Centers for Medicare & Medicaid Services
National Medicare Education Program Virtual Meeting
Thursday, February 15, 2024
1:30–2:30 p.m. ET

Webinar recording:
https://cms.zoomgov.com/rec/share/cHZuBy4Epsy9yi8JRAV1_lFwhyKkFgOputNIEoj-fc3kIRj3Ni5SxFA2ooJcwWfu.4wx_7W0kBkwx8x1H
Passcode: k33$j!!7

Jonathan Blanar: I'm the Deputy Director of the Partner Relations Group in the CMS Office of Communications. Again, thank you for joining us today. Today, we have presentations on a number of topics. First, we'll start off the agenda with a presentation from Erin Pressley, the Director of the Creative Services Group in the Office of Communications, who will provide us the latest information on the 2024 "Medicare & You" handbook. Erin's presentation today is intended to be an engaging conversation with participants, and we welcome people to provide input during her session when asked. We'd like this session with Erin to be interactive. Next, Julie Franklin, the Director of the Integrated Communications Management Staff in the Office of Communications, will provide an overview of the Extra Help program under the Inflation Reduction Act. And lastly, Laura Salerno, the Deputy Director of the Strategic Marketing Group in the Office of Communications, will discuss timing and messaging of outreach related to the Low-Income Subsidy program or the Extra Help program. Tamika Williams in the Partner Relations Group will be moderating the Questions and Answer session after each presentation today.

Before we begin, I have a few housekeeping items to go over. For those who need closed captioning, the instructions and a link are located in the chat function of this webinar. While members of the press are welcome to attend, we ask that they please refrain from asking questions. All press media questions can be submitted using our Media Inquiries form, which may be found at cms.gov/newsroom/media-inquiries, also in the chat. A transcript of today's call will be available on the CMS National Medicare Education Program (NMEP) web page after the meeting. We know that there will be—we'll be presenting and answering questions on the topics listed on the agenda today during this NMEP meeting. We ask that questions relate only to the topics presented during this call. If you have questions unrelated to these agenda topics, we ask that you send them to our partnership mailbox, which is partnership@cms.hhs.gov. To ask questions or provide input today, please use the raise hand feature at the bottom of your screen and we'll call on you to speak. And with that, I'm delighted to introduce our first speaker, Erin Pressley. Erin?

Erin Pressley: Great. Thank you, Jonathan. Thanks for having me today. It's been a minute or so since I've been here to talk about the "Medicare & You" handbook, and I see some familiar names among the participants, and I see some new names as well. So I'm going to take a minute and just go over a little bit of the background of the "Medicare & You" handbook before we get into the discussion. I think many of you are really familiar with this particular product that we produce for people with Medicare. It's mailed out every September to every household where there's someone with Medicare, and it really is our overall explanation of benefits sort of

document for people in the Medicare program. We have a statutory requirement to mail this handbook, and it is laid out in statute to include certain information. And we wanted to talk today a little bit more and get your input into some of that information.

But let me start off with the next slide and just cover a few key dates and how we develop this every year. This is an annual process for us. We've been doing this now for 25–30 years using the same general project plan with very few tweaks every single year, so it's a well-oiled machine at this point among our staff at CMS. We start in about this time of the year drafting the upcoming handbook content. We work with our subject matter experts internal to the agency. First, find out any changes to the Medicare program, any upcoming policy that is new or is being changed that we need to notify Medicare beneficiaries about, and we start to prepare for some consumer testing. Every year, this is an important part of our process. We take the content from the "Medicare & You" handbook, and we don't test it in its entirety. There's a lot of information in the handbook that doesn't change a whole lot from year to year, but there's also new information and there's an opportunity with consumer testing to just dig a little bit deeper into some of the areas that we think may be causing confusion or just are a little bit more complex for people to grasp as they're coming in and using the program.

After we complete consumer testing, we get to April, where we do our external partner review. That's all of you, and hopefully you've been able to participate in that in the past. We do have a broad list of partners that we email the draft copy of the handbook to in April and ask you to take a look and provide us feedback on the draft. This is an essential part of the process for us, and we have opened that over many years to anyone who is interested in taking an early look and providing that feedback. If you don't get that handbook now or you haven't in the past, you're welcome to reach out to us and ask to be added to that list, especially if you're new in your organization or maybe you have come in and replaced somebody who has been with your organization for a long time and you are now the point of contact. We try to update our list every year with the right people to be able to reach out to and look at that draft early in the process and get that feedback.

Then we sort of shift into the May and June time frame where we're really nailing down the final content. We have a number of internal reviews, both at CMS, HHS (Department of Health and Human Services). It goes through a legal review, and then we really have to nail down the majority of the content in the Medicare handbook by about the middle of June to start the process of printing. This seems really early and creates its own challenges for us as things still continue to change. And as you know, we start releasing from the CMS side, a number of payment rules and things like that even after this date that may impact some of the information, but we have to start printing it in July to be able to meet our statutory mailing deadline, which is the end of September. So really in July and August, our handbook is with the printers. It's being printed and stored until the end of August when we start to do those last section of pages in the handbook every year, which are comparison charts of the plans that are available to people in their area, in their local geographic area. So those charts consist of, for the most part, Medicare Advantage (MA) plans, Medicare Part D prescription drug plans, and some of the major information, the critical information about those plans that helps people start to narrow down and decide. We don't have access to that information until late in August. So we print that as soon as it's available and we can create those pages and then quickly bind those books together with the information

that was finalized in June and get them in the mail by September 30, which is our statutory date. So we've been doing this, as I said, for many, many years. If you've seen the handbook before, you know that there's some important information at the front, and that's really what I want to talk about today.

We've been over the many, many years—if we can move to the next slide—there are a couple of pages in the front of the book that focus on comparing original Medicare and Medicare Advantage plans as sort of introductory text. Again, for people who are new to the program, this is one of the areas that we see some confusion among people with Medicare, that they really have a hard time understanding that once they have enrolled in Medicare and really over time when they're in the program, they have a choice between Medicare Advantage and original Medicare. And our goal for this page, and we'll sort of flip back and forth if we can between this slide and the next slide. I know they're a little bit hard to read, but these are basically screenshots from the "Medicare & You" handbook, the current one that was mailed in September last year, and is currently posted on the Medicare.gov site as well, that compare certain key aspects of these different options. And then we go into a little bit more detail if we can go to the next slide, to really compare some of the key pieces of cost and coverage and provider choice between original Medicare and Medicare Advantage. The goal of these side-by-side charts really is educational and informational for people with Medicare. We always try to land in a place where the explanations and the details that we can convey here are conveyed in the most balanced way possible. We don't want anyone to come away from reading these side-by-side charts and think we are promoting or endorsing one option over another, that in any way there is a better or worse option or that we as CMS, as Medicare, really are trying to steer people into one direction or another. So that's the goal. I think based on the comments that we have gotten from some of the recent reviews over the past couple of years, every year, we get a little more information and feedback that helps us tweak certain things where maybe we've gotten a little bit too far from that middle ground. And I think in the last couple of years, we've been able to land in a really good, balanced place. So we're coming back to you today to really have this discussion about, what are we missing, what is really important for people when they're comparing original Medicare and they're comparing Medicare Advantage that we are not touching on in these charts and we should be? Or are there places where we have descriptions in these charts right now that you think still aren't quite hitting the mark, that maybe are leaving people with an impression that is not a balanced impression, or that we need to be able to call out certain other pieces of information or details that are more important to people with Medicare as they're making this choice?

So I'm going to open it up now. I know these slides are a little bit hard to read. We'll leave it on this one, but we can flip back to the former one. Again, these are sort of two separate charts that are in the front of the handbook. We also carry some of this information once it's finalized over into the Medicare.gov content as well. And so we want to open it up for your general feedback at this point. Again, as we go into finalizing our draft for consumer testing, what we're trying to see is, are there things that we should be adding or drafting to put in front of consumers so that we have the opportunity to get their reaction before we would update the draft and send it out to all of you in April for review. So I'm going to ask for help from my friend Tamika, who's going to help moderate this part of the session. You can type in a question or your feedback into the Q&A function, and I see we have some who come in already. Or you can click the raise hand button if you just would like to verbally speak your feedback or your question at this point.

Jonathan Blanar: Tamika, I think you're on mute.

Tamika Williams: Sorry, can you hear me now?

Jonathan Blanar: Yes.

Tamika Williams: My apologies. So we actually do have a question from Joan, Erin, and she's asking do you explain somewhere the difference between a HMO (Health Maintenance Organization) and a PPO (Preferred Provider Organization) in the handbook?

Erin Pressley: So yes, we do. At other points in the handbook, we have a—further into the handbook, we have a specific section that is about Medicare Advantage, where we do include details about the different types of Medicare Advantage plans or the different types of health plans that people could choose from. And that includes a description of what's an HMO, what's a PPO, what are cost plans. All of the different types that people may encounter.

Tamika Williams: Okay. Does anyone else have any other questions?

Erin Pressley: I see one more question in the chat entered, Tamika, about who folks should email. You can always email with any questions. I know you can email the regular partnership mailbox that comes through this call and that information can be forwarded to us if it's about the "Medicare & You" handbook. You can also, well we have an email address for feedback about the "Medicare & You" handbook itself. And you can always reach out to me directly at erin.pressley@cms.hhs.gov.

Tamika Williams: All right, so I think that is actually the questions that we have so far for Erin. Thank you, Erin. And at this time, we're going to actually turn it over to Julie Franklin.

Erin Pressley: Tamika, I think we have some more coming in. I don't mean to cut you off.

Tamika Williams: Okay.

Erin Pressley: We can try to answer if you want. Do we want to switch to Julie and come back to them or do you want me to keep taking questions for a few more minutes? I think it's just taking folks some time to type.

Tamika Williams: Yeah, we can take another question. So Julie Carter says, "A greater emphasis on what networks and prior authorization mean would help people better understand the trade-offs. I also find it concerning that the front page says MA might have lower cost-sharing, but the second page says it might, it may be higher."

Erin Pressley: Okay.

Tamika Williams: And then…

Erin Pressley: Thank you, Julie.

Tamika Williams: Yes. And then Kevin says, “Most people can't understand the options through tables. Even a small graphic such as a roadmap that shows the different options might help clarify the issue. Plus it is not coming through that beneficiaries have the options—have the option—every year.”

Erin Pressley: Okay, great. Thanks, Kevin.

Tamika Williams: Yep. And the other one, it was just letting us know that we—they were having problems hearing us.

Erin Pressley: Great.

Tamika Williams: All right. So those are actually all the questions. Did anyone else, before we move to Julie, have a question, and wanted to raise your hand? Let's see. We have one person with their hand raised if we can unmute them. Helen?

Marvelyn Davis: Helen, your line is unmuted.

Helen Mayberry: Now, can you hear me? Yes. Yes. Okay. So on the original Medicare side, I know there is wording about Medicare supplements, but I wish there was a way that there could be more emphasis on supplements can help with those costs because it has a tendency to sound like, why would I want original Medicare when I'm going to have to pay 20% of my costs? So to me, it sways people more to look over to Advantage plans because there's lower premiums, there's maximum out of pockets. I don't know how you would do that because I know you do put in there that supplements are available. But my experience as a SHIP (State Health Insurance Assistance Program) counselor is most people that have original Medicare have a Medigap with it, so they're loving it, but this layout doesn't focus on that. So, just my observation.

Erin Pressley: Okay. Thank you, Helen. Do you think—can we get back to the previous slide for a minute, Jill? Do you think this is something that really on this chart should be something we consider adding a little bit more information? We do cover supplemental coverage here, but is this a place where…

Helen Mayberry: That's true.

Erin Pressley: …where it could be called out more?

Helen Mayberry: I think if there was a way in the part where it says supplemental coverage, if there was a way to say that this can reduce your out-of-pocket costs in original Medicare, and I don't know if “reduce” is the right word.

Erin Pressley: Mm-hmm.

Helen Mayberry: But somehow explain a little bit more on this page what the benefit of a supplement is to go with your A and B.

Erin Pressley: Okay. The fact that it helps pay those costs that Medicare doesn't cover is something that we—because we—refer to where that information is, but it requires people to flip back and forth, so...

Helen Mayberry: To flip back. And they may have already made their mind up just looking at this one. That's my concern is they won't go look elsewhere.

Erin Pressley: Okay.

Helen Mayberry: So just a thought.

Erin Pressley: That's great. Thanks, Helen

Tamika Williams: Hey, I just want to acknowledge, Rachel, we received your comment, and we are going to make sure that we get that. Joan had their name—their hand up, if we could unmute them, please.

Joan Adler: Can you hear me?

Tamika Williams: Yes.

Joan Adler: Hi, this is Joan Adler, and I'm a SHIP counselor as well. This first page here is getting a little wordy over what it used to be in the past. I think number one, somewhere on the original Medicare side, you need to be able to say that Part A and B are paying 80% of the costs and that Medigap will pay the—mostly the other 20%. Or if you have Medicaid, I see that you do include Medicaid down there, that Medicaid will pay the charges that original Medicare does not pay. That is one way for people to understand what's going on, but the best way for people to understand what's going on is for more people to understand what SHIP counselors are, and to drive people to calling their local SHIP office so they can talk to a person who can explain this to them. Especially for people who are not good at reading tables and are not good at reading and don't really get the information they need; they need to know that there is an agency that will help explain this all to them. And even if you have to put a star on every page saying "call your local SHIP office," I think that would be a great benefit. Thank you.

Erin Pressley: Thank you, Joan. I appreciate the feedback.

Tamika Williams: Thank you. I think we're going to have time for one more, Rachel? If you could unmute her and then we're going to cut it off and move to Julie.

Rachel Gershon: Thank you so much. This is Rachel Gershon at Justice in Aging. Thank you so much for including Medicaid on this first page. I would also consider adding it to the second page of options when you're talking about costs on either side. And also Joan's comments about

contacting SHIP counselor, I think is excellent to remind people that there are folks to help them walk through options.

Erin Pressley: Okay, great. Thank you, Rachel. I appreciate it.

Tamika Williams: Thank you.

Erin Pressley: These are great… I'm sorry, Tamika. Yes, thank you. These are great suggestions, great things for us to look into and talk about adding and how we can weave that into the information. This is exactly what we hope to get it out of today. So thank you again. And I will pass things back to the next presenter. Appreciate your time.

Tamika Williams: Julie?

Julie Franklin: All right. Yep, I'm ready. Hi everyone, good afternoon. I'm only going to be on for a minute or two. A little bit of almost as an introduction to what Laura Salerno is going to talk about for outreach. But we wanted to just take a minute to share an overview of the Low-Income Subsidy (LIS) program and the changes for 2024. So we know that many of you are already experts on this topic, could probably present a lot of what's on this slide, but we thought it would be smart just to start with a common understanding of what'some of the changes are for 2024, and then that feeds into a lot of the discussion about why we're doing some cool outreach on it. So go ahead, Jill. Yep. Thank you. Okay, so Low-Income Subsidy, better known as Extra Help. That's how we refer to it, as SSA (Social Security Administration) does as well. So now, everyone that qualifies for Extra Help is going to pay zero premium, zero in deductibles, and reduced amount per generic and brand name drugs, so very exciting. 300,000 low-income people with Medicare currently enrolled in Extra Help are newly eligible for the expanded benefits that include the no deductibles, no premium, fixed, lower copayments in certain medications. And very exciting that they're going to be automatically converted to the full Extra Help. They don't have to take action to do it. But we do think there's an additional three million people that can benefit from Extra Help, but they're not enrolled. So this is where we're really jumping into outreach this year, which Laura's going to run through. And of course, these efforts, as they always do, hopefully will include you to help us out with the reach and the contact that you have with beneficiaries so we can really get the word out and try to get these people enrolled that can really benefit from this. So with that, I will turn it over to Laura Salerno.

Laura Salerno: Good afternoon, everyone. I'm really happy to be back here with you today. And we are going to talk about our Low-Income Subsidy outreach for 2024. Next slide, please. So as a preface, I did want to share a highlight of some of the work that we've done over the past couple years in our low-income outreach. So this includes work that we've done for outreach to Medicare Savings Programs (MSP), as well as some other LIS work. In 2022, we worked on some significant message testing for MSP. We did an advertising pilot, and we've continued our email program and social media on both MSP and the LIS program. In 2023, we continued our work with some direct response pilots as well as continued on email and social media around both programs. Last year in Medicare open enrollment, we also did include some messaging on MSP and now looking ahead here to 2024, we are going to continue all of that work. We've

learned a lot particularly around messaging and some advertising techniques that have worked. And I'm going to share with you now, what we're going to do in LIS. Next slide, please.

Okay. Like I said, we're really excited to be moving on to this phase. We know these low-income programs can be life changing for people, and we want to use this as an opportunity to get as many people in LIS as possible. Next slide please, Jill. So our goals: We want to educate and encourage enrollment in the Extra Help program among people who are likely eligible but not enrolled. As Julie mentioned, there's at least three million people out there. This is a real opportunity for us to leverage the Prescription Drug Law and the expansion of the LIS benefits to re-energize enrollment in the program. And we want to ensure reach among the general market, African American and Hispanic audiences. Next slide.

So we started out our work over the summer with message testing. We conducted focus groups among people who were likely eligible but not enrolled. And I wanted to share with you the summary of the important themes that came out of that message. Knowing that this is a new law makes people more open to hearing about the benefits. So talking about the new law sounds official to people. It indicates that qualifications are changing or something's new, and it really piques their interest, and it's a good hook to get people to pay attention. People also told us that it's not just knowing what the benefits are, but also who gets them. So who qualifies specifically? What's the catch? Is it worth my effort? People like specific numbers around the benefits and the eligibility. Those are critical. People also told us that hedging and averages in language is just not compelling. Language that's more definitive is definitely favored. And, you know, there's always skepticism around communicating about averages and how they were generated. So that was all good feedback. We also wanted to hear from people about the call to action. So LIS, as you know, people enrolled through SSA. Since this is a Medicare program, participants assumed they had to apply through Medicare, not SSA, but you know, after explaining that we would drive them to SSA for the application, they didn't have any negative feelings toward that, so we were going to include some of that feedback in our outreach. Next slide, please.

So with that, our recommended messages that will appear in our outreach are two key messages: Due to a new law, individuals with income less than $23,000 per year and couples earning less than $31,000 may qualify for more savings with Medicare's Extra Help program. Extra Help pays your Medicare prescription drug premium, reduces your drug deductible to zero, and lowers your out-of-pocket medication costs. Even if you don't think you qualify, it pays to find out. Go to ssa.gov/extrahelp to apply. And again, we're incorporating the idea that people want specific information. What's the eligibility? What are the benefits? Next slide, please.

We are conducting a national advertising campaign which runs from January through September, all the way up until open enrollment. As I mentioned before, we have three specific audiences here. We do have a general market campaign. We also have a campaign specific to the African American audience and a campaign specific to the Spanish-reliant audiences. You know, we worked hard to figure out the best media allocation and we are looking at spending approximately 50% on the general market, 25% on African American, and 25% on Latino. We do know that there is a lot of overlap across audiences which will help sort of in the energy of the outreach at large. Next campaign, or sorry, next slide, please.

So, as I mentioned, our national advertising has already launched. We are doing national social media with Facebook and Instagram. We are also in the digital space. We are running digital display, digital video, and digital audio—the iHearts and the Pandoras, so to speak. And these are the techniques that will be used for national reach within each campaign. So there will be a national overlay throughout the entire country. In addition, we'll be running paid search advertising nationally in both English and Spanish. So as our advertising ramps up, people go to Google and search engines to search about for more information. We will be there with information in English and in Spanish to drive people to ssa.gov to apply. We'll also be having a local advertising overlay. So local tactics will be very specific to the audience in that market and the media landscape in each local market. So for example, a local media mix could include spot television, streaming, radio and billboards in markets. And that will be in addition to the national advertising that's running across the country. Next slide, please.

And I did want to share a video ad that we are working on right now. It is in production, but this will give you a real flavor of the messages that we're using. The ad starts out with an announcer that says "An official message for Medicare." A woman looks directly to the camera and says, "I want to tell you about a new law that helped me save money on prescription drugs. It could help you, too. With Medicare's Extra Help program, we now pay nothing for our premiums and deductibles and our prescription drug costs are low. Another fact. ıf you're single and make less than $22,000 or married and make less than $31,000, you could be saving money, too. So even if you don't think you qualify, it pays to find out." So the tone of the spot will be very bright and upbeat. It will feature people doing the things that they love, and it really capitalizes on this peer-to-peer approach that we know works with this audience. Next slide, please.

And we do have a direct response program also that we're working on. We're emailing folks very broad outreach to our full email list of 20 million people. We are trying to test out new ideas for engagement, incorporate learning as we go, and then we're also structuring a direct mail test for during the April to December timeline. We are looking at again, learning what language, what call to actions work, and we're going to test impact across these mailings. Next slide, please. And that concludes the outreach campaign. I'm happy to take any questions.

Tamika Williams: All right, so it looks like we do have some questions from Jen. She said, "Do we have new monthly income guidelines for LIS in 2014?" She can only find the assets.

Laura Salerno: I believe we do. We'll take that question and get back to you.

Tamika Williams: Okay. From Natalie, this is more of a recommendation. We would recommend specific outreach to Native and Tribal populations as well. According to the new ASPE (Assistant Secretary for Planning and Evaluation) data, AI/AN (American Indian and Alaska Native) represents a disproportionate share of the people eligible but not enrolled.

Laura Salerno: Yeah, absolutely. I do want to point out that this is the larger paid advertising campaign. We will definitely work with our colleagues and partnership to reach out to these audiences. But yes, we reviewed in detail the ASPE report with the folks in ASPE and absolutely, there are some additional opportunities out there.

Tamika Williams: Okay. And then, Joan, her first comment is similar to the last one. But she also says we need to take into account that seniors, especially low-income seniors, often do not use social media. They often do not have any internet access except for the phone. They may not have an email address. So we need to consider including print information and mailings.

Laura Salerno: Yeah. Thank you so much, Joan, for your feedback. We do monitor media habits of this population. There is a large group that does use social media. There's a large group that does not. We are incorporating a mix of both traditional media tactics as well as digital to try to reach those people where they are in their sort of digital lives.

Tamika Williams: Okay. Margie says she applauds the additional benefits as a long time SHIP counselor. She's noticed that referring and explaining the SSA LIS application process isn't always helpful, especially for non-computer/internet illiterate—literate—folks when more often than not, SSA turns around and refers them back to SHIP rather than take their application. Wants to know, why is this happening? And are you aware of this happening?

Laura Salerno: So Julie, I think that is a question that we're going to have to take back potentially to our colleagues at SSA.

Julie Franklin: Yeah, agree. Yeah. Yep.

Tamika Williams: Perfect. Thank you. Rosemary says, "Can you explain more what you meant by 'hedging and averages are not compelling?'"

Laura Salerno: Yeah, sure. So in our media or in our message testing, we did look at some messages that said, you know, you could save an average of X a month on your prescription drugs, or you could save an average of this much on your drugs. And that really did not resonate and people didn't find it compelling. So that's what we meant by hedges and averages.

Tamika Williams: Okay. Joan says you may want to include monthly income figures as well for single and couples and to also discuss asset limit and what is excluded from assets. She says, "I am not addressing the income limits that are printed for our use." She's referring more to information going to the beneficiaries about eligibility, giving annual income, but they may better understand monthly income figures.

Laura Salerno: Yeah, that's good feedback, Joan. Thank you very much. I think in tactics where we have more room to talk about that eligibility information, we definitely want to include that like in email, for example, where we can just give people more information. In some of the ads themselves, we're really trying to get people to think, hmm, I may be eligible for this just based on the income information. So yeah, I hear you. That is a challenge, and we are definitely trying to work that information in where we can.

Tamika Williams: All right. And then lastly, just an FYI, I noticed different income amounts on the slides. The sample ad info for single person may not be updated for 2024.

Laura Salerno: Yeah. So that's right. You know, this was based on the work that we did in testing. And what we also found was that when you present a whole number, that just worked better with people. They understood it better if you make less than X. So that's why it's not exactly the same, the income level. But yeah, thank you for that feedback.

Tamika Williams: All right. And then Kevin says, "Unless SSA has changed their website, it is difficult to find the different levels and benefits of LIS. Why can't CMS put the table on their website?"

Laura Salerno: We can definitely look at that and take that back here. And we can also touch base with our colleagues at SSA.

Tamika Williams: Perfect. All right. Is there anyone else that has questions before we wrap up? All right. Lana says, "Does CMS get involved with states setting their income and asset limits?"

Laura Salerno: That would be a question for our policy group. I actually do not know the answer to that, but we can take a look.

Tamika Williams: Great. Yes, we will do that.

Laura Salerno: Thank you. Thank you for the positive comments. We are very excited about this work, and we hope to get as many people enrolled as possible.

Tamika Williams: Alrighty. So thank you, Laura. Thank you, Julie, and thank you, Erin, for presenting today. This concludes our presentation for today. We appreciate all of you guys taking your time to be with us on today. If you have any information or topic suggestions for future meetings or questions about Medicare in general, please feel free to submit them to our partnership mailbox at partnership@cms.hhs.gov. Thank you so much and have a great day.