to do is basically have all of the

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channels available for people, and they can choose the one that's most relevant and meaningful to them.

And we also want to make sure that we have feature parity across channels. Another change that we made recently was that there was a – there's a certain part of – a type of Part B premium that beneficiaries need to pay that actually could only be done through the Call Center, you couldn't do it any other way. And so we've added that capability in My Medicare. And without a lot of promotion, that's seen a huge adoption of that. And so what that tells us is there is sort of an audience waiting there, sort of wanting to do – be able to do these things, and just not having those capabilities.

Third on this list is, again, they're less likely to return to Medicare.gov. If they came to the site and felt confused by it, felt stressed by it, they're not going to come back and – and reuse it. So we want people to feel confident about it.

And then they're less like – they're more likely to depend on information from commercial interests, to they may be, you know, they may go out and look at other channels. And, again, we are very supportive of those as well. But we don't – people – we don't want people to feel like they have to sort of flee the government's channels and look elsewhere because they don't understand what we're offering.

So, again, a couple – couple of the reports and sources that we've looked at, in a couple of ways. We've looked at the, you know, the CAHPS results that come in. There has been some research done by Rand a couple of years ago. There's a report called Modernizing Medicare Plan Finder. User experience research. And then there's also been some results on how we do quality reporting, and in the world of, you know, sort of star ratings and how people use star ratings to make decisions, what we can learn from what the Agency has done so far. So these are a couple of the – the research sources that we have used.

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So, we wanted to pause here for a second. I've run through a couple of the key issues that we are tracking, and the pain points. We just wanted – we've got the information up here, but we want to sort of hear from you all, how close are we to the mark? You know, if we're – if we're hitting the bull's eye, are we right in the middle? Are we off? Did we miss the bull's eye altogether? While you all are voting, I will mention I've got my email address at the end if you, you know, if you answer, you know, major issues are missing and you'd like to follow up with me, I'd love to – to have a sidebar conversation with you about that. So we'd be very interested in that.

The other piece I'll mention is as we are – I mentioned we did some formative research, and that formative research led into the identification of some of these key issues. As we've been – begun the build of the tool and started doing prototype user testing, we are finding, you know, new things come up, and so we're – we're addressing those and sort of incorporating those into our feedback as well.

Great. Thanks. So it looks like we got a fair number of answers there, so thank you very much. Again, major issues I'd love to hear about. Even – even minor ones. There may be sort of a consensus in the group about a couple things we should be looking at, so your feedback is – is really helpful to us.

So, how are we going to address these? We've got a couple strategies in mind for the rebuild of the tool to address these issues that we've heard about.

The first is that users want a guided journey. They want to feel like they're walking through the process. And one example that I've given on the current Plan Finder is there are some parts in the tool where we are pretty clear about you're completing step one of four in a process. There's lots of other parts in the tool where you are some way, you know, some percentage of a way through a process and we don't tell the users that at all, and so the first time you're going through it, you don't know if it's a

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ten-step process, or a 25-step process, or a 50-step process. So we want – we want to address that.

Give users the right context and the right amount of information. So, like I mentioned, the tool right now is sort of optimized for power users. It puts every sort of single variable right there on the – on the front screen. And it's very dense with information. So we want to streamline that a little bit. Focus on the things that are most important in decision making process. And then use what we call sort of the – the progressive disclosure principle, that that additional information is there, and you can expose it if you – if you need it, if it's important to make your decisions.

The other thing that we're thinking about to address this is the notion of – of help content. And there's a little bit in the current tool, but not a lot, and so we're looking at things where we can use content-sensitive help. For example, you could click on a term and see a definition up here in a popup window. Those – those sorts of things are things that we're looking at.

And, again, like I – like I mentioned, provide users with what they need to make a decision. If we've got data in the tool, it should be data that's there for a reason, because it's helping people make a decision between Option A, and Option B, and Option C.

Step away from jargon and speak clearly. There is a lot of jargon in the current tool. We use sort of inside baseball terms. So we've got a – a fair – a pretty robust content team and plain-language team on the redesign tool so that we can really look at the words that we're using in the tool, make sure they make sense to users. And – and we're using our in-house subject matter expertise on this, but we're also testing these concepts with users to make sure that they understand them. And from the testing we've done so far, we've already – already a ton, and so we're looking to incorporate that.

Make user's options more clear. So we are looking at ways that we can incorporate things like Medigap. So if that's a factor that a user might

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incorporate into their decision making, we can do a better job of incorporating that.

And then customizing the experience based on who users are.

So, a couple of the planned improvements. We're looking to integrate decision support. So the two tools that I mentioned that we launch in – launched last year, the Coverage Wizard and the Out-of-Pocket Cost Calculator, those are what we consider decision support tools. You can look at some high-level comparisons between the options, between original Medicare and MA and, you know, original Medicare with a Part D plan. And then decide, okay, this – this bucket over here is what I really want to dig in on further.

So we want to integrate that throughout the process and make sure people are understanding the options as they are sort of winnowing down to a set of options that they may be comparing more specifically.

Improving the user experience. So we're doing that, as I mentioned, we're doing the testing. When we launch the tool, we will have, you know, ways for people to give us feedback. So we'll have an integrated survey where we can get feedback from the users.

As we launch the tool, we'll be working very closely with partner organizations like 1-800-Medicare, like the (inaudible), to get that feedback very directly.

And then we're also looking at what's called AB testing. And so AB testing is something if you use Amazon or commercial websites, you've seen it all the time. They will change the color of a button. They will change the word on a button and see what impact that has on users' actions. And we've actually done a lot of this. Well, my – my team also works on the healthcare.gov website, and so we've done testing to see the impact that changing a label on a button or a color of a button can have. And it's pretty – pretty amazing what we find. And so we'll be doing some of that

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as well to see how we can, again, address – address any snags users may hit in the process and get them through.

Also looking at, as I've mentioned a couple of times, the new-to-Medicare experience and the decisions you're making when you're new to Medicare are different than those that you make once you're a couple of years into the program and you maybe sort of selected into a Medicare Advantage plan, you're making different decisions at that point. So we want to tailor those experiences and make sure we're addressing those – those two discrete user communities effectively.

And then mobile optimization. The – so we – we mobile optimized most of Medicare.gov a couple of years ago, actually. But we have not mobile optimized Medicare Plan Finder. So it's probably the single biggest tool that we have online at the moment that doesn't have a great mobile experience. And we're at 26% of Medicare.gov visitors using mobile devices. That's a little bit lower than probably what you would see across the entirety of the – the world. I think most places are at about 50%. Most government sites are about 50%. But that was up 44% from the year before, so that is a number that is up on a very steep curve.

And so when we say mobile optimization, we're not at the moment – we're not talking about a mobile app. But we are talking about a website and a web tool that works whether you're on a desktop computer, or a tablet, or a smartphone, you can use it and it is – it is optimized for each of those devices depending on what you're using. So that's a big area of focus for us as well.

Improving cost and coverage information about drugs. We do know that people continue to be sort of confused about which drugs they enter, how they enter them. And so we're doing a lot of work around that to make sure that we improve that user experience.

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We want to better integrate Medigap information, as I mentioned before, and make sure people understand the, you know, the impacts that Medigap coverage may have on their – on their costs.

We're looking to streamline the experience for the customer service representatives, so we're working very closely with 1-800-Medicare. And preserving, again, we've talked about sort of the power user features that are very important to that community, and so what are those key features there that we need to keep?

Web chat. I mentioned last year we sort of did a pilot for those logged-in users. We are looking to expand that capability this year and offer web chat more broadly to address users' questions and to sort of keep them where they are. If a user comes to the website, that's their choice to start using the website, we want to allow them to complete that transaction on the website rather than have to jump to another channel.

And then also building in improved 508 compliance and accessibility for those users who have assistive technologies.

So those were a couple of the key areas that we're looking at. So we'll pause again for just another poll here. We wanted to get your take of the – the things that we are sort of focused on from the build perspective. Does that feel like the right list? Is there anything missing there? Again, and are we mostly on the nose? Are we – are we way off here? Is there some really big thing that we should be looking at at this point that we're not?

Okay. So we'll give this just a minute more to – to populate.

And, again, I would say what I said before. If you – if you feel like there is something really big we missed, please, feel free to reach out to me. I'd be happy to talk through that with you.

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One other thing I'll mention here, and this is, you know, something we're really trying to do across the board. You know, the goal here is to get for the new Plan Finder to be something that is a – is a code base we know, and own, and, you know, it's been designed up front. That it – that it's very easy to modify this in response to user feedback. And so we want to put this out. We know, both from when we launched sort of prior to Open Enrollment as well as when we're running the tool during Open Enrollment, we're going to hear from people, we're going to find something that's a – that's a pain point for users. And so I'm here sort of talking to you about what we're building and what we'll be launching. But the goal here is to do – is to not do what we did a couple of years ago which is to sort of put Plan Finder out there and say, you know, it's good enough for the next six years, we'll, you know, we'll come back and take a look at it then. This is a tool that we will be, you know, we're sort of committing to moving forward to reevaluating every year, looking at what new capabilities we can launch and launching those so that this is a living, breathing tool that gets better for users on a recurring basis.

So we have a couple of guiding principles that we're using through this process. The first is we are using user-centered design. And so what that means is we are working with beneficiaries, we're working with stakeholders throughout the process. We've done numerous rounds of consumer testing already and we have more to come. And we use the input, we use the learnings from those, we incorporate those with the – with the development team to improve the user experience of the tool.

We're making data-driven decisions, and so one of the things that we are doing is working a lot on the analytics that we're able to collect from this tool so that as users are using the tool, we can observe how they're using it, figure out, you know, I always sort of give a theoretical example. If we have a tool that has five steps to it, and 100% of users start at step one, 70% of those users drop off at step four and only 30% go to that fifth step, we need to figure out what's going on there. That may be – that may be a perfectly expected behavior, but that should be an alert to the team to dig

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in on what's going on there. And so we're instrumenting this tool to give us that data.

And then input from partners and from industry. We – we're talking to you all today. We've talked to the MNEP group. And, again, we're looking for feedback on some of the decisions we've made and the direction we're going.

Iterative development. So we are using the agile development process for this tool. What that means is that the development work has been broken into small iterative cycles. So we design a function. We build that function. We test it. That testing includes user testing.

The requirements that we've written are consumer focused. We're writing user stories, which means it will describe a requirement in the – in the frame of, as a user of Medicare Plan Finder, I want to X. And so, always keeping that user perspective in mind as we are giving requirements to the development team.

Functioning software is the primary measure of progress. And so along the way we're not going to sort of get to the very end and, you know, have the contractor come in and demo to us. We've been demoing the software all along the way.

We do have small cross-disciplinary teams, and so I've mentioned, you know, we've got – we certainly have contractors and developers working with us, but in-house we've got content resources, accessibility, user experience, etc.

And then face-to-face conversations with the developers. This in-house team is very much embedded with the developers. They're one – they're one cross-organization team.

So, delivery approach. I want to talk about how we're going to launch this tool.

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We, you know, we've learned from experience over the years that, you know, it's – it's really good to get this into the hands of some set of users and get feedback. We don't want to hit one day where we turn the old Plan Finder off and turn the new one on. So we're – we're basically going to be rolling out in phases. And we are going to be launching a public preview of the new Plan Finder over the summer. Window shopping. What that means is it's not the authenticated experience. It's sort of the general option where you won't log in. But this will allow users to go through the new flow and – and to compare the plans, and to test out all of that decision support that I mentioned we're building.

So this we'll be testing with real users and incorporating their feedback. Validating that everything works as it's expected. And it will mitigate the operational risks, like I said, of on a single day turning the old over to the new.

Importantly, so this is going to – this – this public preview is basically going to be an opt-in. So in the Plan Finder we will say, you know, we're launching a new tool, would you like to try it out? Users that try that will always have the ability to go back to the legacy tool, and so there's a good sort of safety net here for this initial launch.

And the phases are, so we'll start with an external stakeholder preview. And what this means is we'll roll it out to sort of industry and stakeholders but not to the general public. We will start with one of our Call Centers using the tool first. And so, again, the actual users on Medicare.gov will not be interacting with the tool yet. But this will give us a very good first set of feedback from these users and what they're hearing.

Then we have the public preview. So, as I mentioned, this is where users will be able to opt in and opt out of the new Plan Finder.

And then later – later – once we've gone through this over a period of a couple of weeks, and things are looking good, this is where we're making

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those data-driven decisions. We'll be looking at all of that data that we've got to ensure that this is working the way we expected. And then we will actually do the cutover and retire the legacy Plan Finder. And that will be done in advance of Open Enrollment. We won't be running this Open Enrollment period with two systems in place. That will be completed before there.

So, I think that takes me through my slides. I'm sure you all have some questions, so I'd be happy to – to take them if anybody has any.

(Inaudible.)

Yeah. So there are three – so from a plan perspective, I'll highlight three changes that I – that I think you'll see. And – and one of – one of the other changes we're making that I maybe didn't say explicitly is right now there's the Health Plan Management System, which, you know, the whole industry uses for uploading lots of data. We also have a couple of other tools that you use, so some of the stuff that DRX maintains today, we're moving those back-office functions to HPMS. So the three primary changes that you'll see are the – the pricing data will be uploaded into HPMS moving forward, not into Medicare Plan Finder or the Medicare Plan Finder backend.

The second is all of the – all of the plan preview functions will be done through HPMS. So I think right now MA plan preview is done in HPMS and Part D in drug pricing is done in the DRX tool. That will all be moved into HPMS.

The third change is the – the enrollment transactions, the Open Enrollment Center where – where the plans download the – those – those submissions that have come in, that function will be done out of HPMS as well.

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So those are three changes I didn't highlight on the slides because they're sort of back-office facing, but they're – they're all important changes that we'll be making.

Yeah, see, yeah, you will. Yeah. And we did – a memo went out through HPMS maybe a month-and-a-half ago at this point sort of soliciting input from organizations which wanted to help with some of this, and that's one area we'll be – we'll be looking at as we're working on those processes and making sure that all works very well.

Yeah. Sure. Yeah.

Amy Demske: Good morning. This is great information. My name is Amy Demske from Bristol-Myers Squibb. And I just wanted to ask a question about Plan Finder as it launches in October given all the changes that could occur over the summer with plan contracting. I just want to point out, and I pointed out to others before, that as plans make late contracting decisions, and with the introduction of step therapy and other utilization management techniques, that those also be transparent to beneficiaries as they make their plan choices. Thank you.

Jon Booth: Yep. You know, that's a great point, and I maybe didn't spend a lot of time on that. We are tracking very closely, so my office and CM are working very closely on the policy changes that are coming to the programs this year, because there are a fair number of them, to make sure that we've got all of that feedback and that we're incorporating that into the build.

So, one other thing I maybe didn't highlight here, again, the version that we're launching over the summer will be for 2019 coverage. And so, in the October timeframe as Open Enrollment for 2020 plans starts, there will be a set of changes in the tool that support the program changes that are happening, so it won't just be the 2020 plan data being out there, but, again, things that you mentioned, step therapy, supplemental benefits is another area where we know there are changes coming. So there will be changes in the tool to reflect those policy changes.

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Amy Demske: Thank you.

Jon Booth: Sure.

All right. Great. Thank. And I've got my email up here, so, as I mentioned, if you all have questions, please feel free to reach out and let me know.

Thanks. Thank you.

[applause]

Stacey Plizga: Okay, thank you, Jon, for the information on eMedicare and the Medicare consumption tools project – or consumer tools project. Sorry about that.

Okay. So if you would like to evaluate this session, go ahead and take out those phones and enter A and send it. And then go ahead and click on that link. And follow the link to the survey, and enter your responses.