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STEFANIE COSTELLO: Good afternoon, and welcome to our National Medicare Education Program meeting today. I am Stefanie Costello, Director of the CMS Partner Relations Group in the CMS Office of Communications. Thank you for joining us this afternoon for an update on CMS priorities, Medicare open enrollment including the Medicare Plan Finder, and the open enrollment education and outreach campaign, 2022 Medicare new handbook and national training program. Today I am joined by several speakers from the CMS Office of Communications. Beth Lynk, Director of the Office of Communications will give an update on CMS priorities. Jon Booth, Director of Web and Emerging Technologies group will give an update on what's new in the Medicare Plan Finder for the upcoming open enrollment period. Laura Salerno, Deputy Director of our Strategic Marketing Group will preview the education and outreach campaign for Medicare open enrollment. And finally we'll hear from Erin Pressley, Director of Creative Services Group who will give an update on the Medicare new handbook and the national training program. And we will have Walt Gutowski from the Partner Relations Group and the CMS Office of Communications who will be moderating the Q&As. Before we begin, I have a few housekeeping tips. For those who need closed captioning, the instructions in a link are located in the chat function of the webinar. This call is off the record and is for informational and planning purposes only. While members of the press are welcome to attend

the calls, we ask that they please refrain from asking questions. All press and media questions can be submitted using the form at [CMS/newsroom/media-inquiries](https://www.cms.gov/newsroom/media-inquiries). We welcome your questions after each section. We will only be answering questions related to the presentations provided today. You can ask a question by typing it in the Q&A box at the bottom of your screen. And we will do our best to get to as many questions as possible today. And with that, I'll turn it over to Beth Lynk. Beth?

BETH LYNK: Thank you so much, Stefanie. Good afternoon everyone. My name is Beth Lynk, I am the Director of the Office of Communications here at CMS. I would like to start by thanking everyone for your continuing support of CMS's efforts to achieve health equity and expand access to healthcare coverage for all consumers. I am here with you today and send regards on behalf of the CMS Administrator, Chiquita Brooks-LaSure and really do thank you for all of your work. Your support regarding today's healthcare challenges will help CMS develop the vision, programs and policies for our agency and achieve our collective goal to break down barriers to healthcare, particularly for our historically disadvantaged groups and underserved communities. An important way to expand health equity is to address our nation's most pressing health concern, COVID-19. The pandemic has really shone a light on long-standing inequities in the healthcare system and it is a top priority of ours and folks throughout the Biden-Harris Administration to ensure that communities that are struggling to get the attention and care they need are able to do so. As we build back better, we have an immediate opportunity to reduce barriers to vaccine access by expanding equitable and efficient distribution of vaccines for all consumers and by increasing the number of providers delivering vaccines.

To address the pandemic, CMS has expanded opportunities for people to receive COVID-19 vaccinations in their home. We worked to ensure Medicare beneficiaries who have difficulty leaving their homes or who are otherwise hard to reach can receive the vaccination and have worked to ensure that healthcare providers can now receive additional payments for administering vaccines to multiple residents in one home, setting, or in a communal setting in a home further expanding access to that care in-home for people who rely on their care through Medicare. CMS is currently covering third doses for people who are compromised. Like other COVID-19 vaccinations, this is at no cost to the patient. And if you have questions about this, please refer to Medicare.gov or call 1-800-Medicare. As we know, everyone is watching the news for announcements regarding the need for a booster or additional doses and should this occur, you can expect that Medicare will cover vaccine boosters at no cost to the patient.

Should an announcement be made, you can expect information to be available on [Medicare.gov](https://www.medicare.gov) and through other channels just like we educated and promoted vaccine availability and coverage.

We are also once again encouraging people with Medicare to get a flu shot. We have extensive outreach materials and provider education resources on flu shots available at [CMS.gov/flu](https://www.cms.gov/flu). The CDC recommends that older people get their flu shots early in the flu season. For example, in September or October. As with COVID-19 vaccines, these are available at no cost to the patient. Many people are wondering about getting their flu shot at the same time as their COVID-19 booster. And I just want to note that the CDC guidance says that flu vaccine COVID-19 vaccines can be given at the same time. The CDC has extensive information about this on their

website and we recommend that people with Medicare speak with their doctors about co-vaccination.

I also want to speak to our general priorities. Outside of COVID-19, CMS is focusing its efforts on improving health equity and access to coverage by working across what the administrator likes to say our three Ms, our core work, Medicare, Medicaid and CHIP and the ACA Marketplace. President Biden has made it clear that we are going to address equity issues with the whole of government approach and at CMS, we are thinking about the question how are we promoting health equity as the first question we consider, never the last. We will address healthcare equity by focusing on three principals. First, the people we serve will always be central to our work. We will build on the Affordable Care Act, expand access to quality affordable health coverage, modernize the Medicare program, and address the high cost of prescription drugs in order to deliver quality care at a lower cost to the people and consumers we serve.

Second, stakeholders will be engaged throughout the policy-making process. From consumers to providers to marginalized communities, our commitment is to clearly explain the actions we take to stakeholders and how it will improve health outcomes. This is a commitment the administrator and the entire team here at CMS make to you.

Third, innovation will be the bedrock of what we do. The centers within CMS will work across HHS and government to tackle issues like improving maternal health outcomes, advancing behavioral health, and being better prepared for the next pandemic. CMS will work with states, plans, and the provider community to be a driver of care that will better serve those that rely on our programs.

CMS is committed to doing everything we can to break down barriers to care and to lift up underserved communities. By reducing the health disparities and inequities that underlie our nation's healthcare system, we can hopefully ensure that we are building a level healthcare playing field for everyone, even before they seek care.

So with that, I think we will open it up for questions. And I'll turn it to Stefanie and Walt.

WALT GUTOWSKI: Thank you very much Beth for providing those important insights, CMS priorities, the latest information on flu and COVID vaccines. I don't know that we have any questions that came in from the speakers, so I think you're off the hook for the day. We know you have a busy schedule but really appreciate taking the time to share those important insights.

BETH LYNK: Thank you.

WALT GUTOWSKI: I'm Walt Gutowski in the CMS Partner Relations Group. And as Stefanie mentioned earlier, I'll be moderating the Q&A after each presentation today. Now we will move on to our first presenter, that will be Jon Booth, Director of the Web and Emerging Technologies Group who will talk about the Medicare plan finder and what is new for the upcoming open enrollment period. Jon?

JON BOOTH: Thank you. Good afternoon, everyone. I'm happy to be here to take you through some of the enhancements and improvements that we are making to the Medicare Plan Finder for this OE. The next slide, please.

The next slide. Great. So I'm going to start by running through a couple of the user-facing features that we will be launching. And as I go through these, some have launched over the

summer. We've got just a few left that we'll be launching this month and getting all the changes out well in advance of open enrollment so people can be familiar with those. Next slide, please.

So I'm going to start by talking through some improvements, saved drugs and pharmacies improvements. These changes are going out this month. And one of these will be going out to production today. Basically, these features will allow logged in users in the Plan Finder to be able to save their selected pharmacies. Right now, pharmacies aren't saved through sessions in Plan Finder, so the user have to pick that every time. As I'll demonstrate, these can be accessed from the consistent header, anywhere on Medicare.gov or from the Medicare account screen. And we've also improved the flow so users can get back to their original page in Plan Finder or wherever else they are on the website.

Next slide, please.

So this just demonstrates that in the consistent header, the term we use for the menu that's at the top of all pages on Medicare.gov, up in the menu, we will have new options in that menu. So you will see here on my information, for a logged in user, we have two new option, one is saved drugs and one is my saved pharmacies. And then we're showing here my account screen where the screener can access that information if they are logged in to the website.

Next slide, please.

So here you will see these are mock-ups when we were building the tool. On the left, we've got the my drug list page. And so the user can come to this page independent of being in a Medicare Plan Finder session. And they can add or update their drugs on this list. And just users can manually add drugs, pick the dosage and the frequency or they can refresh that data from their

claims list that we have in the back-end of the system. So they won't need to remember which dosage and frequency they were taking. We can pull that for them and populate that into their list. And then on the right, you will see the my pharmacy list. So again, user, if the user have a specific set of pharmacies that they use routinely, they can add those here. And again, they'll have access to those inside of a Medicare Plan Finder session. And again, users can come to these pages at any point and make changes to them. They don't have to be in the middle of a Plan Finder session. Next slide, please.

And so continuing kind of the theme around improvements to drugs and pharmacies, I want to talk about the in-network pharmacy finder. This is very close, it will be released this movement one of the issues that users have had in Plan Finder previously, as user go through the flow of the tool, one thing they'll do is pick pharmacies, potentially before they pick the plan or a set of plans that they're looking at and comparing. So we want to make it easier for users who have settled on a specific plan or set of plans to find the in-network pharmacies for that plan. So I'll show a couple screen shots here. But the default search is for all in-network pharmacies for the plan you're looking at. And you can filter down and just show the preferred pharmacies for that plan. As we roll this out, we will add pharmacy type indicators to the results list and to the sticky tray which is the sort of results or your selections at the bottom of the screen. And you will be able to access this from plan details. Next slide, please.

Okay. So this is again showing you what the screens will look like. You'll be able to -- so let me start on the right. This is looking at a plan details page. We've got the drug coverage section. We talked about pharmacies there. What you will see here is we're showing three options selected for this particular plan, Walgreens pharmacy, a mail-order pharmacy, and Walmart

pharmacy. And again this is just placeholder data, but what you will see is that the Walgreens is out of network. The mail order pharmacy is the standard in-network pharmacy for the plan. And Walmart is preferred. So there's a change pharmacies button and there's also a button or a link that says find an in-network pharmacy next to the Walgreens plan that is out of network. Either of the links would bring up the screen on the left. Which is the in-network pharmacy finder for this particular plan. As I mentioned, this screen will show all of the available in-network pharmacies for this particular plan. The user has the ability to search from this screen. And they also have the ability to select, to only show the preferred pharmacies and you will see them there, they have that sort of little green capsule that says preferred highlighting their status there. So this will be available this month, this will be launching in the Plan Finder. Next screen, please.

We also want to talk about some of the changes that we have made to the plan results filter. And these changes are actually complete already. One of the things that we found with the initial version of the filters that we rolled out is that they were initially collapsed, and the user needed to hit a button to open the filters so. We found that users were missing that functionality was there. So we made the filters more visible. They're accessible right from the page loads.

They're also visually consistent with the other tools on [Medicare.gov](https://www.medicare.gov). So if users let's say they use the Care Compare tool to look at hospitals or nursing homes or other healthcare facilities, the filter design is very similar between those. And also a note here, we did remove the insulin savings program filter on August 19th. And I wanted to talk about that for a minute. All of the functionality related to the insulin savings program, the shared savings program, senior savings program rather is still in Plan Finder. The results reflect those drug discounts that are applied to insulin. One of the things that we found though is that depending on the set of drugs that a user

took, just because they took insulin didn't necessarily mean the insulin savings program might be the best cost for them. So we sometimes found users filtering down to just those plans and maybe missing something that actually was a lower cost option for them. So that was the reason for the change. But I did want to reiterate to everyone today that all of the logic is in place, in Plan Finder for the insulin savings program. And the prices and costs that we display in the tool do reflect the discounts on the insulin drugs.

The next slide, please. So this is just real quick what the Plan Finder looked like with the old filters. You would have to click the filter plans button and they would open up. And if we can go to the next slide. You'll see the new one here as I mentioned, these are displayed on screen when you load the page. They're in that gray bar right there. So the user has access to them right away without needing to click a button and display them. Next slide, please.

I wanted to talk about plan compare updates. This is where you can compare up to three plans side by side. These changes are complete. We updated the design to make it better to quickly view and compare key costs between the plans. To make them more readable. We also made improvements to the mobile view of this comparison. And finally we improved the print styling of this page. Which is feedback that we heard from a lot of users. So a couple of screens here if we could jump to the next slide. This is the old view that we replaced. And next slide.

This is the new view. So again, trying to bring up more information on the page, make the layout a little bit cleaner in comparison, trying to highlight a focus on the price comparisons there as well as the plan benefits that are available. Next slide.

This is the mobile styling. So if you're looking at this on a phone, kind of the side-by-side view is hard. But we've got the three plans up at the top there. With a tap of those three buttons, you can switch between the data for each of those plans. Next slide.

And this is the print view. So again, we worked hard to make sure this prints cleanly in a portrait view. Doesn't need to be changed to landscape anymore. And we've tightened up the information there, so we have less white space than we used to with the previous design.

Next slide, please. So now I would like to talk about the changes we made to the plan details screen. Again, these changes are complete in production. We've added a quick view of key costs at the top of the page. We improved and simplified the menu and moved it up to the top. We made some improvements to the drug pricing comparison tables. And with the compare page, we made design tweaks for readability and print styling as well. Next slide.

So we've got here the old page. You will see the navigation that we had on the right. And if we can go to the next slide, I'll show the new view here. So again, you'll see a highlight at the top of the page. We have the blue bar that highlights the primary cost to, you know, to think about with this plan. And then you'll see that the navigation is there in sort of a -- it's a tabbed navigation. So we've got overview, benefit, and cost drug coverage. Clicking those will drop you down to that part of the page. And the navigation will persist as you scroll down the page as well. So again, making that more consistent with the other parts of Medicare.gov and improving usability there.

Next slide. These are the new drug cost comparison tables. So again, looking to add additional information there. And make these more usable for people. These kind of tie in a little bit as I

mentioned earlier with some of the network pharmacy improvements that we're making as well.

Next slide.

And this shows you the print styling, again, looking to make sure this prints well in portrait, makes better use of the white space, and doesn't have as much white space as the previous version did.

Next slide. Real quickly, just wanted to go through a couple of the supporting tools that we have out there. So the PAP, SPAP, and PACE tools. The status of the changes is complete. The major thing to note here, is that for the pharmaceutical assistance program, we are using a new data source for the programs. That's updated more frequently. So this is more accurate and timely finally than it was using the older data source. And we did update the design of these to make sure they're more consistent with Medicare.gov overall and the plan finder. So if we can go to next slide. Just a screen shot each of the programs. This is the PAP tool. Next slide.

We've got the SPAP tool, the State pharmaceutical assistance programs. And next slide. And this is the PACE program finder as well. So again, no changes to those another than visual updates to make them more consistent. Next slide.

So I'm going to run through a few quick policy updates that we wanted to highlight that kind of effect behind-the-scenes what we display in Plan Finder. Next slide.

So a couple things to note here. First, the insulin savings model that I mentioned earlier, there were a few changes to that demonstration for this fall. There have been a few new drugs added that can be included in the formulary for the plans. For those discounts. Plans can now specify pricing for 30-, 60-, and 90-day refills in the tools. So we will collect and display that pricing in

the Plan Finder. And plans can also choose the pharmacy type that the pricing applies to. So that would be retail or mail-order, that sort of thing. We also reflect in the Plan Finder the addition of a preferred specialty tier for drug prices that plans can take advantage of. And then there are a few changes or tweaks to the special enrollment period questions on the enrollment form itself. So small changes to that form as users would be getting enrolled in the plan. Next slide.

And finally, I'll spend some time on some back-end enablers. These are technology improvements that make things work a little bit more seamlessly. Next slide. So first we made some data schema improvement, that's way the data is organized in the tool. The reason we do that is to improve the performance. We've been very happy with the performance of the Plan Finder over the past couple years but we're looking to make that better and improve on that. Second is analytics and dashboard improvements. These are things that let us know how users are using the tool and if it's working well for them and highlighting any sort of technical problems that we get alerted about those immediately. We've continued to improve the accessibility of the Plan Finder. So this is use of the tool by anyone who might be using assistive technologies on their computer. So we're looking to make that as seamless as we can. Continuing performance testing and improvements. That's a real strong goal of the tool. And also behind the scenes, we have a new system to triage Plan Finder issues, so people are sending in reports of issues or emailing things in, this just allows us to get through those more quickly and make sure we're addressing issues that are reported to us.

And I think that takes me to the end of our slides. So if we have a couple minute, I'm happy to address a couple questions.

WALT GUTOWSKI: Thanks so much, Jon, it's great to hear about the recently completed and the upcoming improvements that are planned for the fall in the Plan Finder. We do have a few questions coming through the Q&A function.

First talks about having some difficulty assessing their client's Medicaid or extra help status on the plan finder and they're asking if that can be improved?

JON BOOTH: Yeah, so we're definitely always looking to be able to make improvements to that. You know, I might ask if the user has any details they could share with us. We have a mailbox which is mpf@cms.hhs.gov. We could take a look at. We have made improvements over the last couple of years on the data sources that we're using for a user's status when it comes to other programs they might be benefiting from. So if the user has a LIS subsidy or anything like that. But we are looking to make that better. We have a more frequently updated source of that data. But we would be happy to investigate that further.

WALT GUTOWSKI: Thank you. Another question talks about for people who had a Medicare account last year, was their prescriptions automatically saved?

JON BOOTH: So their prescriptions are -- so we do have the data this the back-end system for the prescriptions. We do have, that's a step the user will take to say I want to populate my drug list based off of my claims data. So as long as they have an account and have been many Medicare, they would be able to do that, and populate that list. And we would pull the most recent data and display it without them having to re-enter all of that.

WALT GUTOWSKI: Excellent. And finally, will patients be able to edit drug, to change between brand and generic without removing it from the list and then adding?

JON BOOTH: So there is some functionality now where we will note the availability of a generic drug where a user is taking a brand one. I don't think at the moment we have the ability to automatically switch between them, but that is an enhancement that we are looking at as a future improvement for that Plan Finder.

WALT GUTOWSKI: Okay, great. Thank you very much, Jon, that was really informative. Appreciate your time today.

JON BOOTH: Thank you.

WALT GUTOWSKI: And now we'll move onto our next presenter, Laura Salerno, Deputy Director of the Strategic Marketing Group who will preview the upcoming open enrollment and education and outreach campaign.

LAURA SALERNO: Thanks, Walt. Good afternoon, everyone. I'm happy as always to be with you here today to talk about Medicare open enrollment and our education and outreach plan. So let's get right to it. Let's start out with our outreach goals. We know we need to raise awareness about open enrollment and encourage people with Medicare to review and compare their Medicare health and drug plans. Our research consistently shows that people need to be reminded that it's Medicare open enrollment. And we also need to promote the Plan Finder tool that makes it easier to compare coverage options and shop for health and drug plans.

Emphasizing the dates, October 15th through December 7th is really important. We know that reinforcing the deadline is important and motivational. We believe it drives action. And then also we're going to target populations with traditionally lower access to healthcare. We want to

ensure that we're reaching our audiences through smart targeting and creating materials that resonate with various audiences. Next slide please.

So our key message, some of these sound familiar and are based on learnings over the years. Open enrollment is the (breaking audio) -- even if you're happy with your current coverage, you might find a better fit for your budget or your health needs. You might be able to save money, find a better plan for your needs, or both.

It's important to tell people that plans can change their offerings every year. And also your health and finances can change too. So review your plans to make sure that your plan still works for you. The plan tool makes it easy to compare coverage options and shop for plans and. We also want to remind people about help. If they're having trouble paying for healthcare costs, Medicare savings programs can help pay Medicare premiums and other costs. Right now we're exploring calls to action in terms of driving people to visit their state Medicaid office, going to Medicare.gov for more info., and looking at appropriate vehicles where we can include this information. You know, places where we can include a little bit more information to help people like newspaper ads and things like that.

So here's our sort of big picture outreach overview. National TV, radio, and print. This is the awareness umbrella that reminds people that it's open enrollment. You know, we get out there with media. It gets them in the door to compare and review their plans. And we keep the call to action very simple, go to [Medicare.gov](https://www.medicare.gov). We also use digital outreach. So this includes search ads for people who are already actively looking and have raised their hand to say I want more information about Medicare open enrollment. We drive them to the Plan Finder. We also use video ads, social and display and retargeting ads, you know, we retarget people to remind them

to come back to [Medicare.gov](https://www.medicare.gov). And then obviously we drive people to the plan finder to help them shop and compare.

Local earned media, we've had a lot of success. It's a trusted source for folks. You know, from local news sources and we sort of focus on customer service and the things that are available to help them make their choices. It reminds people that it's open enrollment and gets them to reviewing and comparing their plans. And we use tactics like drop-in articles and media tours.

So if you know, the national handbook distribution is mailed to everyone on Medicare. It's a very trusted source of information and it's required by law. Some of the information in there is specific to each state and region. And it also includes paper version of coverage and plan comparison charts.

Email, one of our direct-to-consumer tactic, it provides targeted and personalized content for beneficiaries that emphasizes comparing plans. Partner engagement, of course, you know, all of our trusted partners extend the outreach of our campaign. It provides local help, drives people to events., and uses our materials in messaging which will be sharing in the form of tool kits, et cetera. Next slide please.

So just some of the paid media highlights, our general market, multi-cultural advertising runs on national broadcast, television. You'll see it on network TV, cable TV, and radio. And we also run in national print and then in national paid digital in terms of search, video, social, and display. We also have a concerted effort targeted to African-Americans in terms of national broadcast which includes major cable networks and radio networks that have a high listener and viewership among its audience. And we also use local newspapers, African-American

newspapers in targeted markets have proven to be a trusted source for, local source for information for this audience. And then Latino, Spanish advertising will run on targeted TV and when I say targeted TV, I mean popular streaming services through Univision and Telemundo as well as radio and print. And this is in targeted markets with high concentrations of Spanish-speaking beneficiaries. And we also supplement that campaign with national, paid search video, social, and display in Spanish. Next slide please.

So earned media. As I mentioned before, we have been successful garnering news coverage which really means this information is important to news outlets and they want to cover it and share it with viewers and listeners. So we use TV and radio media tours where we book a series of interviews with CMS spokespeople. The timing is really concentrated at the launch of open enrollment to raise awareness. We also have media tours at the deadline, you know, having a big push to focus on sort of that urgency message that time is running out. We also plan to release a drop-in article, and we expect pick-up in major dailies, community newspaper, and other online publications. Next slide, please.

So as I mentioned before, we also use email as a direct consumer tactic. So we're continuing to build our email program and using it to share important information directly with consumers. So we've been further expanding our segmentation efforts to send tailored emails. The more the information is relevant to the individual, the more, the higher action we see. We send targeted messages that include information from everything from how to avoid the lifetime late enrollment penalty, explain to beneficiaries how they can use the Plan Finder to compare plans, reminding them it's an excellent way to remind them about the deadline of open enrollment. So a fun fact, in 2020, email outreach successfully contributed to 1.4 million beneficiaries

comparing plans on the Plan Finder. So you know, we're driving people to the Plan Finder to help them make their choices through email.

We send email approximately once a week. And at this point our audience, we have around 14 million unique email subscribers. Next slide, please.

Of course, we use social media. We use our Medicare Facebook and Twitter channels to encourage people to reinforce the fact to review and compare plans. We create shareable content to try to maximize potential reach and engagement, you know, we're working on these tool kits now and we'll be sharing them with, you know, the partnership group and they'll be accessible on CMS.gov. Again, we want to drive beneficiaries to use the Plan Finder and shop. And then, you know, we also use this as an opportunity to provide information that can be helpful at this time of the year in terms of, you know, how to identify and avoid, you know, potential Medicare fraud situations. Again, we link to the Plan Finder primarily, but we also direct people to Medicare.gov/fraud, for example, how to find SHIPs, how to apply for extra help, and find Medicare savings programs. Next slide.

That wraps up our Medicare open enrollment outreach overview. Happy to take some questions

WALT GUTOWSKI: Great, thank you very much, Laura. Very informative information. We do have a few questions. First, relating to how can volunteers support CMS enrollment outreach?

LAURA SALERNO: So you know, I'll defer to the partnership group on that, but certainly amplifying our messaging. You know, in terms of sharing it on social media with your organizations and that type of thing. Stefanie, I would defer to you.

WALT GUTOWSKI: I'll step in too. That's good, that's a great approach definitely. And also the State health insurance assistance program, your local SHIPS will be a great place for you guys to contact to see how you can get involved in their efforts, they're all about open enrollment and supporting that. I think that's a great step for folks to take if they're interested in doing that. The next question was: Do we plan any expansion of outreach in non-English languages?

LAURA SALERNO: So we are doing a very concerted effort in Spanish in terms of advertising right now. The handbook is also being released in some additional languages, but I believe that is in the next segment. So I'll defer to Erin Pressley for the next presentation on that.

WALT GUTOWSKI: Okay, that's good. And can we talk about outreach to lower-income groups?

LAURA SALERNO: Sure. So as I mentioned at the beginning of the presentation, we are looking at reminding people in terms of how they can get help if they need help paying for, you know, their Medicare. We are exploring ways that we can include Medicare savings programs, program information in our open enrollment advertising. And we plan to have sort of an ongoing effort even beyond open enrollment in terms of, you know, helping people get the extra financial help that they need.

WALT GUTOWSKI: Excellent. Thank you very much, Laura. Really appreciate it.

LAURA SALERNO: You're welcome.

WALT GUTOWSKI: Our final presenter of the day is Erin Pressley, she is the Director of the Creative Services Group in the Office of Communications. Erin will provide updates on both the Medicare handbook and the national training program. Erin?

ERIN PRESSLEY: Great, thanks. Thanks for having me here today. One of the dangers of being the last speaker is a lot of my news gets trumped before we get to the presentation, but I've been watching the questions so hopefully we'll be able to answer a few of those too.

Can we get to the next slide? And the next one.

So I wanted to give you a quick update on the Medicare new handbook. I think everyone on the call is familiar with the handbook, but we do have a process where we do our plan preview for issuers to take a look at what will appear in the handbook that gets mailed out to beneficiaries. That preview ended in the middle of August and went very well this year. So we appreciate the issuer's help with that. And wanted to especially focus on a couple of key dates and some really good news that I think many of you will be happy to hear.

Starting tomorrow, we plan to post the PDF versions of the English and Spanish national handbook to Medicare.gov. And make those available for all of you and for beneficiaries there you the website. And we will post a new for the first time-ever version in Chinese of this handbook as well. And we know that we have gotten a lot of feedback over the years and especially this past spring when we were in the development process, we were really committed and looking for a way to start to expand the language access and language availability of the handbook information in other languages so. This year we will have a Chinese version of the handbook as well as a Korean and Vietnamese version. And those will be posted, all of them before the start of open enrollment. We'll also have some printed copies available. Not a lot of them. But we'll have the ability for folks to be able to go on to Medicare.gov, download the PDF version. But also be able to order one or two copies if you're helping people who need a copy in that version, you can order a copy, have it shipped to them, mailed to them. And those will be

available through the call center and through the language line there. So beneficiaries are calling the call center looking for help in any of those three language, the call center reps will be able to offer them the ability to have the handbook in the three languages this year. This is a little bit of a pilot program. We would ask very much for your feedback if you're serving those populations. Really interested in taking a look at how the usage goes and we will be circling back to all of you after the close of open enrollment this year to get feedback on sort of how that went, what other kinds of things we can do. Again, we are very much looking to expand the materials that we have available in different languages. We're starting with these three. And we know that doesn't solve all of our problems. But gets us a little bit closer to where we want to be. So look for the Chinese version tomorrow on the website. Again, the top-header changed on Medicare.gov, you can find the Medicare new handbook section under the "basics" tab and there is a separate link in the drop-down menu for the new Medicare and You handbook that will get to you any of the versions.

Soon after we post those, we will be emailing the more than 2 million people who have signed up to opt out of a paper mailing of the handbook. And get their handbook electronically. So we will point them to that online version. And we will also be relying on the Medicare Plan Finder to provide that plan specific information to them that everyone will get in the plan comparison charts in the back of their paper handbook.

We expect to the paper handbooks to start mailing as early as this weekend. We have multiple printers across the country that have been working on this over the last few months and pulling the books together. So over the next few week, they'll start to show up in mailboxes across the country as always. Our statutory deadline is to have them all in the mail two weeks before the

start of open enrollment. So that's around the end of September, and we are on track as always to meet that deadline.

And then as I said, in early October, you will see the postings for the Vietnamese and the Korean versions of the handbook, on Medicare.gov as well. And around that time, we expect for the printed copies to be available for order, again, around the beginning of October, up to the beginning of open enrollment. Next slide please. And next slide.

So the other thing I wanted to give you a quick update on was our national training program specifically the summer workshops that we had. For the second year in a row, we sort of found ourselves rooted and unable to do in-person workshops. We have continued to offer a series of webinars over the summer to meet the need as a train the trainer sort of program on a variety of Medicare topics. Hopefully you were all able to take advantage of the topics in the areas that are most useful to you. We completed 15 webinar. The last one was held last week on September 2nd. And we had more than 8,000 people who attended the webinars live. Which is a great audience. Many more than we could reach in our traditional method of gathering in a ballroom across the country. So we will continue to offer webinars, hopefully we'll be able to do some in-person trainings as well in future years but for the moment, we are concentrating on the online webinars to be able to provide information. If you missed any of those topics or if you want to share those with others in your organization, you can find the recordings for all of those webinars at the URL that's here on the screen, leaving that up for a longtime. I know it's a long one. But you can basically, if you go to [CMS.gov](https://www.cms.gov) and click on the outreach and education button, you can get to the national training program links from there as well.

Just want to do a little bit of a plug also. We have the annual webinar coming up, what we call our open enrollment bootcamp. At least internally. So the open enrollment webinar this year is scheduled for September 30th. And I encourage you to keep an eye out for information and registration links for that webinar as well. It's sort of a last-minute compilation before you really get into boots on the ground of open enrollment to get the latest information about things like Plan Finder updates like you heard today and any other materials that may be available, plans to do outreach, those types of things.

We are also in the process of updating many of those materials that we provide for open enrollment. Including a really popular walk-through video that we do on the Medicare Plan Finder. So look for updated materials on those topics as well. And I think that might be the last slide. I'm short today. I know you're close to the end.

WALT GUTOWSKI: You are correct. Thank you very much Erin. That's lots of helpful information that I'm sure a lot of attendees really appreciate. And you've gotten kudos on the translations of the Medicare new handbook. A couple folks are really, really pleased by that since you haven't seen since you are presenting. So that's really, very well received. A couple of questions related to the handbook. One comes from a question about the handbook edition for Connecticut, when would that be available in Connecticut?

ERIN PRESSLEY: So, the individual versions, what we call the geographic-specific version, there are about 49 of those in English and Spanish. But some of them are state version, some have multiple state, some have partial states, so there's a northern California book and a southern California book. Really depends how many plans are available in the area. Those are the versions that will be mailed out to beneficiaries directly. And then also we have some limited

supply of those if you're working in Connecticut as an example, you can go and order through our product ordering website. And those should be available there. If you have trouble getting them, you can follow up with us, but the product ordering website a good source for those individual geographic-specific handbooks as well as our other collateral material that's available for free to you as handouts. Those are not available yet. Usually before open enrollment, both early October, we will ship all the beneficiary booklets first and then we will handle partner preorders that were done.

WALT GUTOWSKI: Thank you. And final question, are the handbooks available in braille?

ERIN PRESSLEY: That's a really good question. Yes, we do handbooks in braille. Those will be available again for order this year. We keep preference data on beneficiaries who have asked for alternate formats in the past. So if a beneficiary has asked for a braille version of the handbook, in subsequent years we automatically mail them a braille handbook unless they ask us to change that. And that's true for braille. We have large-print English and Spanish books. We have ebook versions of the handbook. We have also an audio version of the handbook. So pretty much any kind of alternate format special need that a beneficiary would have, we can accommodate that. And again, a lot of that will be the national version of the handbook, so it won't have the plan comparison charts the geographic-specific information in it, but then we will direct people to the Medicare Plan Finder online for the plan information if they use one of those books.

WALT GUTOWSKI: Excellent. Thanks, again, Erin for your presentation. And thanks to all the speakers today. We appreciate you taking the time to share your really valuable information and insights with all of us. And we appreciate all of the attendees today for taking the time to be

with us. If you have information or a topic suggestions for future meetings or questions about Medicare in general, we ask you to submit them to our partnership mailbox,

partnership@cms.hhs.gov. Thank you so much again. And have a great rest of the day.