Centers for Medicare & Medicaid Services

National Medicare Education Program Meeting Webinar

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Stefanie Costello: *(Great it looks like our numbers are evening out so we will go ahead and get started. Welcome to our national Medicare education program meeting today. – I'm Stefanie Costello, 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 topics. We will start off the agenda with Bruce Alexander, Director Office of Communications who will provide opening remarks followed by Erin Pressley, Director of the Creative Services Group, Office of Communications. And followed by Jon Booth Director, Web & Emerging Technologies Group, and Laura Salerno Deputy Director, Strategic Marketing Group. Finally, we'll hear from Lauren Shaham, Senior Advisor in the Integrated Communications Management Staff, who will provide updates on COVID-19 vaccines. 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 the webinar. This call is off the record and it is for informational and planning purposes only. While members of the press are welcome to attend the call but please refrain from asking questions. All press and media questions can be submitted using our media inquiries form which may be found at cms.gov/newsroom/media-inquires. We welcome your questions after each presentation. We will only be answering questions related to the presentations provided today. You can ask those questions by typing in the Q and A box at the bottom of your screen. We will do our best to get to as many of your questions as possible. With that, I am delighted to introduce our first speaker who will provide opening remarks, Bruce Alexander, Director Office of Communications at CMS. Bruce?

Bruce Alexander: Thank you Stefanie and good afternoon everyone. I'm Bruce Alexander as she mentioned, Director of Office of Communications here at CMS, Centers for Medicare and Medicaid Services. I like to start by thanking you for supporting the people we serve. Your incredible work in the community helps millions of people get the health care they need to stay safe and get the help they need. The CMS team truly appreciates everything you do during open enrollment and year-round. On behalf of everyone here at CMS, thank you. Medicare open enrollment is our Super Bowl and we have exciting plays lined up this year. Open enrollment is an opportunity every year for people with Medicare to compare Medicare Advantage and prescription drug plans. With help from great people like you, as well as tools like our Medicare Plan Finder. They are likely to find options that will help them lower costs for the coming year. This year our lineup features a new star player, the Inflation Reduction Act. The new law will deliver meaningful savings on prescription drugs and vaccines for millions of people with

Medicare, as soon as, starting next year. We are working hard at CMS to implement the new law and some will go into effect 2024 and 2025. We are committed to keeping you up-to-date on our ongoing work. Your partnership is essential to ensuring the people we serve maximize the laws key features. Medicare open enrollment season, which starts October 15 through December 7th and it aligns with the start of the flu season. As your out in your communities helping people with Medicare open enrollment it's a great opportunity to get the word out about these seasons vaccines. Your tireless work over the past two plus years has been critical in our battle against COVID-19. This fall and winter people with Medicare may have questions about COVID-19 vaccine. Earlier this month, the FDA authorized updated vaccines that targets the original COVID-19 strain and to Omicron variance. We are also encouraging people with Medicare to get a flu shot. We have extensive outreach materials and provider education resources, which you will hear about shortly. The CDC recommends that older people get their flu shot early in the season in September or October. As with COVID-19 vaccines, the flu vaccine is free of charge. As we start the Medicare open enrollment season, I can't thank you enough for your dedication and leadership in your communities. I hope you enjoyed the rest of the National Medicare Education Program and we look forward to a busy and exciting season with you. Thank you.

Stefanie Costello: Thank you Bruce. I would like to turn it over to the next speakers that will be talking about the Medicare Open Enrollment updates. We will Erin Pressley, Jon Booth and Laura Salerno. Up first we have Erin Pressley, Director of the Creative Services Group. Erin?

Erin Pressley: Thank you Stefanie and thank you everyone for being here today. We are happy to join you and share some information about Medicare open enrollment this year. Next slide. It is hard to believe it is already enrollment time again but here we are. I would like to start off with reminding you of our general enrollment goals. Many of you doing this for a few years will recognize these. Not a whole lot new. We are adding additional areas of focus this year that I wanted to cover as well. Overall for the Medicare population we encourage them to use open enrollment as a time to come back and review and compare their plan options. Even for people who feel like they are comfortable and happy with the plan that they are in, it's so important for them to know how that plan might be changing their cost or benefit for 2023. It is important for people to review their changes as well as come back to the Medicare.gov site to see what else is available and what other plan options they may have that could give them better benefits or lower their cost. We also want to promote the Medicare Plan Finder tool as a place where they can do that. And Jon will talk about the improvements that we have made to that tool in a little bit. Well of course the emphasizing the key dates of open enrollment you heard them already but we will emphasize the October 15th start date of open enrollment and also the December 7 deadline. We hope that people will continue to review and enroll in plans throughout open enrollment. Most people wait until the end but those are always important dates for us to emphasize to folks. And we want them to know that help is available. If they are reviewing plans and comparing their options they do not have to do that alone. We have resources available to help them. And also emphasizing how people might find a lower cost when they compare plans and how they might find a better plan for them the one they are currently in. And we target audiences with traditionally that have lower access to health care. This year in particular, we also

have additional points of focus as we talk about the implementation of the Inflation Reduction Act and there are two specific IRA provisions that will be an open enrollment this year. One is we need to educate people with Medicare who take insulin that there is a new insulin benefit that they will pay no more than $35 for a months supply of each covered insulin product. And it will not have to pay a deductible for that insulin starting in 2023. The second part of the IRA that goes into effect in 2023 is that certain adult vaccines will also be covered for people with Medicare at no additional cost. We will ramp up that focus a little bit more in January. And we will continue to highlight the Medicare Savings Program for people who may be having trouble paying their Medicare costs. This is something we've been doing over the past few months. It's so important for us to get people connected the help that they need. Next slide. I want to talk a little bit about the Inflation Reduction Act in particular and coverage for insulin. People with Medicare who take insulin make up about 3 million people of the total 64 million Medicare beneficiaries that we're serving during open enrollment. For people who are taking insulin this year, they may have additional challenges as they're trying to do their plan comparison, especially on the Medicare Plan Finder because the plan bids were submitted during their annual plan bid submission, before the IRA was passed. So that means, because plan finder can only display the cost that are included in those annual plan bid packages, the information for insulin on the Medicare Plan Finder won't reflect the new IRA insulin cost-sharing cap. However, at the point of sale, people will still get no more than $35 co-pay for a month's supply of their covered insulin and a deductible won't be applied but we need to take some special steps to make sure that people are comparing the plan. If they have insulin included in the drugs they need. We want beneficiaries to take insulin to be aware of the new benefit and we want them to be educated about it. But it's important to note that the overall call to action for open enrollment does not change. It is the same for them as it is for everyone else but this is the time to review and compare plans to find one that works the best for you. Even though the insulin costs will not be updated on the plan finder we are adding content to Medicare.gov in other places where it makes sense so that they can review that in context. And we're also adding targeted messages to plan finder itself to describe those benefits. The beneficiaries for comparing plans will get pop up information and targeted information at certain points along the process as they are doing their comparison to remind them about these changes. Beneficiaries who are comparing plans will still need to figure out the plans they are considering will cover their specific type and dosage of insulin. Some beneficiaries who take insulin are also enrolled or enrolled instead in a specific part D Senior savings model plan. Many of you know about this from us talking about it the last year or two. Of that 3 million beneficiaries that take insulin right now about 900,000 are in one of the special model plans. They are special because they already had an insulin cap in place and they were already capped at charging $35 for the month supply. In many cases, that may be why these particular beneficiaries fall into that plan. Now that the $35 cap is a little bit more universal those model plans may or may not be the best plan for them depending on the other drugs they take and the cost-sharing for those drugs. Depending on personal preferences. It will be especially important for these people in this model plan to come back and compare their other options now that the insulin cost for a little bit more level across the board and see if that is still the best plan for them. We know that these particular model plans are not specifically flagged anywhere in the Medicare Plan Finder. In most cases, people do not know, they will not know if

they were in that plan. Can you still hear me, Stefanie?

Stefanie Costello: Yes, I can hear you we have been able to hear you but you just froze.

Erin Pressley: OK, perfect. Good while I am reconnecting-- connecting we can keep going. Next slide. Our strategy for insulin is not really that much different than other new Medicare benefits and Medicare changes. We do a comprehensive robust series of things to make sure we are educating people in every way possible. As I mentioned, we will update our education channels for the insulin benefit wherever people go for help, to make these kinds of decisions we will have information on Medicare.gov and 1-800-MEDICARE call center and with our SHIP counselors. We'll be adding that targeted messaging to plan finder and certain places throughout the process. We will to raise awareness of the cost-sharing cap for insulin. And we will be encouraging insulin users in particular this year to get help comparing plans and especially to call 1-800-MEDICARE for help or to reach out to a SHIPs counselor. Even if they've been doing this on their own for the past several years, because of the newness of this benefit and because of the way it will display in plan finder we want them to have the help they need to make an accurate comparison. We'll do some additional outreach directly targeting people with insulin as well with digital campaigns and social media posts, we will do an email targeting people who take insulin. We've also given guidance to health and drug plans including those model plans and senior savings model plans to update their material wherever possible so their annual evidence of coverage and annual notice of change so they send to their members will all be updated with additional information about insulin benefits as well as their own plan website. We will be doing robust national training for partners and stakeholders including a series of meetings with some of the more targeted partners to make sure that they are prepared to do these kinds of comparisons and help beneficiaries, especially those that take insulin. And we'll be engaging the media and capitalizing on the opportunities that we already have during open enrollment. We do a plethora of radio media tours, satellite media tours, drop in articles etc. anywhere that has open enrollment. We will be using that to include messages about the new insulin benefit. And also be developing materials, infographics, job aids and those kind of thing to help with training education for both counselors and beneficiaries who take insulin. We plan to assist any beneficiary who takes insulin and runs into some issues after open enrollment ends. If they get into a plan and they are unhappy with that plan, they have problems with cost sharing. They figure out this wasn't the best plan for them. We have existing processes in place to deal with those kinds of situations and use those as much as we need to help people that take insulin. Including the option of changing pans if that is the best solution. Next slide. I guess I am still with you. We wanted to give a better overview of and a reminder of how people reviewing compare plans now. Some of our main channels include Medicare.gov as well as plan finder that lives on Medicare.gov as well. Last year we had at least 44 million unique users using this channel of which is available in English and Spanish throughout the open enrollment period. 1-800-MEDICARE takes about 25 million calls a year. Many of them during the open enrollment period and we'll be able to help, throughout the period as people are comparing plans. The Medicare and You handbook continues to be mailed. They are in the mail now and on track to all and they will finish being mailed by the end of September, which is our statutory deadline to get

those to people. Although that won't have information about the insulin benefit. Again, it was printed before the IRA passed in August -- we will have information in there about all of the other plan comparison information and details for people about open enrollment and comparing plans. And we will have our in person network of mainly SHIPs counselors and other types of assistors, agents and brokers who every year help people with Medicare to make these comparisons and find the best plan for them. At this point I will turn things over to Jon to talk about things that Medicare.gov.

Jon Booth: Great. Thank you, Erin. I will go through some of the enhancements we have in the Medicare Plan Finder for this OE. As we tried to do in the last couple of years, most of the improvements were made throughout the spring and summer, well in advance of open enrollment so that we can get those things out and get familiar with them. On Medicare.gov we did redesign the homepage earlier this year to improve usability of it to streamline it and focus on the top tasks that users have on the website. We also launched a new and improved getting started section for those new to Medicare. We really improved that experience. It's kind of a task based navigation now. We have gotten great feedback on that since we launched that tool. We did redesign the "Talk to Someone" tool on Medicare.gov which really focuses on the key information that users want and focuses on the resources that most beneficiaries are trying to reach and it provides the most important contacts that people are routinely looking for. And coming very soon is the launch of optional Multi-Factor Authentication. So Multi-Factor Authentication and that is probably something that you use on a number of different websites especially sites that have sensitive information like thinking websites and insurance websites. This will be available for users to enable on their accounts. It is not mandatory at this point but anybody who wants to enable that to lock down their account more they will able to do that. That's coming very soon. In the Medicare Plan Finder itself, first we launched a new landing and summary pages. Those were launched earlier this year and the landing page really streamlines the actions that users can take and the summary page for log in users really takes them really quickly through the steps that a user needs to do. Someone that has already been to Plan Finder before, can get through it much faster now. We are adding Medigap policy level pricing that was not in the tool before to improve that comparison between different policies and different insurers. We are sending out enrollment confirmation notifications now. So, any users in message center in Medicare.gov when they've taken an enrollment action in the Plan Finder, they will get a notification of that. We will have a confirmation number they can use to follow-up with the plan with any questions on their enrollment. The changes, as Erin mentioned, changes to support the insulin and vaccine provisions of the Inflation Reduction Act to just reflect what those prices will look like this year, to highlight those things for people. Finally, year over year, plan comparison to allow users to look at what their coverage will look like if they stay in the plan they are in now for next year. So, to be able to see any policy changes or premium changes, deductible and copay changes, that sort of thing. Next slide please. This is the redesigned Medicare Plan Finder landing page. It does allow users to the option to log in directly, to create a Medicare.gov account or to begin, what we call the anonymous search. Just put in a zip code and a plan type and begin searching. It lets people know what is available in the tool and highlights the benefits of creating an account for beneficiaries. It is more visually consistent with the branding across Medicare.gov. So, plan finder visually has not changed a

huge amount this year but looking to make sure it is consistent and integrated with the rest of the site and feels cohesive. Next slide please. The plan finder summary page, as I mentioned, this is a single jumping off page. It contains all the information relevant for beneficiary searching for a plan or reviewing their current status. So this is available to logged in users and it will take the down the page step-by-step, highlight their current plan, upcoming plans if they have one. If an enrollment has been submitted during OE. And also, right away from here, we'll give them access to their drug list and pharmacy list and provide links to jump right in the flow of that application. If the user to needs to update their drugs or update their pharmacies they are able to do that right from this page and jump into that step in Medicare Plan Finder flow. Next slide please. This is the year-over-year comparison I mentioned. This is available for logged in beneficiaries. If you have current coverage, as I mentioned, what we are going to do is highlight what your plan will be next year. So essentially the coverage you would roll over to if you do not make a change and we will highlight it here so that you can see the differences between this plan from year to year. Premiums, drug costs, pharmacies in and out of network all that sort of things. This allows the user to review that and determine if they are good and if they are good, they do not need to take any action. If they decide they do want to shop and compare plans, they can do that from this screen. Just letting people have that extra level of information about what they are current coverage will look like in the year ahead. Next slide please. Insulin on plan finder, Erin alluded to this. For users who have an insulin drug in their drug list they have an insulin, we will have multiple messages along the way to highlight for users the things they need to consider. There is targeted messaging at several places throughout the plan finder flow for users to have insulin available. So, I will highlight a couple places that will be shown. The first is wherever a drug list where insulin is shown which is my drugs list and my saved drug list -- for users who are logged in and have a saved drug list or in the anonymous flow. Beneath the drug list once insulin is entered. Once you put insulin on the list you will have that information displayed. It will also display it within the plan details page. When you are looking at a specific set of plan details in the plan details page, when comparing three plans. This is the side-by-side comparison page. We will highlight that on that page and then at the top of the plan results page so if you search and you got a set of results back, we would highlight it there. So, this would be throughout it we want to make sure people do not miss it. These insulin messages will go live in Plan Finder starting on 10-15 when we open up when people can enroll in 2023 coverage. Next slide, please. Help with insulin on Plan Finder. Beneficiaries who take insulin are encouraged to help this year comparing plans. 1-800-Medicare representatives and SHIP counselors will be trained on a two-step comparison process to help beneficiaries identify the best plan. Beneficiaries will be guided through the Medicare Plan Finder in the same way anyone else is comparing plans. They will be prompted to update an any drug and dosages they take into their drug list. We encourage everyone to update their drug list every year. If the beneficiary takes insulin, what we will have the user do or individual assisting them do is remove the insulin from their drug list and not include it in the first comparison. The reason there is we want that cost to be neutral in the plan comparison since it will cost $35 for everyone, kind of neutralizes that. The CSR or SHIP counselor will use the default sort on Plan Finder along with the beneficiaries preferences around pharmacies and other drugs they may take to identify the best several plan options for their needs. Once the lowest cost plan options have been identified without insulin as

point of the comparison, the CSR or SHIP counselor will update the drug list to include the beneficiary's type and dosage of insulin to determine if that plan they are evaluating covers those specific products they use. We want to make sure that the insulin they take is on the plan's formulary and will be covered at the lower costs. And this process is the same whether is a Part D or senior savings plan. As we mentioned at the top, we don't really differentiate those in the Plan Finder interface. To highlight here, how significantly insulin plays into the final plan choice depends definitely on the other drugs a beneficiary may take. They may take other drugs that play a bigger role in total out-of-pocket cost for that plan. We don't want decisions made purely on insulin. We want to make sure that is in the context of the full drug list that a beneficiary would have. I think that is the end of my slides, so I will turn it over to Laura now. Thank you.

Laura Salerno: Good afternoon everyone. I am Laura Salerno. I am happy to be here with you to talk about Medicare open enrollment and our education and outreach plan. Let's start with the outreach overview. We know we need to raise awareness about open enrollment and encourage people with Medicare to review and compare Medicare health and drug plans. Our research consistently shows that people need to be reminded it is Medicare open enrollment. This overview shows the combination of tactics that make up our outreach. We will get into more detail in the following slides, but here is the big picture overview. National TV, radio, and print. This is the umbrella awareness driver that reminds people it's open enrollment. This gets people in the door to review and compare plans, and we keep the call to action simple here -- go to Medicare.gov. Digital outreach. This includes search ads for people who are already actively looking. We will send those people right to the Plan Finder. It also includes other digital tactics like video ads, social and display and retargeted ads, which remind people to come back to Medicare.gov. All of our digital ads drive people right directly to the Plan Finder. Sort of a straight shot right there. Local and earned media. This is a trusted source from local news sources that focus on customer service. It reminds people it's OE. It gets them to compare their plans. We use drop in articles. We pitch media for radio media tours and satellite media tours for TV interviews, and we've been successful in garnering news coverage, which means this information is important to news outlets and they really want to cover it. National handbook distribution. The handbook is mailed as you know to everyone on Medicare. It is a trusted source of information, and it is required by law. Some of the info is specific to each state and region includes coverage and plan comparison charts. Email, a direct to consumer, highly trusted source of information. We have an excellent open rate, and we are growing our list to over 16 million emails. The emails emphasize the tools where people can get help making decisions. Finally, partner engagement. This extends our outreach from trusted sources. It uses local help, uses events, other on the ground tactics, and it uses our materials and messaging. Next slide, please. Key Messages. Our core key messages are as follows. Open enrollment is the time to review your current health and drug plans and make changes if you want. Medicare plans change every year, and so can your health care needs. Even if you are happy with your current coverage, you might find a better fit for your budget or health needs. You might be able to save money, get extra benefits or both. Medicare.gov makes comparing plans easier, and open enrollment ends December 7, emphasizing the deadline is motivational, and we know people want and expect to be reminded. In addition, as Erin mentioned earlier, this is an opportunity to deliver new

messages related to the Inflation Reduction Act. Starting in 2023, you won't have to pay more than $35 in cost sharing for a month's supply of each covered insulin. Your deductible won't apply to the covered insulin. A message we would use in earned media, starting in 2023, people with Medicare drug coverage will pay nothing out-of-pocket for adult vaccines, including the shingles vaccine, that are recommended by CDC's advisory committee on immunization practices. Finally, where appropriate, we will highlight Medicare savings programs and the opportunity for people to get help to pay for their Medicare costs. An example of a message is, Medicare Savings Programs run by your state can lower your part B premium from $170 to zero dollars. Even if you don't think you qualify, it could pay to find out. Next slide, please. We thought we would share information from the analysis we did on the 2021 open enrollment campaign, as it informs and guides this year's campaign. Each year, we conduct research to make sure the outreach is working. This includes a pre-campaign and post campaign survey. A couple findings here to note, in the post open enrollment survey, 70% of people we surveyed said they recently saw or heard or read about Medicare open enrollment. It might have been in an ad. It might've been in the news, and the most common sources of OE information were TV, mail, and the internet. Also, awareness of actual open enrollment dates increased. This is an important measure. 48% of people were aware of the dates before the campaign, and 80% were aware after the campaign. It's important that we know we are delivering that information when people need it, and they understand when they need to take action. Those who recalled seeing the Medicare open enrollment ad were significantly more likely to say they reviewed or compared plans compared to those who did not recall seeing the ad. That means our ads were motivational, and they were more likely to go and compare plans if they saw the ad. We've done work to determine the optimal media mix and ensure that our dollars are being spent in the most efficient way possible. We've done, what's called, Econometric, mixed-media modeling. Based on this work, we know our marketing accounts for approximately 52% of all Medicare.gov Plan Finder use, driving people to Plan Finder and 54% of plan switching. They are taking that action of reviewing and comparing. The results inform our media mix for our annual campaign and our next model will be conducted this year in 2022 and 23. Next slide, please. I'd like to hit some of the paid campaign highlights this year, and it builds on considerable message testing we've done over the past decade. We know that major drivers of plan review include the idea that plans change every year, and people may find a better plan for them at a lower cost. Here is a summary of the efforts. For our general market effort, we are using a combination of national broadcast, which is network TV, cable TV, national radio. We know it delivers a diverse group of adults 65-plus, including African-Americans. We will also compliment that with national paid search, digital video, social advertising, and display advertising. In addition, we will have a concerted effort to reach African-Americans. This will appear on national broadcasts, including networks like BET, the Oprah Winfrey Network, TV one, Aspire, and some African-American radio. In addition, we are running print ads in the local African-American newspapers. We have a Spanish-language campaign, which includes streaming TV in Spanish languages, radio, print. It will be complemented with digital marketing, including paid search, digital video, social and display. We are in production for two new television spots I hope we will see on this year's campaign. The first spot is a new ad for the general market called "see the difference." People compare similar everyday objects, like apples, and they find it difficult to spot the differences.

Comparing plans on Medicare.gov is introduced, and it shows how people can compare and easily see plan differences. The second spot is called Book Club, and it is for the African-American audience. It shows a group of people in a Book Club situation. Social group shares information and talks about why people should shop and compare. Next slide, please. Here are some examples of digital ads that have been top performers in the past. They really focus on the key messages of comparing plans, saving money, and bringing home that reminder of the dates. The ads, the apples and the pancakes, I will give you an example of the copy. It's Medicare open enrollment October 15 through December 7. See how your plans stacks up. You could save money all year long. Compare plans now, and then we send people to the Plan Finder. There are some social media examples on the right that have performed well, including, highlighting the fact that you could save on prescription drug costs, a woman reminding folks that it is open enrollment, and another headline is, it can't hurt to compare. Next slide please. As Erin mentioned, as part of our overall insulin strategy, we are also conducting a targeted campaign to educate people with Medicare who take insulin that starting in 2023, they won't pay more than $35 for the months supply of each covered insulin, and their deductible won't apply to the covered insulin. We are going to drive people to the new content on Medicare.gov that explains the new benefit and provides more information on what to consider when reviewing and comparing Medicare health and drug plans. Our outreach tactics for this effort include conducting a targeted digital ad campaign in geographic areas with high prevalence of diabetes. Think about the diabetes belt, as defined by the CDC. We will also further refined targeting by age and other factors to make sure we can reach these folks. We use search advertising to drive to those looking for information right to that content on Medicare.gov, and it's possible we will advertise directly to the online diabetes community with websites with relevant contextual information, and we are exploring ways to use online newsletters delivered from trusted sources. Next slide, please. As mentioned before, we are using open enrollment as an opportunity where possible to promote Medicare savings programs and the opportunity for people to get help in paying for their Medicare costs. This will primarily happen in print and digital. Will include messaging this year in around about 123 African-American newspapers and 20 Spanish newspapers and ads will also run on social media as you see there. There is an example of a social media ad. We've conducted a significant amount of research work, they launched a pilot for Medicare savings programs this year. And we're going to use what we learn to ensure that the MSP messages are motivational and resonate and these are the sum of the messages that we'll use here. Medicare savings programs can lower your part B premium from $170 to zero dollars per month. With Medicare savings programs run by your state, you can save on your premium, deductibles and other out-of-pocket costs. When we can, we will send people right to their local Medicaid office. So, it can be that direct connection to get help. Next slide, please. We are continuing to build our email program and using it to share important information directly with consumers. We're excited that we're now up to 16.6 million unique subscribers to our email list. This year, we are going to use email to explain how beneficiaries can use the plan finder to compare plans, remind people of the December 7 deadline, and we will continue our efforts to personalize emails that are tailored to people's particular situation. We know when people receive specific information about their own situation, it improves, the performance of the email. We will also do additional targeted emails to those who particularly to those who use insulin

about the $35 cap for a month supply of each covered insulin. We will highlight how people can get help through the Medicare Savings Program. We will also remind people who don't have drug coverage to avoid the Part D lifetime late enrollment penalty and just provide additional information about open enrollment. In 2021, our email outreach contributed to about 1.2 million beneficiaries comparing plans on Plan Finder, and so you have a sense of email frequency, people will get three pre-enrollment emails, we'll emailed once a week during open enrollment, and then to reinforce the deadline, we will send two or three times per week during the final week. Next slide, please. Finally, we will use our Medicare Facebook and twitter channels to encourage people to review and compare. We will create shareable content to really maximize potential reach and engagement. We'll remind people also this is a good venue to help beneficiaries identify and spot fraud, and then our post direct followers to various places, depending on what the topic is, including the Plan Finder, their local SHIP, Medicare Savings Program information, that type of thing. Currently, our Medicare Facebook, we have about 471,000 followers. On Twitter, we have about 51,000 followers. That wraps up my portion. I'm going to hand it back to Erin.

Erin Pressley: Thanks, Laura. Hopefully I'm reconnected now. Sorry for my technical difficulties. We can go to the next one. I wanted to just review a little bit of information about some of our other channels. The Medicare and You handbook, as I said earlier, is mailed annually to every beneficiary household. Those are in the mail now. They will be mailed all by the end of September. We have about 50 English area-specific versions, like a Northern California book or a Maryland book, that contain the regional plans, specific comparison information in the back of the book, as well as the local SHIP information and phone number. We have 50 of those in English. We have 11 of those in Spanish. We mail directly to those beneficiaries. We also have a national version that doesn't include any of that plan or SHIP information that is available in English or Spanish. Last year, we introduced that version as well in Chinese, Korean and Vietnamese and will continue that this year. We did not expand to other languages this year. We want to focus on expanding distribution of the three Asian languages we introduced last year, so we asked for your help if you work with those communities and make sure that those people know that those are available. We have a number of other alternate formats of the Medicare handbook. Next slide, please. The other major channel, of course, is the 1-800-MEDICARE call center. We couldn't do what we do without them. They are available 24/7 to help people compare plans, answer all kinds of questions about benefits and coverage and costs. As I mentioned, they do have the added benefit of a language support line where they can provide interpretation services, including comparisons of the plans in more than 200 languages. 1-800-MEDICARE usually experiences a spike in call volume from a couple of dependable things. One is the mailing of the handbook as people start to see those in their mailboxes. That triggers some calls. It reminds people that 1-800-MEDICARE is there to help them. Also, the beginning of the open enrollment period, and really all of that time throughout the enrollment period, with again, a sort of extra spike towards the end. After Thanksgiving, through December, the 7th deadline, we see a lot of people realizing that the deadline is looming closer than they realize, and they have to pay attention and start figuring out what they are doing. So we see the call volume go up again. We've also seen a spike typically when the Social Security

Administration releases that information about the cost-of-living adjustments that happen for Social Security benefits, and again when we, CMS, release the Part B and Part A premiums for those that have to pay them for the upcoming year, 2023. Next slide. We will close today with just a couple reminders of key dates before we take some questions. We do have our open enrollment Boot Camp training for all partners. A lot of SHIP counselors depend on this training. We welcome anybody who is helping beneficiaries. This is a free training, and we will hold it next week on September 28 and 29. If you have a particular interest in the insulin benefit, we will cover that in greater detail on September the 28th, and we can make sure we share information about registration. But you can register through CMS.gov, through our National training program site on CMS.gov. Again, the Medicare handbook by the end of the month. We will also release the landscape of plan options by the end of this month, and that will allow you to see the premiums and trends and cost sharing across the country, as well as, typically, state-by-state comparison and key information about what we'll see for this year's plan. The beginning of October, we'll bring the release of our preview of the 2023 plans on Plan Finder. That is when the general public and beneficiaries can go on to Medicare.gov, in Plan Finder, and start to see what the cost will be and what their options will be for 2023. Of course, we have the launch of open enrollment itself on October 15th. And our final deadline for open enrollment on December 7th. Our new plan year begins on January 21 and we start all over again. Thank you very much. I will turn things back over to Jonathan Blanar in case we have any questions that any of us can take.

Jonathan Blanar: Hey. Thanks Erin. We do have a handful of questions. As Erin stated, my name is Jonathan Blanar. I am the Deputy Group Director in the Partner Relations Group in the Office of Communications at CMS. We did get a handful of questions I'd like to ask the folks who just presented on Medicare open enrollment updates, and our first question was someone clarifying what they heard. I am going to restate their question here. It was said the $35 cap won't be reflected in Medicare Plan Finder unless it is a PDS as plan already. So, it sounds like it will have an inaccurate cost sharing date for insulin, unless it a PDSS plan that seems confirmed by what we said. SO if we follow these steps when we add the insulin, and for a non PDSS plan, we can just assume that it will a $35 cap, as long as it shows that type of insulin and dosage it covers regardless of the cost sharing reflected in the Medicare Plan Finder.

Erin Pressley: Yes, I want to make sure I address that and make sure I got all the pieces of the question, so please jump back in if I missed anything. So yes, that's absolutely right. So again, the Medicare Plan Finder, we can only display the information and cost sharing information that was in the plan's original plan bid package, and that is what was submitted back in June. That did not take into account any of the new cost sharing information or this cap that was passed in August with the Inflation Reduction Act, so the amounts tht show in the Plan Finder will accurately match what was in the plan bid packages, but they will not reflect the $35 cap. So, what we are asking people to do, as Jon explained, to compare plans without those insulin products in their drug list, and then go back, and assuming that for each insulin product you are not going to have to pay more than $420 a year out-of-pocket, $35 per month for each insulin product, times the 12 months, give or take. So, figure about 420, max, and then just check as the

insulin product and check back in to see if the plan covers the insulin product. Because not all plans will cover all products. And remember the $35 cap is only on a month supply of each covered insulin product. Plan by plan, that will be different.

Jonathan Blanar: Great. Thank you, Erin. That did cover all of the questions. So, perfect. Our next question is, will all insulins cost $35 if they are on the formulary, or is just that the maximum? Can a plan charge less than $35 for a month for insulin?

Erin Pressley: So a plan can choose to charge a beneficiary less than $35 for a months supply of insulin. $35 is the cap.

Jonathan Blanar: Great. Thank you. Laura, this one might be for you. Can you post your key messages that were in your slides somewhere where local SHIP counselors can use to promote local ads in local media?

Laura Salerno: Absolutely. I am thinking we could probably post those on the CMS.gov open enrollment outreach material page. We are working on getting all of the new materials together that we share with partners every year on the same page, and we can post key messages document there.

Jonathan Blanar: Great. Thank you, Laura. Our next question, Jon, this might be for you or Erin, but when will Medicare Plan Finder be updated with the correct information? I assume that is referring to the insulin co-pays.

Jon Booth: The plan bids are collected on an annual basis, so the way insulin is working, as we described today, will be the case for enrollments in 2023 coverage through the remainder of next year. All of the sort of messaging we have talked about, letting people know to look at the insulin costs, will remain in place throughout next year, and when the 2024 coverage and open enrollment, the fall of next year begins, that is when plan bids will reflect these new IRA provisions around insulin costs.

Jonathan Blanar: Great. Thank you, Jon. We have a pretty general question, about is there anywhere they can find more detailed information regarding insulin benefit?

Erin Pressley: So, I should say at the beginning that none of us on this call are the policy experts on the insulin benefit, so the depth of our knowledge only goes so far. We are intending during that Boot Camp training, that I mentioned next week, to get a little bit more in the weeds about some of the questions that I have seen come in through the chat and know that all of you have very specific questions as you are helping beneficiaries. As I mentioned, we are developing materials to help you with that. A variety of job aids that your questions actually help us do that and make sure we're answering the right questions. Those will be added throughout the period leading up to open enrollment on the CMS.gov site. And make sure that we make those available

through the partnership list serves and the other places that you generally get that kind of information.

Jonathan Blanar: Great, thank you Erin. OK, that brings us to the end of the Q&A for the Medicare open enrollment updates, so thank you to the folks who presented there. We are going to move onto the COVID-19 vaccine updates, and I will turn it over to Lauren Shaham. Lauren, you have the floor, and I just want to make sure we can hear you.

Lauren Shaham: Yes, thank you. Can I be heard?

Jonathan Blanar: You can be heard. Thank you.

Lauren Shaham: Ok. Great. Thank you for having me here. I'm really honored to be here to talk about what CMS is doing this year around COVID-19 and flu vaccination outreach. Next slide, please. For this year, as in most years, certainly most years, recently, we have the same challenges of the continuing COVID-19 pandemic, flu severity has been down the last couple of years because people have been isolating more. We are concerned about that shifting more this year as people are isolating less. The question is going to come up a lot about, can I get my flu shot and updated COVID-19 vaccine at the same time? I work for CMS, but for flu shot messaging, our anchor is the CDC. They do extensive research and testing of messages. They have a campaign ever year that is launching, I think any day now. So, this a sample image from their campaign. And if you are in a group where an individual doesn't love community education, I really encourage you to go to CDC.gov. They have a ton of resources in different formats and different languages. So they're really a great resource for people out in the community doing education. Next slide, please. In addition, CDC collaborates with the Ad Council, American Medical Association on an advertising campaign. These are some highlights. You've probably seen these in past years, and they will start again this year in October. Next slide, please. COVID vaccination, CMS works very closely with the "We Can Do This" campaign, which is run out of HHS and has a whole lot of education materials available for educating people of all ages, professional types about updated COVID vaccines. You might notice that I am not saying boosters. Our current language is to refer to these as updated vaccines because it is a new formulation, and as you probably all heard, it targets specific variants that are more common right now. At this point, that is what is available to people at no cost. Can I get the next slide please? And now the $64 question of can I get COVID and flu vaccination at the same time? Answer is yes, you can. If the timing coincides, meaning if you are at the right point in your COVID vaccination schedule. Coadministration is an option for you, and for providers, coadministration is considered a best clinical practice primarily because the person who is there is more likely to get the shot, then the one who needs to come back. That being said, you should stay on schedule with your vaccines and talk with your provider, especially if you've been known to have any reaction to either vaccine. Next slide, please. CMS Resources. We do have some Medicare branded resources available on Medicare.gov. We have a hub page on CMS.gov/flu website that has some materials that are from Medicare and that are links out to the other agencies that I just talked about. We have CMS.gov/COVIDvax, which has COVID vaccination, outreach and also materials for providers and health plans. That brings me to the

end. I am happy to take any questions people might have.

Jonathan Blanar: Great. Thanks, Lauren. We have one question for you -- when and where are the updated COVID booster shots available? I'm unclear on how to know whether appointments are for the updated, reformulated boosters or the old formulation. Are there updated formulations everywhere now?

Lauren Shaham: I would want to circle back with you to get the definitive answer. I can tell you last week I was able to get my own updated vaccine, so I know that they are available in the same retail locations people have been going to for months for boosters. I have heard anecdotally about some supply issues. So I think it's worth checking with your local pharmacy when you schedule appointments to make sure that they have the updated. As I mentioned, it is my understanding that the updated vaccine is the only one being administered these days.

Jonathan Blanar: Perfect. Thank you, Lauren. I don't see any more questions in the chat on the COVID vaccine.

Lauren Shaham: Good catch.

Jonathan Blanar: Thank you. I think we are good, and thank you. I don't think we have any more questions on the Medicare open enrollment we will get to today, so I think that brings us to the end of our presentations. With that, I would like to thank our speakers and turn it back over to Stefanie Costello to close us out.

Stefanie Costello: Thank you Jonathan, and thank you to Erin and Jon Booth and Laura Salerno for going through our open enrollment this year. We are excited about it, and for Lauren to talk a little bit about the importance of COVID and flu. This does conclude today's presentation. We appreciate all of you taking the time to be with us today. If you have information or topics for other subsequent NMEP meetings, you can email us at partnership@cms.hhs.gov. We will be posting this presentation. I know I did one or two questions about that. The presentation and transcript will be posted in the coming days on our partnership page, so look out for that. With that, that concludes our call, so I hope everybody has a great afternoon. Thank you for joining us today.