National Medicare Education Program Meeting
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Stefanie Costello: Good afternoon and welcome to our National Medicare Education Program meeting today. I am Stefanie Costello, Acting Director of the CMS Partner Relations Group in the CMS Office of Communications. Thank you for joining us this afternoon for an update on Medicare open enrollment, Medicare beneficiary experience and Medicare COVID-19 vaccine outreach. Before we begin I want to take a moment and thank each of you for your help in sharing information on the Medicare program with your members and beneficiaries this past open enrollment. A number had you provided valuable feedback on last year's open enrollment to our partner leads. We appreciate that feedback and some of what you said helped us set today's agenda. We thank you for passing along messaging about the COVID-19 vaccine. We know that work isn't over yet and we look forward to our continued partnership in getting Medicare beneficiaries vaccinated. Today am joined by several speakers. Jon Booth, the Director of Web and Emerging Technologies Group. Barb Johanson, Director of the Division of Campaign Management and Laura Salerno, Deputy Director of the Strategic Marketing Group will provide are Medicare open enrollment update. We will hear from Jon Booth and Laura Salerno again to provide an update on a beneficiary experience and finally, Chris Koepke, the Director at the Strategic Marketing Group will close us out with an update on Medicare COVID-19 vaccine outreach.

Before we begin I have a huge housekeeping tips. 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 for informational and planning purposes only. While members of the press

are welcome to attend we asked they refrain from asking questions. All press media questions can't be submitted using the media inquiries form which may be found at CMS.gov/newsroom /media-inquiries. We welcome questions after each section today and you can ask questions by typing it in the Q&A box at the bottom of your screen. We will do our best to get to as many questions as possible. With that I will turn it over to Jon Booth.

Jon Booth: Yes, good afternoon everyone. Thanks for joining today. I will give a little bit of background on our experiences with the Medicare plan finder last OE and some upcoming changes for this year. If we can go to the next slide. Next slide. Again, so I will highlight a couple of things we did for 2020. I will note, I would echo Stefanie's thanks to everyone for their support through OE. This was our second year on the new plan finder and overall we had a really good year, really solid year of usage of this enrollment. Just to run through some of the changes that we made, we did improve the plan cards, the plan results and the cards, based on consumer feedback. One of the biggest changes me made last year was around the sorting of the plan cards to sort by premiums and drug cost. That was feedback that we heard from many of you. We improved the balancing of the presentation of the data to make sure the data presented on the screen was more consistent and evenly balanced. We moved the data to a vertical format for easier scanning. We reduced some of the copies are at the tool and used tooltips for definitions and we added new filters last year for plan type, drug coverage and for plans in the senior savings model. Next slide. We also updated the pharmacy search experience. This was another area we got lots of feedback on so we added the ability to search pharmacy by name and location or address. We added the ability to select up to five pharmacies for comparison.

We created a cleaner and easy to read, a list of pharmacies and increased the size of the map that the pharmacy results were displayed on as well.

Next slide. We launched a new Medigap search tool last year. This tool basically is for users to enter additional demographic information and will give more refined pricing available. We've got a landing page with context that explains the supplement options that are available and we did migrate to a new data source for the plan and policy level data that is updated on a weekly basis now. It has given us better timeliness and freshness of the data on the tool.

Next slide. Visual alignment we continue to work to make sure that plan finder is visually consistent with some of the other E-Medicare applications that are on Medicare.gov. We did make styling updates throughout the tool. They improve readability and consistency. We did a visual refresh and data refresh as well of the plan finder support tools. Those include the PACE finder, the pharmaceutical assistance program tool and the state pharmacy assistance program tool. Next slide. A number of policy updates that we implemented in the plan finder last year first was the launch of the new senior savings model demonstration. Those are the plans that cover the insulin drugs at a reduced cost for beneficiaries. There were a number changes to the tool that made to support that.

Also last year, Medicare beneficiaries ESRD are able to enroll in Medicare advantage plans, so we made plans to support that. Changes to opioid treatment cost sharing, we added medically approved non-opioid pain management services as a benefit in the tool and we improved the display of preventive and telehealth services throughout the tool. Next slide. Some back end enablers that we made, last year we made a change to the plans that now previewed the data

directly in plan finder to troubleshoot pricing issues prior to open enrollment that created a better Q&A process over the course of the summer and the fall. We refreshed the plan data in the tool daily now and moved to a data source that has more up-to-date prescription drug event data, that's PDE data, those are the data we use to populate the personalized drug list where user can pull the drugs in from their claims data in the tool. So that data is more up-to-date and refreshed more frequently than it was the year prior.

Next slide. So what I would like to talk about now are some of the plan enhancements we have for the year head. Before going into this I will note we are going through the administration transition right now. CMS and HHS are in the process of getting new leadership confirmed so as we work with the new leadership in coming we will be sharing this list of plan enhancements, but I will note there is the potential for us to be changing this and tweaking those as we work with our new leadership. I will highlight what we are planning to do. I will begin with the list on this page. We are planning to do some restructuring of the plan compare page. This will allow users to better compare plans. It will include significant improvements to both the print and mobile layouts. We know lots of users like to either print the plan compare page physically as a take away item or PDF as a take away item so we will be supporting both of those use cases making sure all the data displays well in that use case. We will be looking to add additional drug details to this page that are not displayed there today. We will be making plans search dates. This is referring to the filters available in the tool and this would allow users to more effectively narrow down there plan results. And again, as I noted earlier we will look to make this more consistent with some of the other E-Medicare products that are on Medicare.gov.

We will be looking to add, remember where you are features. So for those logged in users, they will be able to save their progress and return later. Right now if you come back to the tool you have to start your search from scratch and this will give you that ability to pick back up where you were in the tool. We will be looking to improve the routing experience so getting users to the pathway that best meets their needs. For example, user who starts and wants to get to Medigap right away and getting them to that path as quickly as we can. I mentioned print improvements to the compare page but also looking at print improvements throughout plan finder so that any page in the tool will provide a good printing experience. Next slide. We will be looking at some pharmacy improvements. Basically highlighting the user's ability to find the lowest cost pharmacy for them. We made improvements last year that let users navigate back and forth and change pharmacies out but this would take that a little bit further and again let users find the lowest cost right away.

We will be looking at what I will call phase 1 of assister access. This is the idea of enabling assisters to better help Medicare plan finder and essential getting, like an authorized rep or assister giving a beneficiary the ability for that user to authorize somebody else to read and edit their plan finder drug list for them. We know that is a common use case so that is a big priority for this year.

We will, I will call this a discovery phase of looking at provider directories. There is a new CMS interoperability rule that does require plans to put provider directory information up online and what they call machine-readable format or an API. Those plans will be launching those directories over the summer. As those come online we will begin to start to work with

that data in figure out an integrated provider directory and provider search function could work in Medicare plan finder and we will be a full launch functionality in the plan finder in 2022. I think I will stop there and turn it over to Barb for the next set of slides.

Barb Johanson: Good afternoon. Next slide please. Thank you. Hi everyone. I'm going to talk to you about the open enrollment campaign. The Medicare open enrollment goals and messages have been relatively consistent year-over-year. Our goals haven't changed too much over the past few years. We encourage people with Medicare to review and compare their Medicare health and drug plans and we stressed the open enrollment dates October 15th-December 7. This year we had a secondary goal which was to encourage beneficiaries to get the flu shot. Given the global pandemic, the need to not overwhelm the healthcare system and also with the perfect timing that flu shots tend to get rolled out early October. We thought it was the perfect opportunity to introduce that goal as a secondary goal. Below you will see a couple of the samples of the ads that we have run. The lower right hand side was an example of our print ad and the blue box in the lower right of that ad. Next slide please. You will see where we highlighted the importance of getting a flu vaccine. Every year during open enrollment, our overarching message is to review and compare plans and find the best plan for beneficiaries. We also wanted to remind people each year that the plans can change every year. Those top messages have consistently been open enrollment is the time to review your current health and drug plans and make changes if you want. The second messages typically even if you are happy with your current coverage you might find a better fit for your budget or health needs and you might be up to save money, get extra benefits or both. The third top message is health plans can change their offerings every year so shopping around and comparing plans can pay off. People

can save money and find extra benefits or more. This year we added a few additional messages. The first being you can compare plans during open enrollment from the safety of your home. We added this method because we want to address people's hesitancy to leaving the house and this is something you can still do while you are home. This was not a primary message and wasn't in every ad but it mixed throughout some of our advertising. Another secondary message was we encouraged people who take insulin, hundreds of plans have a 35 dollar a month a co-pay for insulin. Like I mentioned on the previous slide, we included some flu messaging, a flu shot is your best protection against the flu and covered by Medicare at no cost to you. Next slide. This slide is an overarching view of what our tactics were. Our outreach tactics have mirrored what we done in recent years. We ran television, radio and print. These are all awareness building tactics to remind beneficiaries it is open enrollment and time to review their plan and all of our other key messages. We also ran digital ads and including banner ads, Facebook ads, and digital videos. They can click directly on the ads and take them to the plan finder on Medicare.gov. Other outreach tactics include local earned media. We did radio interviews. Drop in articles in local newspapers.

And of course the handbook gets mailed to beneficiaries every year to every beneficiary household where there are key messages about what needs to be done during in open enrollment. Another thing we do is email beneficiaries. We emailed beneficiaries throughout the year but we have a consistent cadence throughout in open enrollment to remind people of the dates and the things they need to do during open enrollment. Finally partner engagement. Our partners may host events throughout open enrollment, maybe not as much this year but there were some events that took place digitally. Next slide please. Our campaign tactics. I'm going to start with television. We ran our TV ad on national broadcast network TV, cable and

did some radio. The radio included traditional radio but we also did this year we also ran digital radio stations like Pandora. Below is a screenshot of our television ad. It is a zoom feature which we thought was really relevant. We thought it would particularly resonate this year so it is several actors who look like beneficiaries speaking about open enrollment highlighting dates and what folks can do during open enrollment. We did some advertising to specifically target our African-American population and Hispanic population. For African-Americans, we ran national broadcast cable, television and radio. We did some advertising in local newspapers. These were through the national newspapers publishers Association, they are black-owned newspapers in local communities. For Hispanic, particularly we targeted Spanish speakers. We did targeted television, radio and print. The national paid search included Google and Bing. We did digital video on YouTube. Social, we ran some on Facebook and display. Forgot to mention, for the general market we did paid search and digital video with Facebook and YouTube and rants of Facebook ads. Reran national print in publications like the AARP bulletin and the AARP newsletter. Overall our campaign performed great. We delivered a total reach of 96% of the 65+ population and we reached them on average about 14 times.

Next slide please. This is a slide about our earned media tactics. We did some earned media tours with CMS leadership. We ran radio and pitched radio and television interviews. We did about 83 television and radio interviews and we got over 1000 airings and 100 million impressions which is great which means television and radio interview ran multiple times on many times on local, on small stations throughout the country. We did in English and Spanish drop in article that resulted in 2000 placements. Many placements were in small local newspapers. We did more long lead publications. Those are pitched a couple of months before open enrollment. We got 12 placements in some top national print and online outlets with over

100 million impressions. So really the point is that we are reaching folks throughout the country in various forms whether they are paid publications or through earned publications.

Social media highlights. Here I am talking about unpaid Facebook and Twitter pages. These are the Medicare.gov Facebook page enter twitter handle. Each year our Facebook and Twitter followers grow. During just open enrollment we increased our Facebook followers by 5241 people and Twitter by 1164. We feel this is a great way -- way to reach beneficiaries or anyone interested in Medicare. We placed organic or unpaid posts so people follow our pages see posts as they scroll through their Facebook page for example. Below was just examples of some of the posts followers may have seen.

Next slide please. Another way we reach beneficiaries is by email. We do email our beneficiaries all year long but we do ramp up during open enrollment. We sent tailored emails to our beneficiaries. Not just about open enrollment dates but we tailor emails to people who may be new to Medicare. This might be their first open enrollment hat they went through. We sent tailored aim is to people who may qualify for the insulin savings program and sent some personalized emails based on local plan choices and sent targeted emails to people we know don't have drug coverage. On average we sent the emails once a week during the deadline weeks were close to the end we send them more often, about three times a week just because closer to open enrollment we found it was to stress the urgency. We do know emails are effective so we send a lot, 160 million emails throughout open enrollment but we do know people are clicking on the ads -- not the ads, the emails. The emails drove 1.4 million beneficiaries to compare plans on plan finder during open enrollment. We know it is one of our

main goals to get people to review and compare plans. Next slide please. I like to turn it over to Frances Harmatuk.

Frances Harmatuk: Hi. Good afternoon. Thank you for having me. Next slide. So we are going to do a quick overview of what happened with Medicare during open enrollment as well as this year. As you can imagine this year was a little different for us here at 1-800 Medicare as we had to quickly pivot during the beginning of the year in March as a result of the pandemic and to ensure we remained open and available to our beneficiaries and we moved to a semi-work from home model for some of our agents. As a result we had a really low impact to the service to our Medicare populations. Next slide. During open enrollment this year we actually had 4.8 million calls that came in. It was up marginally from last year, about 78,000 calls but it was over the forecast we had anticipated. We had forecasted lower call volumes as a result of this being the second year that plan finder was available. However, some of the volume fluctuations we believe may been attributed to the COVID pandemic that might have created additional call volume as people were looking at their healthcare choices this year. Also open enrollment ended on a Monday and Mondays tend to be a very large call volume day. This Monday, December 7th was one of the highest it days since 2011, almost 10 years. Between web and voice, over 300,000 calls or inquires came in to the call center that day. Throughout the open enrollment customer satisfaction remained high and about the same as last year so we are still getting good results from our Medicare beneficiaries. Next slide. Web chat is continuing to increase. It increased this year again and as we said we had some of our highest chat volumes on the deadline day. About 22,000 chats that came in. We do see the trend that more people are chatting versus calling, because folks, probably because of other industry call

centers and experiences as a result of the pandemic and looking to the web for some of their services so we are seeing an increase in chat. Additionally we are looking to continue to expand the chat offering across Medicare.gov in the next year so it is not just limited to chat support for those that was signed in using plan finder or the account features within the tool. Stay tuned for that. We also saw a lot of the outreach that was talked about and also increased some of our call volume or some of the intensity of the call volume that came in and then it drove additional web chat traffic to the site. Next slide. Nothing really new as far as calls by state. The states that you would anticipate, California, Texas, New York, Florida, Illinois, and Pennsylvania are our top states. We did an increase from calls from Guam and Hawaii but the volume is relatively low there and could be a result of services that are available that might've been less available as a result of the pandemic this year and that may have driven that additional call volume. Next slide. Our call arrival patterns stayed pretty much the same. Again, the times or call us are not between 11-5. Those are high-volume call times and times where you would have a longer wait. Good times to call or before those times and into the evening where you wait time is a lot less. We didn't really see too much shift in the patterns this year over last year.

Next slide. The same with the weekly call volumes. Still optimal times to call are Saturdays and Sundays. The volume is lower and the wait times are less. Monday, again was a little skewed for the open enrollment average because that last open enrollment day was a high call volume day and had very long wait times on that day which brought up Monday average for the open enrollment period but typically Mondays are about a 7-8 minute wait time that we see on the other days of the week. Next slide. Topics we received again during open enrollment are the enrollment calls premiums as we have been expanding online payment for part B premiums for

those beneficiaries that are directed bill we still get questions around that. In the open enrollment time period is the time when Social Security announces the part B premium so that tends to drive call volume throughout those months as well. Additionally, we saw folks that were looking to enroll in Medicare. Either they decided to retire early or are retiring maybe on time or when they are first eligible, they're not working as late. We did do a lot more referrals to Social Security to help assist with that initial enrollment into Medicare. We are still seeing that trend continued into this year. I'm speculating, I don't have hard numbers but it appears a lot of folks that are either out of work or choosing to retire on time and not work has extended most likely as a result of the pandemic and that they are aging in and enrolling in Social Security so that tends to be one of our highest referrals as we try to help guide Medicare beneficiaries that are new to the Medicare program. Next slide. I think that's it. I think we are doing questions in the question and answer so we will pass it onto the next speaker.

Michelle Oswald: Hi everyone. Michelle Oswald. I work in the Partner Relations Group and I'm going to be facilitating the Q&A. Thanks John, Barb and Francis for the great updates. As Francis mentioned we are doing live question and answer in the Q&A function. I do want to pull up a couple of questions to pose. This question is for Barb. There is a question around how you are emailing the beneficiaries and whether they are reaching out to you or what the process is. Can you talk a little bit more about the ways you have reached out to email beneficiaries?

Barb Johanson: Sure, I think the question sounds a bit like how we get email addresses. We get the E-mail addresses, when people come to our webpage we have an overlay where we ask information about the people and one of the questions is they can give us an email address and

we can send them more information. It could be open enrollment, fraud or pretty much anything Medicare related. We get a lot of people see mail addresses that way so that is how we capture a mail addresses. Then we emailed people through our Govdelivery system on various topics. We have ways to segment audiences so we can say reach out to those who are new to Medicare. I hope that answers the question.

Michelle Oswald: Thanks Barb. We will continue to answer the questions in the Q&A feature so please continue to bring those. We are going to move on to our next speaker, Jon Booth again and we will hear from Laura Salerno, who is the Deputy Director of the Strategic Marketing Group.

Jon Booth: Great. Thank you. Can we jump to the next slide? What I would do is talk about some of our 2020 accomplishments on E-Medicare then we will talk more about additional 2021 priorities for other parts of Medicare.gov. Next slide. Over the course of the year, we continued to launch significant improvements to Medicare.gov and my Medicare.gov, specifically the new Care Compare tool that replaced the legacy quality compared tools and again supported a successful open enrollment period building on the first year of the Medicare plan finder tool.

Next slide. A couple of highlights for the compared tool, we did launch this new tool in the fall. This provides an all-in-one solution to finding compare providers like nursing homes, physicians, hospitals and other care settings. Late last year we watched a new durable medical

equipment supplier directory and that tool provides an improved experience for finding DME supplies on the website. Next slide. Great. I will turn it over to Laura.

Laura Salerno: Thanks Jon. Laura Salerno, I'm happy to be here with you today. An area of focus for us has been on continuing to improve our communications to people who are aging into Medicare or new to the program. Our goal is to give them information they can use to improve their understanding of coverage choices available to them. One of the things we did was to develop a new Medicare.gov page that gave enhanced information about coverage choices as well as some pre-enrollment information. I wanted to point out we do use ongoing consumer research to inform all of our updates.

Next slide please. Another thing we did was to kick off a digital search campaign to drive coming up agers to our new getting started page. We were interested in finding out if the search pilot would work. We ran it from January 31st to October 14th and drove traffic to the new get started pages.

Next slide please. Here were some key takeaways that we learned. What we saw there was a significant volume of search out there in the Internet atmosphere so to speak. People were looking for information about aging into Medicare. What we saw also was the click through rate was very good. Meaning people who searched for information were clicking through to the website and taking a look at the information. We also found the number of new emails subscribers increased substantially during this timeframe. As Barb mentioned earlier when she answered the question, when people come to our website, they are served with an overlay where they can opt in to get more information through our email. So we found this was a

substantial way to get new subscribers to our email list. The web demonstrated consumers are engaging with the content and spending time on the site so we were happy to see we were able to provide information people needed. I think the key take away is with 10,000 people aging into the program every day, this really shows an efficient way to reach this audience and provide them with official unbiased information about their health care choices. Based on these results earlier this year, we restarted the search campaign that we are going to continue to run it throughout the year with the goal of providing people unbiased information where they can go find information on aging into the program. Next slide. Another thing we did was make enhancements to our handbook. We developed a new section focused on special actions and topics of interest of people during their initial enrollment period. Beginning in January 2021, we included this new section in the handbook that is mailed each month to anyone newly enrolled. There is also an electronic version posted on the getting started pages on Medicare.gov as well. Next slide please. Another one of our areas of focus this year was to expand segmented or personalized email communication to the new to Medicare population and try educate on critical year one topics. One of our success stories was a personalized email serious that goes to have folks that have enrolled in Medicare but approaching the end of their initial enrollment period. The goal is to inform people about the part D lifetime late enrollment penalty and encourage them to enroll in the plan if they don't have other drug coverage. We have found engagement rates for this campaign are very strong. The open rate for this email is over 38%, which is side, and people are also engaging in clicking through with the content. This was a success story. We email approximately 10,000 beneficiaries every month and hope to provide education on this topic.

Next slide please. This is another personalized email we sent and this goes to folks on the first day of open enrollment, almost 500,000 people who are new to Medicare and experienced open enrollment for the first time. It is an opportunity to educate folks on the actions they need to take during open enrollment and why it is important to compare plans. Other things we talk about our starting a Medicare account, logging into an account and put compare plans, that type of thing. Again this is very strong which indicates 46% of people who got the email opened it and engaged with the content and that indicates this is information folks can use. Next slide please. I will hand it back to Jon.

Jon Booth: Yes. Thank you. What I'd like to highlight a couple of the priorities across other parts of Medicare.gov and some of the E-Medicare work for 2021. Globally we will rollout improved web tools as part of the E-Medicare initiative to continue to modernize and updates those parts of the website that maybe haven't been changed in the last several years. We do have a focus this year on addressing the reported pain points from users and hopefully some of the updates we gave on the Medicare plan finder, we hear you on some of the major areas we can make better. We also have a focus this year on improving personalization across web tools to improve the user experience. If we can go to the next slide, I can explain a little of what that is.

We will be implementing consistent navigation experiences across the site and within the users Medicare account. What this means is that we will have a single website this year that will be Medicare.gov and the functionality on my Medicare.gov will all be brought over to Medicare.gov and the user can have a fully logged in experience there. If they have that

account. If they don't have an account or aren't logged in they will be able to use the tools that are available today.

We will be making some major improvements to the educational contents and look like wizards and guided experiences to take folks through parts of the program where they may need a more hands-on approach or help making a decision or looking at options, those sorts of things. We will be releasing a consistent and improved experience for printing, emailing and downloading information across the sites. I talked about those improvements in the context of Medicare plan finder but those will be features that will be available site wide. We will be launching a new online message center that will have more personalized messages in it and an easy to use interface and improved personalization so the users content meaningful to them. If the user is logged in and using the website they will be using the information to make sure they have got a tailored experience and we are letting them know about the most important things relative to their specific experience. Thank you. Next slide. I think we have got a little bit of Q&A.

Michelle Oswald: Thank you Laura and thank you Jon. We are continuing to answer questions in the Q&A. We have folks on our panel and speakers answering those questions live. I did want to point out, we have gotten a couple of questions about how we are adding SHIP program information to the Medicare information that we have in for Medicare beneficiaries. I was wondering if someone of the speakers can talk to that how we are sharing -- information to been a fair any Medicare beneficiaries, particularly those that are new to Medicare.

Frances Harmatuk: I can say from a 1-800 Medicare perspective, we do refer callers to their SHIP resources. If there call becomes complex or if they are requesting more personalized counseling and services, I will say we get request from the SHIPs to not refer as they are busy with their workloads so it becomes a balancing act from a call center perspective. When the SHIPs are feeling overwhelmed and we reduce the amount of referrals to them during this time periods but we work closely with the SHIPs at the call center. I do know one of the things we are looking at on the Medicare.gov website, some improvements this year is modernizing that experience in finding the local help and extra support that folks need on the website as well.

Michelle Oswald: Thank you, Francis. Why don't we move onto the next presentation? We have Chris Koepke who is the Director of the Strategic Marketing Group. Chris, I'll turn it over to you.

Chris Koepke: Good afternoon everybody. I'm going to give a brief presentation on a little bit of how we do outreach with people with Medicare and thinking about the COVID-19 vaccine as well as a little history on COVID as a whole. Next slide please. Just to put everything into context, because there is a lot of different federal agencies who are responsible for managing the pandemic in this country. CMS is really looking to do a targeted audience for people with Medicare. Health and Human Services, there is a section called the Assistant Secretary for Public Affairs. We call them ASPA. They are doing a full-scale outreach campaign direct to consumer. CDC is providing a lot of accurate resources about how one should protect themselves from COVID and how the COVID immunization works. Which we do drive people

to CDC resources on these facts. We have weekly meetings with CDC and HHS to make sure we are in line and accurate with the information that we are doing.

One of CMS's a big roles because of pay providers is the provider community with appropriate billing reinforcement information and we did put toolkits out last fall on how COVID immunization was going to be paid for and the immunization. I'm not going to get into that because I'm really the direct beneficiary outreach guy. Let's go to that slide please. Our messages are high level. We are working on getting more detailed messages but basically we want to improve vaccine confidence. We are working on messaging to improve vaccine confidence. And the three Ws. Wear a mask, wash your hands and watch your distance is the message coming out from CDC and HHS. Obviously because we are a payer, vaccines are at no cost to everyone for people with Medicare. That includes the uninsured and that includes people in private health insurance plans as well. Next slide please. As we are building our outreach campaign for people with Medicare, we have done some research and surveys and we have done some focus groups, very recently. All of this has been done at 2021 so I pulled together some highlights. If you tracked the research that is published regularly from Kaiser and lots of different foundations, this does mimic a lot of what we are seeing everywhere. One thing is the knowledge that Medicare covers the vaccine. About 70% of people with Medicare know that it is lower among African Americans and Latinos. We can also say if you do across tab when you know it is covered in a person's intent to get the vaccine that people who intend to get the vaccine right away are much more aware that Medicare covers it and it is at no cost then people who are hesitant. A common term you might hear is vaccine hesitancy. It is not my favorite term but we're not here to debate those things today. That would be the people who are going to

wait a while before they get there vaccines. 90% of people in all populations now know the vaccine takes two doses. Knowing that you need to continue wearing a mask and social distancing after the vaccine was actually the highest among African-Americans with the Latinos and all others have being lower. That might've been not just the knowledge but a belief as well in terms of how much people want to protect themselves. The intent to get the vaccine right away, however is lowest among African-Americans, 45% versus 55% for other groups. In terms of trustworthiness of the vaccine, African-Americans are the least trustworthy and we are seeing that across research published and shared from many organizations. We have done a lot of focus groups. We did 14 in January. We did talk to them about different messages, different motivators and one interesting among people likely to get the vaccine, those who are just I want my freedom and get my vaccine to hug my grandchildren. But there was this other group that was coming up and that is we are calling them the “limit your chances” group. I think that it is best summed up with this one gentleman’s comment which was my position is, I prefer my odds with the vaccine rather than my odds with the virus. What we are seeing is especially with African Americans and Latinos too, is concerned about how fast the vaccine was made. Issues around trust with the vaccine, both qualitatively and quantitatively. Except a lot of them are saying we don’t fully trust the government and the medical things that tell us we have to do. In this case, we also don't trust so I've got to roll the dice somewhere, but a lot of people are saying, I prefer my odds with the vaccine rather than the virus so we think about how to use that messaging. This is really fresh research so we are just working on this right now in terms of how we turn that into creative. An interesting thing is if we talk about the virus can kill people, a lot of people are put off by that message and not driven and motivated by. Latinos and

Africans Americans are both we know it and that is interesting and a big motivator for us. Not put off by direct conversation around it at all.

Next slide please. That is just a quick overview of some research as we share with everyone are in the process of developing our outreach because as you see my first bullet here is paid media which we have a limited paid media budget so we are only going to focus on people with Medicare but we are holding off on it until what I call the pent-up demand. Pent-up demand is so many people want your product you can't keep the product on the shelves. It's kind of the marketing term for that and I think we are seeing that with the vaccines. People are struggling to get appointments, working hard and having to wait a long time for appointments, so once we get to the place where there isn't a lot of pent-up demand, that is the time to look at the vaccine hesitant group, the people who are waiting and we want to motivate them to get there vaccine a month or two earlier because the way vaccines work, if you get enough of the population immunized, the disease will wane. That's the idea, the sooner we get people immunized, the sooner the entire society and economy, everyone will be healthier and less impact from the disease. That is what a lot of people are calling the movable middle. We want to move that middle up. This is across a lot of surveys, for us it is 30 -35% but generally 33% of people are going to wait to get my vaccine. There is another 10% or 15 so and people are like I'm never going to get it. Some of those we hope to move to the movable middle. Absolutely, but the real goal is to take the movable middle and get them to take it sooner when the vaccines are readily available. Why is Medicare doing this when HHS is doing such a big campaign and CDC has all this information? It is that Medicare is a trusted entity. They are extremely thankful for the program and thankful for the benefit and they pay attention when we say stuff. The people who pay attention to our ads is enviable for other marketers. If we say an official message for

Medicare, that impacts me in my finances, impacts my healthcare, so we have a strong voice and we want to leverage it. Because our resources are relatively limited, we want to target the most hesitant of populations and those most negatively impacted audiences. Right now, as I had already said hesitant, African-Americans are the most hesitant and African-Americans and Latinos are in the top three for groups with the most mortality per 100,000 cases which also makes that a valuable place to get the population immunized so we can reduce mortality and morbidity.

Next slide please. Tactics, to date, you've heard about our wonderful email program. I answered a couple in the Q&A about how we get the emails and how that works. We've got about 13 million email addresses right now. We have been doing emails direct to consumer. By the way, our general goal with the email program is we try to keep it around one a week, sometimes we go to two a week. Sometimes we have specific slices of people, of a target audience that we can reach so they might get two emails in a given week but we try to keep it once so we're not overwhelming people so they don't get tired and exhausted of our emails. Find it something interesting and engaging for them.

In the last year we have sent 27 emails to our list of approximately 13 million people. We have a COVID page on Medicare.gov. We make sure social media channels are posting about how to keep yourself safe multiple times a week and our partnership teams, both in the regional offices and the same team putting together this webinar today, they are also working on building partnerships so we can get into communities and carry the messages. Coming soon will be the paid advertising. We're not sure about the right tactics. Our budget is low. Our mentality

generally when the budget is low, we can get a lot of impact from a digital budget for the money except when we are thinking about this target audience, especially African-Americans and Latinos, we may be investing in really localized broadcast media and other media. We are still working on that and we have media planners where we are looking at our budget and how can we reach people with this message in the most efficient way. And in a way that makes sense. In marketing, we do call this type of a campaign a little bit of an awareness driver one that is trying to influence people. Other campaigns like our open enrollment campaign, quite honestly, drives awareness but we also want to drive behavior so people click on ads, clicking on search ads and going to plan finder to compare plans. In this case were looking at a little more awareness because you can't click on our ad unfortunately, and get an immunization. That would be great. We can't do that. At the moment, I saw a couple of people who had questions that would require a national database to understand what is going on at the local level. I understand there are people working on that. That would not be CMS' job. If such a thing is developed, we would be happy to leverage it. Right now CDC does have a place to help you pull up your local websites your state websites, and in the states have to drill down. We see where do I get my vaccine at the moment of more of a local job than a federal job. That being said, it is a great database that is put together that is reliable that we believe is promotable. Everybody sees that as a holy grail and we would be more than happy to do so but as you can imagine, that is the major undertaking when every state and every county is making its own decisions about how they want to deliver the vaccine that they have and what is most efficient for them to do so. Earned media, we have be careful with what CDC and HHS is doing with earned media and were not bumping into each other, trying not to get the same reporter that carry the same story so we are coordinating on those issues . We will be looking at places more

likely to hit older people on Medicare. Also, I think everybody sees this with the research especially with the movable middle and the vaccine hesitancy is they want to hear people like them from their community leaders.

Whenever you do a brainstorm around the campaign people say we just need to get famous people, get like LeBron James to say something. It turns out people don't want to hear from celebrities. They want to hear from people like themselves and somebody relatable, someone that looks like them from their community. So we will try to craft our messaging and craft what we can do, using consumer voice as much as possible.

I do think this is a little more at the HHS label but HHS will be coordinating with our folks as well to really get into local populations with partnerships to try to find, quite honestly, the local customer voice that will resonate in places like in Baltimore. I used to work in North Philadelphia, where can we find those voices to carry the message for those folks. Next slide please. This is my last slide. These are some social media posts we have done. The first social media post on COVID was I think March 6th so it just shows how long this is been an issue that we have been prepared to talk about. A little bit about how our messaging encompasses and how it's changed a little bit over time. Early on, washing hands and social distance. Six feet and wear a mask as well as building a system for better delivery to telehealth.

Try not to miss you important doctor visits. Call your doctor first. When we're thinking about telehealth, early on it was a complex issue for a lot of people. Call your doctor because that telehealth relationship is actually between you and them and how they want to manage that and everything. Whether or not they think you need to come into the office or whether or not if they can talk to you about it through the phone or some sort of portal. Should be up to them. We were promoting people should do that. COVID vaccine starts to come out. We started

talking about the facts CDC is laying out on it. FDA and now we are maturing into Medicare that it is covered at no cost to you. Don't let the price be hesitant to you. A lot of people are like yeah I will pay $30 to get a vaccine but there a lot of people for whom that is, it is a barrier and we want to make it clear to folks it doesn't have to be. That is my presentation on the COVID vaccine outreach efforts as they stand right now. Thanks.

Michelle Oswald: Thanks Chris. So much great information. We are getting some really good questions in the Q and A feature of Zoom. I did want to ask you Chris, there is a question about the vaccine and the fact it is free. The question is can providers charge an administrative fee? Can you talk a little more about that?

Chris Koepke: Yes. Providers cannot charge the patient and administrative fee. We have heard some cases out there, when you're doing something this big that has such reach and stretch there is going to be confusion. There's going to be people who have paid administrative these. We are not sure what they are supposed to do at this time and we know there are some providers asking for it but generally we are asking people to take their Medicare card and/or Medicare number for Part B and that includes patients to bring their Medicare number and card with them so the provider can bill Medicare but I will tell you right now, I have personally talked to several beneficiaries who have gotten the vaccine and they were asked for their Medicare number. Different counties are dealing with this very differently across the country. The general idea is it should be at no cost to the beneficiary. There should not be an administrative fee. There can be an administrative fee to the state Medicaid program, Medicare and private insurance plans.

Michelle Oswald: Great. I have another question for you. You touched on this about working with states and how things are working but the vaccine. Has CMS thought of using one 800 Medicare for vaccine information and collaborative scheduling with states?

Chris Koepke: There is not a good national database at this point for there to be a local, a national -- I think we would be giving people the runaround if they called us and if we promoted they called us to make them go back and call their county again. If there was one national place to do it, that would be great but personally having worked on things like vaccine registrations in the 1990s, I don't want us to wait for that golden moment. I think people should look for healthcare at the local level like they generally do anyway.

Michelle Oswald: I'm also getting comments and questions about folks whose providers have billed them a $50 charge for sanitizing fees, is that allowed?

Chris Koepke: I'm not an expert on what providers can and cannot bill. It's a really good questions and it is good for CMS to hear what is going on out there in case we need to address them. If you want to hit Michelle up with an email, everything you've heard out there, we are happy to hear that stuff. For instance on the administrative fee, some of us have started digging in on that so we can have clear messaging as to what to do when it occurs. At the moment I'm not in whatever county that is and can't look at the provider and say you got to give them the shot without asking for money. At that moment, the beneficiary may want the shot and give

them the $25 and I totally understand that. I think it is rare but I think it happens. Go ahead Michelle.

Michelle Oswald: Can you get a free vaccine if you only have Medicare part A?

Chris Koepke: Yes. Even though they are billing Part B, my understanding is everyone in the United States should be able to get a free vaccine. This is part of the EUA process. I'm speaking a little out of line for CDC right now but that is my understanding.

Michelle Oswald: Going back to the comment about the $50 charge, folks are hearing what would seem to be scams, they can report those to their CMS regional office. This also in emailed I think on the last slide on how to contact us as well.

Chris Koepke: In the end the office of Inspector General at HHS does the investigations. A certain amount of information is needed for that to happen. I am not an investigator but I'm not exactly sure how that works but I do know CMS has different intakes for identifying fraud and would definitely love anyone that can do it. Of course [Indiscernible] I'm trying to think of our friends who work with the SHIP who gather and do community-based education, Senior Medicare patrol, thank you. The Senior Medicare patrol is out of the agency for community living is a great place to go with those types of things.

Michelle Oswald: We also recently put out a listserv announcement. We talked about fraud and there was a couple of comments and questions about fraud and scams. Medicare.gov has

links on how to report fraud if you suspect it so you can go to Medicare.gov and click on those links as well.

Chris Koepke: That's great. There are some billing flexibilities out there so it might not be fraud. They may be billing Medicare and not the beneficiary, so there's a lot that is going on right now. COVID has created confusion, no question about it. Go ahead Michelle.

Michelle Oswald: Great information. We have gotten some questions about how organizations can partner with CMS particularly around outreach for communities of color. This slide does have our partnership email and we are Partner Relations Group in the Office of Communications and you can reach us at Partnership@cms.hhs.gov and put this in the subject line so we know how to direct the question. We do monitor this mailbox daily and happy to respond and provide additional information.

I do want to note, we have gotten a lot of great questions in the Q&A. Many are talking about the Medicare plan finder and asking questions about some specific updates that have been made. Jon is going to take those back, Jon Booth, and we will get back to you individually so we want to make sure we are not ignoring those. We will get back to you with some answers. We just want to address is appropriately. I'm just going to pause and see if any of the speakers have any last words or anything you would like to comment on or point out that we missed.

Thank you to all the partners in all the federal and local state partners I am seeing. Again as Stephanie mentioned in the beginning, all your comments and feedback that you shared with us

will help us form the Medicare plan finder updates, our outreach and education efforts and we really value your partnerships. Again, if you have any follow-up questions outside of one's you put in the Q&A, please email us at Partnership@cms.hhs.gov. Thank you very much. This concludes this webinar and have a great afternoon.