

Centers for Medicare & Medicaid Services  
National Medicare Education Program Meeting  
Wednesday, September 20, 2023  
1:30–3:00 PM ET

*Webinar recording:*

[https://cms.zoomgov.com/rec/share/KEsV4xaNTUfSxSPUiIPGghr3wivl950mr\\_YIU4PTgQbooUMJtFjdZTUCS14ap0Rc.YqNlnmC-HWbYKH1M](https://cms.zoomgov.com/rec/share/KEsV4xaNTUfSxSPUiIPGghr3wivl950mr_YIU4PTgQbooUMJtFjdZTUCS14ap0Rc.YqNlnmC-HWbYKH1M)

*Passcode: V=v\*^H8t*

**Jonathan Blanar:** Good afternoon, everyone, and good morning to those on the West Coast. Welcome to our National Medicare Education Programs meeting today. My name is Jonathan Blanar, and I'm the Deputy Director of the Partner Relations Group in the CMS Office of Communications. Thank you for joining us this afternoon for presentations on a number of Medicare-related topics.

Everyone should be able to see today's agenda on their screen. First, you will hear from Barbara Johanson, Director of the Division of Campaign Management, Strategic Marketing Group, in the Office of Communications, who will provide the latest information on the Medicare Open Enrollment Education and Outreach Campaign. Followed by Chuck Nethery, Program Manager, Division of Web Development, also in the Office of Communications at CMS, who will present on Medicare Plan Finder and what's new for this Medicare Open Enrollment period. Chuck will be followed by Lauren Shaham, Senior Advisor in the Integrated Communications Management Group in the Office of Communications, who will review the latest information on the provisions of the New Prescription Drug Law, also known as the Inflation Reduction Act. Finally, we'll hear from Jon Booth, Director of the Web & Emerging Technologies Group, also in the Office of Communications, who will review the latest information on the launch of the newly refreshed and redesigned [CMS.gov](https://www.cms.gov) website.

Tamika Williams in the Partner Relations Group will be moderating the question-and-answer session after each presentation. We will allow about five minutes after each presentation for questions. Before I pass things over to our speakers, I want to share a few housekeeping items. The webinar today is being recorded. The recording, transcript, and slides will be available on our NMEP page. Also, while members of the press are welcome to attend the call, 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](https://www.cms.gov/newsroom/media-inquiries). All participants today will be muted. For those who need closed captioning, the instructions and a link are located in the chat function of this webinar.

We welcome your questions after each presentation. We will only be answering questions related to the presentations provided today. You can ask a question by typing it in the Q and A box at the bottom of your screen during each presentation. We will do our best to get to as many questions as possible. And with that, I'm delighted to introduce our first speaker, Barbara Johanson, who will provide updates on this year's Medicare Open Enrollment Education and Outreach Campaign. Barbara?

**Barbara Johanson:** Hi, Jonathan, hi, everyone. Thank you so much for having me. As Jonathan mentioned, today I'm going to go through our Medicare Open Enrollment Education and Outreach Campaign. I am going to primarily focus on our paid outreach, but I will touch on some of the email outreach and social media outreach that we will be doing. Next slide. So, I'm going to first walk through our Open Enrollment goals for this year. They will sound very similar to goals that we've had in previous years. First, we're going to encourage people with Medicare to review, compare, and enroll in Medicare health and drug plans. We're going to promote the Plan Finder tool, and we're going to emphasize the Medicare Open Enrollment dates. We're going to remind people that help is available at either 1-800-MEDICARE or by going to their local SHIP counselors. We're going to emphasize that people with Medicare may find lower costs when they review and compare the plans, and we're going to turn to both the general market audience and those with traditionally lower access to health care, such as the African American community and the Hispanic community. Some additional outreach and goals for this year are that we're going to promote the LIS enrollment ahead of the 2024 expansion from the IRA, so we are going to promote some Extra Help at [SSA.gov](https://www.ssa.gov). We're going to continue to educate about the Insulin Savings Program. We're going to continue to highlight the no-cost vaccines that are available, and we're going to emphasize that [Medicare.gov](https://www.medicare.gov) and 1-800-MEDICARE are the official source of Medicare information. Next slide, please.

I'm going to actually skip the next two slides in the interest of time because I'm going to walk through our messaging as I show you the creative assets that we're running this year. So, if you don't mind skipping this slide and the next slide. Thank you so much. All right. Here's the creative examples of our television spots that we'll be running this year. So, these may look very familiar to you because they are the exact two spots that we ran last year. Last year was the first year we ran these spots, and we thought it would be good to run them again to get maybe a little bit more awareness in the Marketplace. We made some minor updates to the voiceovers on these spots, and at the end, we changed the language at the end, the very end of the spot, which is, again, here, we're highlighting Medicare Open Enrollment, the end—the end date and at [Medicare.gov](https://www.medicare.gov) and 1-800-MEDICARE are the official source. We use our television advertising as just a broad awareness. So, let people know about Open Enrollment. We reinforce the dates, and it's kind of just to get them in the door to review and compare the plan. The call to action is very simple here. There are only so many messages you can say in 30 seconds. But our goal is to get across that it's time to review and compare your plans before the end of Open Enrollment. Next slide, please.

All right. Here are a couple examples of some additional creative that we're doing. On the left, you'll see our print ad that you'll see. We're running this ad. You may see it in AARP magazine, and you may see it in some of the local newspapers that we're running in. At the top, we mention asking folks to review and compare their plans, and you can see we highlight the Medicare Open Enrollment date. I know the font is really small, and you probably can't see it here, but we are mentioning that it's Medicare Open Enrollment. Your plans may have changed, your health needs may have changed, and now's a good time to review and compare plans. In the light blue shaded box in the right side of the ad, we are highlighting LIS and the Extra Help that is available to cover some prescription drug costs, and here we send people to SSA for more information and to apply. And, again, at the bottom, you see here we're highlighting [Medicare.gov](https://www.medicare.gov) and 1-800-MEDICARE is the official source.

On the right is an example of an Open Enrollment ad where we're bringing attention to that covered insulin is no more than \$35 a month. Next slide, please. All right. So, where will you see our ads? So, you're going to see our ads in a lot of places. We are going to be running on national television and cable television. While more and more people are going to streaming platforms every day, the 65-plus audience still watches traditional television and cable television at a high rate. Adults 65 and older watch about 40 hours of television a week. African Americans, 65 and older, watch even more television a week, approximately 58 hours. Like you saw on the previous slide, you saw an example of our print ad, and we're going to be doing national prints. We're also doing national streaming. National streaming is over-the-top television, which is Roku, Amazon, and the Hulu's of the world. We'll be doing paid search and digital videos, primarily YouTube. So, it's a video you're forced to watch before you watch the video you went on to YouTube to watch. So also, social media, this is paid social media, primarily on Facebook and also display ads. Our African American investment will also be doing cable television on networks such as BET, OWN, TV One, and Aspire. We'll be running on national radio and in local African American newspapers, a lot of these are small community newspapers. Our Latino investment will be in Spanish. We'll be doing national Spanish television and local Spanish television in select markets with high concentrations of beneficiaries who do speak Spanish. We'll be doing streaming television and radio. We'll be doing local print, in Spanish newspapers, and paid search digital video social and display, and all of this digital outreach will be in Spanish. Excuse me. Next slide, please.

Here is our targeted insulin display advertising. So, as I mentioned before, we have somewhat of a significant investment to continue to do education about the insulin benefit. We're going to continue to educate consumers who take insulin that they will pay no more than \$35 a month for each covered insulin. These ads are going to drive people to the Plan Finder on [Medicare.gov](https://www.medicare.gov), and we're going to encourage people to review plans to make sure that the insulin that they take is covered in the plans that they're looking at. The outreach that we're going to do is going to be targeted geographically. So, based on the outreach we did last year, we found that we had the most engagement in what is considered the diabetes belt as defined by the CDC. So, we're going to do most of our advertising in this area. We'll do increased weight there, which means we will be national, we'll just do a heavier presence in that area. We're also doing search advertising, so people who are searching for insulin information should see an ad. And then we're also going to advertise directly to the online diabetes community in newsletters and on websites that the community may be going to, such as the American Diabetes Association and Diabetes Self-Management. Next slide, please.

So, here's some examples of the low-income subsidy outreach we're doing. So, this outreach will build off lessons learned from the Medicare Savings Program Advertising Pilot and Direct Mail Campaign we did this past year. The messaging will contain information such as just finding out what Extra Help is because a lot of people probably don't even know about this benefit. We're going to mention that, you know, in case someone has applied before, that thanks to the New Prescription Drug Law, many people will qualify for additional savings on their Medicare drug coverage costs in 2024. And then finally, we will be sending people to see if they qualify to the SSA webpage. And then the right is just an example of one of the ads that we will be running for

the low-income subsidy. “Do you qualify for Extra Help? It could pay to find out.” So that just gives information to go get Extra Help. Next slide, please.

All right. So, this is the email outreach. This is the summary of the email outreach we're going to be doing. We have a large email where we have about 19 and a half million unique email subscribers who are looking for information about Medicare. Similar to our other outreach and the paid advertising, we do have an opportunity here to expand a bit and provide more information. We are going to help do several things, like help people understand their current coverage, the options that are available during Open Enrollment. We're going to remind people about the December 7 deadline. We're going to tell people about Extra Help and the LIS program. We will segment beneficiaries, so we're going to send several different types of emails, so we'll send emails directly to beneficiaries in original Medicare and we'll send emails who are just in Medicare Advantage. We're also going to send targeted emails to several groups of people. So, people who have a plan that is leaving—the plan that they're in is leaving their area, we will send those folks an email. We're also going to send people an email who don't have any drug coverage, so just those people, and then we'll send people who we know are taking insulin information about the insulin benefits. Next slide, please.

Then, here are some examples of the social media outreach that we'll be doing. This is social media that runs on the Medicare Facebook page and our Twitter account. Again, the messaging that you'll see here is going to be similar. You might see some things posted here that may match the ads that you may see also, running on Facebook, so that the messaging will be consistent. We are going to create the posts, so hopefully, they are of higher reach, they're going to be designed so they're more shareable. One other thing that we're going to do here is also we're going to remind people how to identify fraud, which is especially important during Open Enrollment. And then we will direct followers to multiple places depending on the posts, including the Plan Finder, [Medicare.gov/fraud](https://www.medicare.gov/fraud), their local SHIP counselors, and how to learn about Extra Help and Medicare Savings Program. As you can see, we have quite a few followers for our Medicare Facebook account and our Twitter account. That is it. I believe I'm turning you back over to Tamika for a Q and A.

**Tamika Williams:** Thank you so much, Barbara. Actually, we don't have any questions at this time. So, thank you again we really appreciate it. Now, we're going to turn it over to Chuck, who will give us our next presentation.

**Chuck Nethery:** Awesome, thanks so much, Tamika. I'm happy to be here today to review what's new for Medicare Plan Finder for this upcoming Open Enrollment. Here's a high-level summary of all the major features that are new this year on Medicare Plan Finder. I'll talk about each of these in a little more detail in some upcoming slides, but we'll review the Inflation Reduction Act updates, the “Find Plans Now” navigation improvements, the Low-Income Subsidy, or LIS, updates, the summary page redesign, the new to Medicare new experience, and the educational Extra Help page updates. And I think, as many folks might remember, we were unable to implement a lot of the Inflation Reduction Act related costs on Plan Finder last Open Enrollment, and this was due to the timing of the legislation and the pricing bids that plans submit are such a huge part of drug pricing. And that plan bid process is massively complex and takes months to complete. However, I'm happy to let everyone know we were able to incorporate

IRA provisions in Plan Finder for 2024 plans. As a reminder, we do still display 2023 plans during Open Enrollment, and these updates we're going to go over are not going to be in effect for those 2023 plans.

Now all these provisions are important but the first one regarding the \$35 co-pay per month of covered insulin drugs is probably the most critical, and this co-pay will be included in the Plan Finder drug pricing calculations and visible on the Plan Details page in the estimated drug costs table. For the Part B co-insurance cap, we'll be showing beneficiaries a message in the drug coverage section in the Part B table. Another major provision or legislation is the elimination of the low-income status partial subsidy status in favor of full subsidy benefits, and that will be reflected on Plan Finder for 2024 plans. The \$0 catastrophic phase cost-sharing provision will also be included for 2024 plans. It will be visible on the Plan Details page in the estimated drug cost table, and beneficiaries will see \$0 in the cost after coverage gap column for covered drugs. ACIP-recommended vaccines will also be included in Plan Finder. It will be visible on the Plan Details page in the estimated drug cost table, and beneficiaries will see \$0 co-pays for them. One other important item to note before we go to the next slide is that all the IRA-related health content that we provided for 2023 plans will not be displayed on 2024 plans, as it's no longer needed. However, as people can go back to 2023 plans during Open Enrollment, we will continue to display those plans.

One of the things we do every year on Medicare Plan Finder really just kind of constantly is we perform consumer testing with real beneficiaries, and this update came directly out of that consumer testing. The "Find Plans Now" is a portion of what we call routing when folks are first starting their experience in Medicare Plan Finder. It includes ZIP Code entry and plan type selection. Now, the old version of the modal was difficult to use for some beneficiaries. Folks had to scroll a little bit to see the apply button, and a few folks missed it, so for the improved experience, we removed the drop-down and apply button altogether, and we broke out entering the ZIP Code and selecting plan type into two separate steps. Previously, Medicare Plan Finder was not calculating cost sharing accurately for low-income subsidy levels 1-3, and the cost before the deductible column was being hidden from beneficiaries, and this led to a little bit of a confusing experience for some. So, we have updated Plan Finder to more accurately reflect what LIS level 1-3 beneficiaries will pay for the drugs, and this feature went live a few months ago on Plan Finder for 2023 plans and it's viewable on the Plan Details page. For the summary page redesign, this is the page in Medicare Plan Finder that reminds beneficiaries of their existing coverage information. You can also learn more by viewing plan details or to look at a new plan. We also did consumer research on this page, especially since it was new last year, and we made some minor improvements to help alleviate some pain points a few folks had.

I'm really excited about this piece. This is the new experience that we designed specifically for beneficiaries who are new to Medicare. One of the things we want to do more of in Medicare Plan Finder and more generally on [Medicare.gov](https://www.medicare.gov), is to provide a more customized experience based on a beneficiary's specific needs or situation. This new experience helps to do that by addressing pain points that beneficiaries who are new to Medicare might experience. We created a short screener and some high-impact messaging and key decision points in Plan Finder to help beneficiaries understand some of the Medicare complexities, dates, and penalties. Since this

feature is solely targeted to new beneficiaries, we avoid slowing down returning folks as they won't see this.

As I mentioned earlier, the partial LIS status will be going away for 2024 plans, and all beneficiaries eligible for LIS will get the full LIS status. We'll be adding messaging to the Extra Help page and Plan Finder routing to help educate beneficiaries about the upcoming changes. We will have an informational alert message that will be targeted to reach all beneficiaries who select Extra Help from Social Security. And you'll notice we still need to collect full or partial subsidy status information during Open Enrollment in order to accurately price drugs for 2023 plans, and folks do have the ability to switch between 2024 and 2023 plans during Open Enrollment. That's all the updates I have for Plan Finder. Thanks, everyone, I will turn it back over to Tamika.

**Tamika Williams:** Thank you, Chuck. So, we actually don't have any questions for you at this present time. So, we can go ahead and move to our next presenter, Lauren, who will be presenting on the Inflation Reduction Act. Lauren?

**Lauren Shaham:** Hi, everyone, can you hear me okay?

**Tamika Williams:** Yes.

**Lauren Shaham:** Terrific. Thank you. Are the slides up? Hang on. Here they are. Sorry. Okay. So, we're here to talk about the Inflation Reduction Act. I am very honored to be with you here today. This new drug law makes a lot of improvements to Medicare that expand benefits, lower drug costs, and keep prescription drug crisis premiums stable. I'm very honored to be able to do a little train-the-trainer here and help you understand the new drug law better so you can hopefully help others understand it better. So, our goals for today are pretty simple. We're going to break down the law to help you understand it, we're going to talk about how beneficiaries are impacted by it, and then we're going to give you information on where to go for even more information. Next slide, please.

Okay, an overview. The IRA was signed in August of 2022, and it offers some really big changes for Medicare beneficiaries now and into the future. Next slide. Available now are some of the things you've already heard about in the advertising and Plan Finder discussions about the \$35 monthly cap on insulins. Recommended vaccines are available at no charge under Part D prescription coverage. There are other pieces that are a little more wonky but very impactful, like encouraging the use of biosimilars to bring down costs for biologics, requiring manufacturers to pay rebates to Medicare if their price increases exceed the rate of inflation, and overall, it's making Medicare Part D prescription coverage more affordable. Next slide.

So, then here's what's coming in the future between 2024 and 2026. People with very high prescription drug costs will no longer pay once they hit the "catastrophic phase." The full low-income subsidy will be expanded; we talked about that. All people with Medicare Part D in 2025 will have a \$2,000 annual out-of-pocket cap on their drug costs. That number will shift in years after that. And in 2026, we will see the beginning of negotiated drug prices being implemented. Next slide, please. Thank you.

So, let's start with Drug Price Negotiation. I hope all of you saw our announcement at the end of August. This begins the process where we will negotiate with drug manufacturers for prices that will begin in 2026. There is more information about this and a lot more information on the IRA section of [CMS.gov](https://www.cms.gov). In a minute, I'll give you some guidance on how to get there. Next slide, please. Okay, so we started with 10 drugs for this year, and then we'll do 15 drugs for 2027, then up to an additional 15 for 2028, and then 20 more for 2029 and subsequent years. Next slide, please.

There are several phases to this Drug Negotiation Program. You will see future guidance from us coming, but let me talk for a minute about our next milestones. October 1 is the deadline for participating drug companies that manufacture the drugs selected for the negotiation to sign agreements to participate. Then, on October 2, they have the data submission due. Then, throughout the fall, we will be doing patient-focused listening sessions for each of the 10 drugs. We encourage everyone who is interested to register on the IRA section of [CMS.gov](https://www.cms.gov) and to attend those listening sessions. Next, please.

Okay, moving on to drug inflation rebates in Medicare. These require drug companies that raise prices for certain products faster than the rate of inflation to pay Medicare Part B or Part D a rebate. Some beneficiaries who take certain Part B, as in boy, drugs, will also see lower coinsurance for those drugs. We publish a list of those drugs every quarter, and the savings have a pretty wide range for people. Next, please. I'm going to just jump over this one. It's a lot more weeds about inflation rebates, and I would refer you to the Inflation Reduction Act section of [CMS.gov](https://www.cms.gov) for more information. Next, please.

Part D improvements—a lot going on here. People with very high prescription drug costs will no longer pay once they reach the catastrophic phase. There will be premium stabilization beginning in 2024. The base beneficiary premium increases will be capped at no more than 6%. In 2025, we'll see the \$2,000 cap, and then people will also have the option to spread their out-of-pocket costs over the whole year rather than having to pay it as they pick up their medicine. So, this could be helpful to people who have high coinsurance in the first part of the year. Also, the new discount program that's in the IRA will require drug manufacturers to pay discounts on certain brand name drugs and other drugs called biologics and biosimilars both in the initial coverage phase and the catastrophic phase. In general, a manufacturer must provide a 10% discount in the initial phase and 20% in the catastrophic phase. Next slide, please. We've talked about expanded coverage for recommended vaccines. This is available now, and we really do encourage all people with Medicare to stay current on their vaccinations. Next, please. Medicaid has a similar provision. So, by October 1, all state Medicaid programs, and CHIP programs will need to provide recommended vaccines with no cost sharing. Next, please.

Now, we're at the expansion of Extra Help. We've talked about the terms of this program, and we'll talk a little bit later about resources that CMS has produced to help you educate people about the Extra Help program and how to sign up. I should note here that in January, nearly 300,000 low-income people with Medicare who currently are enrolled in Extra Help will see expanded benefits, but an additional 3 million people could benefit from the program who aren't

currently enrolled. So that's where we're going to focus later on how we can help them become aware of this significant benefit. Next.

We've talked a lot about insulin and the \$35 a month cap, and it started out in 2023 for just Part D, as in dog, insulin, but was expanded on July 1 to also Part B insulin, which is delivered through pumps. As Chuck mentioned, people can make a plan change if they take insulin through the end of this calendar year, and if you think you need or want to do that, please call 1-800-MEDICARE. Next slide, please. All right. This is a review slide. Just sort of breaks it down what I just rattled off to you in short order for what happened since the signing in August of 2022 and what will happen through 2026. Next slide.

Okay, so let's move on to resources that are available for education for the different pieces of this law. Starting with Drug Price Negotiation, we've got a variety of explainers on our website to talk about the different phases of negotiation, what's going to happen, and what needs to happen. So, we encourage you to find the IRA section of the site. The address is at the bottom of the slide, but the easiest way to do that is to go to [CMS.gov](https://www.cms.gov), scroll down to the Spotlight section, and click on the Inflation Reduction Act. Next slide, please. As I mentioned earlier, the Inflation Rebate Program is updated each quarter. That information is also available on the IRA section of [CMS.gov](https://www.cms.gov), and we encourage you to take a look at that each quarter. Next, please.

Vaccines. I think many of you already know what a big deal the vaccines are, especially for coverage of the shingles vaccine, which used to carry a very high coinsurance. To help people understand and hopefully seek out these vaccines, we launched a campaign in May that is ongoing, and it's targeting people in Medicare on social radio and print. We will continue to promote vaccines through social media along with our other Open Enrollment messages, and for you, we have produced a social media toolkit in both Spanish and English, a printable postcard, and a drop-in article that you can put in your newsletters and other communications and, again, the link is at the bottom of the page. Next, please.

Very similarly, for Extra Help and help with Part D drug costs, we have created a drop-in article and a social media toolkit in both English and Spanish, and people can also visit [Medicare.gov/Extra Help](https://www.Medicare.gov/Extra-Help) for information on how to enroll. Next, please. Here are some images of the tools we've created around insulin pricing and as with Extra Help, we encourage beneficiaries to go to [Medicare.gov](https://www.Medicare.gov), for more information. Next slide. And here we have some links to beneficiary resources, and I think we're going to be able to include these in the follow-up email that you will all receive after my talk. So, thank you for that. Next slide, please. Some more resources there. Next, please.

And our final takeaway. This is the review section of our class. I think we've talked a lot about insulin price caps, recommended vaccines, lower coinsurances for some Part B drugs, and the expansion of Extra Help. Next, please.

What you can do. Use the resources we've provided and share them with your constituencies. Please share feedback with us about what other resources would be helpful to you as we educate the public and, most importantly, make sure people are aware of and able to take advantage of these new benefits provided through the IRA. Next.



And with that, I will pass it back to you, Tamika, for any questions you might have.

**Tamika Williams:** Thanks, Lauren. We have one question, but I think we want to refer them to the website for this question.

**Lauren Shaham:** Yeah, I see that it's about lawsuits. I have held by the belief that it's career-limiting to talk about litigation, so I'm not going to, but I do refer you to [CMS.gov](https://www.cms.gov) for information.

**Tamika Williams:** So that's actually the only question that we had for you, Lauren. We're going to go ahead and turn it over to Jon Booth, who is going to give us a live walkthrough of the [CMS.gov](https://www.cms.gov) redesign.

**Jon Booth:** Yeah, good afternoon and thanks everyone for the opportunity to present. I'm going to give a quick demo of the redesign of the [CMS.gov](https://www.cms.gov) website. And, again, happy to take questions anybody has, but we'll sort of share a little bit of the background of the changes we made and talk about the thinking that went into them and how we can get your feedback. So, I will mention we've been live with the new site for over a week now. We did have a three-week public preview of the new website, so if you visited [CMS.gov](https://www.cms.gov) during that time, there was a link at the top that took you over to the new website that gave people sort of an opportunity to experience the changes we made before we launched, and we did collect feedback during that time. That was really, really useful for anybody that gave that to us. Thank you for that.

So, I'll sort of talk about a couple of areas of focused improvement. So, one of them is, you know, we've been working for about the past year, maybe a little over a year, and the first sort of change we made to the website was to get the pages on the website more visually consistent. Prior to that, there had been a lot of visual differences as you navigated to different parts of the site, and we wanted them to be more consistent, so we did that about a year ago. About a month and a half ago, we rolled out improvements to our search engine, and I'll talk about those as part of the demo I'm giving. The most recent set of changes we made were focused on two things. One is the home page, which I'll talk about, and the other is the navigation, kind of the organization of the content of the website. The organization really hadn't been touched in any meaningful way since the passage and implementation of the Affordable Care Act. So, literally about 10 years, and you know, the sites grew a lot during that time, and we want to make sure the navigation reflected kind of the current work of the agency and the current priorities. We also wanted to make the navigation easier to use. So, the site, for many years, has had sort of a static navigation flow, and what that meant is if you started on the home page and you wanted Medicare information, you would click the Medicare link, you would go to the Medicare page, you would pick a section under there, you would go to the section, and then you would find the page you were looking for. So, something might take three, four, or five clicks to get where you wanted as opposed to streamlining that.

I'll start by sort of highlighting the navigation. We've got five topics, and I'll talk what those five are, but they're interactive, it's what's called a mega menu. So, what you'll see is if you click the link, the Medicare categories load up directly underneath. So, this is all the stuff that was on the

previous sort of stand-alone Medicare page before, and if you click into one of these subtopics, you'll see the section of the site here. So, if you are interested in coverage for telehealth, you can just navigate to the menu, and you'll be taken right to that page. So, eliminating those two separate links you would previously have had to get to that page. These are available throughout the entire website, so from any page you're on, you can jump pretty easily to every other major section of the website.

So, as I mentioned, there's Medicare and we also have Medicaid and CHIP I'll talk about some common things in the navigation here in just a moment. We've got Marketplace and private insurance. This brings together not only the information that was under the private insurance tab in the old website but also includes all the content that was available on [Marketplace.CMS.gov](https://www.Marketplace.CMS.gov) previously. So, all of that content is still there. Again, just accessible under this navigation scheme here. I'll also mention really quickly we didn't take away any content on the website as part of these changes, so everything is there. We were really just looking at the pathways people used to get to the content—the ways you navigated to it.

We've got priorities. So, these are things that are sort of very active areas of focus for the agency. So, for one example, you'll see our health equity work under here. You'll also see recent legislation. So, this is one way you can get to the IRA content that Lauren was talking about earlier. There's also the No Surprises Act and other things we're working on. Then we have training and education. This is where you'll find things like the Open Door Forums, information on NMEP is here, our National Training Program, and that learning management system is there, the Medicare Learning Network. Up at the very top, you'll find “About CMS,” which is sort of our organization charts, our newsroom and data and research, that's where you can access the agency's sort of open data work.

I'll highlight really quick, there are a couple of things in the agency that cut across programs. So, we've actually handled those by giving people multiple paths to those. So, one example of those is regulations and guidance, things like our manuals and transmittals, those apply to all of the programs the agency supports. So those are available as you can see here, from any of these three program menus. Also, under Medicaid, CHIP, and Medicare, we've got Medicare and Medicaid coordination. This is the work that our duals office does and all those resources for people who have dual coverage through both of those programs. Then you'll also find the Innovation Center available from a number of these menus, and their work cuts across programs, it's not specific to one program. So, we wanted to make sure that was available in multiple places.

I'll jump to the search engine. So, again, we made these changes a couple of weeks ago but want to highlight them. So, a few changes we've made here. First, some of the most popular search terms will sort of be prepopulated as options underneath, so if you're looking for information on the Physician Fee Schedule, you can just click that. It will prepopulate the search and bring you to the results. You'll also find sort of the most popular result for that search term will be at the top highlighted right there. So, this is the actual look-up tool for the Physician Fee Schedule. You can sort, the results are automatically sorted by relevance, but you can sort by newest and oldest if you want to find the things that have been most recently updated. You can re-sort the results, and you'll find that the transmittals page was the most recent thing that was updated for

that. Again, you can sort of search by any sort of terms there. We also have misspelling support now, so if you type a term in wrong, we will catch that and return the right results.

I'll talk for a few minutes about the home page. Again, we did restructure the information on the home page. We start at the top with all the navigation and the more prominent search that I mentioned. As you move down the page, we've got a section for sort of priority and initiatives, things people are looking at on the website for quite a bit. So, Inflation Reduction Act, implementation, again, Lauren mentioned that that's right here. We've got information on Medicaid renewals. This is sort of the unwinding work that's happening between both CMS and the states. We've got things like nursing home resources. The links in this box will evolve and change over time based on the priorities the agency is addressing and, you know, things that we may be reacting to in the world. We've got access to our strategic plan here. Then, we have top resources. So, these are, again, things that get a lot of traffic on the website, as mentioned, the Fee Schedule being a very popular one. We've got things around code lookups, Marketplace training, and things like the manuals and forms and transmittals. So, these reflect kind of the previous website sort of the "Top Five Link" section that was out there. Then, if you scroll down the page, we've got our newsroom resources, some of the most recent headlines, and then another link to the newsroom. And then, finally, I'll mention that every page on the website has this feedback widget. If you open that up, this will tell us sort of what page you're on. We'll know what page you were on when you submitted this, and you can tell us if you're satisfied or not with your experience, you can give us feedback. I will note here one of the things you can give us feedback on is the search engine—if you're looking for something and couldn't find it, you can just type in your free-form response and submit that to us. This feedback does come to my team, so we look at these things and use this data to make improvements. We did collect a lot of feedback during that preview period that I mentioned earlier, but we continue to look at this. So, if people have feedback, we are happy to look at that anytime. We appreciate that feedback. So that's sort of my quick walkthrough. I'll go ahead and stop sharing. I'm happy to address any questions that people may have about the new website.

**Tamika Williams:** Hey, Jon, thank you so much. We actually don't have a question for you at this time. That concludes our presentations for today. We appreciate all of you for taking time out to be with us today. If you have information or topic suggestions for future meetings or questions about Medicare in general, please submit them to our partnership mailbox at [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov). Thank you so much, and have a great day.