

Centers for Medicare & Medicaid Services
National Medicare Education Program Webinar
Moderator: Susie Butler
Thursday, September 20th, 2018
2:00 p.m. ET

Operator: Good afternoon, my name is (Marcela) and I will be your conference operator today. At this time I'd like to welcome everyone to the National Medicare Education Program Webinar. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks there will be question and answer session. If you'd like to ask a question during this time, simply press star and the number 1; on your telephone keypad. If you'd like to withdraw your question press the pound key. Thank you.

Susie Butler, you may begin your conference.

Susie Butler: (Marcela), thank you so much and thank you to everyone who is on the line today. I'm Susie Butler, I'm the director of the partner relations group in the office communications here at the Centers for Medicare & Medicaid Services. I'd like to welcome you to today's Medicare Education Program call.

Before we begin, I want to go over just a few housekeeping items. For the record, today's meeting is being recorded and the audio recording and the presentation materials will be posted on the NMEP website. This meeting is not intended for the press and remarks are not considered on the record. If you are a member of the press, you may listen in however please refrain from asking questions during the Q&A portion of the call.

If you have any enquiries, please contact CMS at press@cms.hhs.gov. We will also post the presentation slides and the audio recording of today's meeting on the CMS NMEP webpage in about a week from today. After the

materials have been posted, we will email all of you a link to access these materials on the website.

I do want to let you know about something that we just announced this week, we have – we at CMS produce about 11,000 pages of regulations each year. There are scores to studies that document the cost of regulations that impact hospitals, healthcare facilities and doctors.

These regulations are essential and critical to patient's safety, quality and program integrity and provider partners count on them to guide their processes. On Monday, CMS announced a proposed rule and if you are interested in that its CMS 3346-P, P for propose, to relieve burden on healthcare providers by removing unnecessary, obsolete or excessively burdensome Medicare compliance requirements for healthcare facilities.

Collectively, these updates would save healthcare providers an estimated \$1.12 billion annually. If you'd like to look at this further or provide comment, you can do so at cms.gov/regulations-ans-guidance/regulations-ans-policies/erulemaking. We'll send out that link along with the notes from today's meeting, so we'll post that link for you.

I want to thank all of you for joining us on today's call. We recognize that trusted organizations like yours are on the front lines working to connect individuals to Medicare information, health resources and services. We hope this afternoon's presentations will assist you in this important work. Now let me introduce all of our speakers before we get started.

First you'll hear from Julie Franklin, Julie is the Director of the Integrated Communication Management Staff here in the Office of Communication. And she'll present on key new Medicare card reminders, mailing updates, outreach highlights and new partner resources. Chris Koepke is the Director of the Strategic Marketing Group and he's going to present on the 2018 open enrollment outreach efforts.

Following Chris will be Jon Booth, he's the Director of the Web and New Media Group and will present on medicare.gov and mymedicare.gov

enhancements including planned updates for the upcoming open enrollment period. Frances Harmatuk is the Director of the Call Center Operations Group and she will provide an overview of how the CMS call center helps to guide beneficiaries with Medicare questions.

Finally, Erin Pressley the Director of the Creative Services Group will provide an overview of CMS communication channels including updates about the Medicare & You handbook. So today's theme is Medicare open enrollment and what we are doing to help our beneficiaries, and we're going to start with that update I said about the new Medicare cards so Julie Franklin.

Julie Franklin: All right, thank you. Happy to be here today to have the opportunity to provide some updates, we have a lot of good information to share. A lot of good work has been done around this effort, but I do want to take a minute to level set. I'm not sure that everyone is familiar with what we're doing and why we're doing it so I will just spend a little bit of time going over that.

You know the core or the foundation of this effort is really all about fraud prevention and protecting the Medicare beneficiary from identity theft. In 2015 when the MACRA legislation was passed which stands for Medicare Access and Chip Reauthorization Act, it asked us to remove the Social Security based Medicare number off the Medicare cards and we're required to get all those cards out to beneficiaries by April of 2019.

It's important to note that this really is about changing the number on the card, it has nothing to do with the benefits that a Medicare beneficiary would be receiving. It's really all about getting that SSN off your cards to protect them from fraud. Next slide.

So this next slide provides you with the visual of the newly designed Medicare card if you haven't seen it yet, it also gives you an example of what a new Medicare number would look like. This new number is unique to each beneficiary, it's an alphanumeric identifier and it's randomly generated. The box on the right provides some information about the formatting of the number.

I would point out the last two bullets there because we get quite a few questions about this. We use the number zero through nine, we do not use the letters that are noted there in the bullet but especially want to point out the O. So we get a lot of questions about the zeros versus the O, so if you see a circle on the number it's a zero. Yes, next slide please.

So we did start mailing cards this year in April of 2018 to new eligible beneficiaries no matter where they live in the country, then we organized the mass mailing by waves which we're going to talk about in a minute. So each wave has a group of states in it. In April we also launched a page on [medicare.gov](https://www.medicare.gov) on the new card page that when you click on it, you'll see a very colorful map that will always show you the progress of the mailing.

So where we have mailed cards already, where we're in the progress of mailing and then which states where we haven't started yet. We knew that the number one question from beneficiaries and it's been true will be when will I get my card? So we thought this was a nice way for them to follow the progress of the mailing.

Another nice piece of this page is people with Medicare can sign up to get emails about the card mailing as it's happening. We have had millions of beneficiaries probably care givers et cetera sign up to get these emails so that seems to be working. Oh another important reminder, although the cards started going out in April, there is a transition period so a beneficiary can use either number; their SSN base number or their new Medicare card number through December of 2019.

We did this because we wanted to make sure that there was no – there were no problems with access to care or benefits, but as of January of 2020 only the new number will be accepted. So this slide shows you our mailing chart, it's available on [cms.gov](https://www.cms.gov) on our new card page. It is most definitely the most viewed page or information on that page. We actually just updated it yesterday and we've been continuously updating it throughout the mailing waves.

Happy to say that as of this week we started wave six and we announced the completion of wave four, so we have finished mailing in waves one through four. Wave five is still underway and starting – and I'm sorry, wave seven will start in October. OK so how is it going? So it's going well.

As of August 31st, we've mailed nearly 35 million cards very happy to report that. As part of this effort again because it is absolutely grounded in fraud prevention, we have taken a lot of extra precaution to make sure we're mailing the cards to the right addresses. So we're not only using tools that we have customarily used with the United States Postal Service, but we're also validating address against trusted industry tools and comparing addresses against multiple information sources to make sure we're getting the card to the right address, very important.

We – claims are being processed, another good sign of success. So we know cards are getting into the hands of beneficiaries, they're bringing them to the doctor's offices and providers are processing claims. The educational effort with providers started years ago. As you can imagine there was a lot to be discussed to make sure that they were ready to receive this new number and use it when cards were mailed and that does seem to be happening.

A couple of weeks before we start a new wave, we launch an aggressive media strategy. The idea behind this was that we wanted to create awareness just before there was an action that the beneficiary needed to take which was to watch their mailbox for their card and you know stay alert for fraud.

So we – what we do about two weeks before is we push local press release, all sorts of local media, we have our regional offices are out there doing radio media tours, satellite media tours. And when we started this effort, we knew we kind of we needed to check ourselves on it just to make sure it was working and it was really increasing awareness so beneficiaries knew what to do. And what we found from our survey results is that it is working.

So we've seen awareness increase to the level that we're really happy with. Questions that we're getting from beneficiaries are what we expected them to

be, they seem to know what to do when they get their cards so we're really pleased with that. All right. Oh I'm sorry go back one. Thank you. Yes.

OK, so this slide just gives you an outline or a snapshot of the general flow of outreach that we've done this year. I should say that outreach around this effort for Medicare beneficiaries really started last summer with basically this group. So we started training our partners to be ready to answer questions from beneficiaries. We wanted to make sure that our partners really understood what was coming with the new card mailing, and how to answer questions and where to go for resources in the summer of last year.

And then if you remember in the fall we – when we pushed our fraud ad the guard your card ads, they mentioned new card. We followed that up with unveiling the new design of the card and then we had information and the handbook in the fall last year, so we've actually been doing this for quite a while.

But in January of 2018, because we were really close to the mailing we really ramped it up then we focused on cards are coming, make sure you have a correct address and then watch out for fraud. And fraud is a consistent message that we have had throughout this mailing and it will continue to be.

And then in April as we talked about we started our (earn) media strategy and our local outreach, but our messaging changed to you know when to expect your card, what to do with it et cetera, et cetera. And now we're moving in to messaging about what to do if you haven't received your card yet. So as the waves have completed if a person with Medicare has not received their card, they should call 1-800 because there may be a problem with their mailing address.

So overall throughout the year I guess a year and a half, we've produced over a dozen educational products. We have produced two videos; one was to announce the initiative to give an overview of the initiative, and then another kind of fun destroy your card video. They're all posted to cms.gov for you to push and use as you like.

We've had high engagement on our social media channels, we've actually had very high partner engagement as well. We've pushed widgets to the partners and asked them to post them on their website to drive traffic back to medicare.gov. We've done a lot of cross promotional work with SSA. They've put information on their TV their SSA TV in all the field offices across the country. We meet with them regularly to be sure they're up to speed on what's going on and they can help us with promotion as well.

So this next slide I really talked about a lot of these messages already, we just would ask that you continue to help us amplify this messaging as we continue the card mailing and then finish out eventually the card mailing. One piece I should mention that Jon will touch on more specifically later but it bears mentioning here too, we did launch the capability for a beneficiary to print their card if they have a mymedicare.gov account.

We would really like to continue promoting the creation of those accounts because it's great feature for them. So let's say hypothetically they put their card through the wash which we know happens, then they can easily log on and print a card. So these several next slides I'll just go through quickly. They just give some nice samples of some of the outreach materials that are available on cms.gov the new card page.

The (inaudible) social media example, social media graphics. And I'll pause on this one because this is a product that's new and timely again to circle back to completing some of these waves. These are tear off pads, they're available for order off cms.gov. We do run out of them sometimes I think we've replenished them one or two times since we put them online so they're really popular.

So basically if you get a question from the beneficiary that says I have not received my card, this tells them exactly what they need to do to follow up on that. This is the link to the; destroy your card video, this is one of my favorites so I felt the need to point it out. Probably notable is that we also started the new guard your card ad. I think they started running September 10th. This year the theme is new card, same guard. So it does mention the

new card but again all about fraud prevention. So hopefully you're starting to see those ads.

And finally this last slide is just a reminder of some of the resources that we have available where to find them. So medicare.gov said always contains resources really for people with Medicare, the cms.gov new card site you will find resources that you can use when you're talking with Medicare beneficiaries. The product ordering site is I guess self-explanatory of how you can order that lovely tear off sheet, and then finally the new Medicare card mailbox is always available if you have questions about the effort. Thank you.

Susie Butler: Thanks Julie. (Marcela), can you open up the lines for questions and explain to people again how to get in the queue?

Operator: At this time I'd like to remind everyone, in order to ask a question please press star and the number 1 on your telephone key pad. We'll pause for just a moment to compile the Q&A roster.

Susie Butler: Sure, and while we're waiting for that I have a couple of questions. If someone thinks that someone is already maybe using their new number perhaps misusing it, what should that person do?

Julie Franklin: Yes, so they should absolutely call 1-800-MEDICARE. One of the great benefits of this initiative is that we're able to deactivate and reassign a new number to a beneficiary who thinks their number may have been misused. So they should most certainly call 1-800 so they can make that happen.

Susie Butler: That's great. And one other thing, I was looking at the chart you put up of the waves of mailings going out and you know if someone is leaving overseas where do they fit into that chart?

Julie Franklin: Yes, that's a great question. So the mailings to those leaving abroad will occur after wave seven.

Susie Butler: OK, OK good. Thanks.

Julie Franklin: You're welcome.

Susie Butler: Do we have anyone waiting to ask a question (Marcela)?

Operator: Your first question comes from the line of (Alicia Johns) from (EMNE SHIP), your line is open.

(Alicia Johns): Hi, this is (Alicia). If we have an individual who didn't get their card because of an incorrect address, can they call 1-800-MEDICARE to update that address or do they have to do it through Social Security and then get a hold of Medicare?

Frances Harmatuk: So this is Frances Harmatuk with 1-800-MEDICARE, the most – if they know that their address is incorrect, they need to update that address with Social Security first.

They can also go online to myssa.gov if they don't want to actually want to call the Social Security administration. However, they can always call 1-800-MEDICARE to make sure that their phone number that we, I mean that we have the correct address for them before they make the choice to call Social Security.

(Alicia Johns): And is Social Security also able to prompt a new card being mailed or does that have to happen through Medicare?

Frances Harmatuk: Once the address is updated, the Social Security – I mean sorry, the new Medicare card will be mailed as a result of that update to that address.

(Alicia Johns): OK, thank you.

Frances Harmatuk: You're welcome.

Operator: Your next question comes from the line of (Digrace) from HICAP, your line is open.

(Digrace): Hi, I have the same question. We found that when we were calling the phone number 1-800-MEDICARE on the tear off sheet that you mentioned

previously, that we were being told that we had to call Social Security so we are no longer using the tear off sheets.

Frances Harmatuk: So if you know you have to update your address and you know that your address is incorrect and you haven't been receiving other literature from Medicare, then most likely you will need to update your address with the Social Security administration. They are the address of record that we use to do that mailing.

So that being said you know, 1-800-MEDICARE can absolutely look at those addresses and determine where the address needs to be updated whether it's in Social Security or not.

(Digrace): Yes, I understand that. I'm just saying that the – we're not using the tear off sheets because people are just being redirected to Social Security from the 1-800-MEDICARE number.

Julie Franklin: So sometimes there are other issues. So the reason that we have them call 1-800 first is to make sure it is an address issue. But sometimes, yes sometimes that's not the case.

(Digrace): I see, thank you.

Susie Butler: We have time for one more question (Marcela)

Operator: Your next question comes from the line of (Kelly Markemin) from Vermont SMP, your line is open.

(Kelly Markemin): Hi everybody, thanks. Yes, we've been doing a polling of groups in Southern Vermont and this is just the example of half of our state, and about 25 percent are still reporting they have not received their cards. So I'm wondering what the cut off time is? I've been telling everybody September 31st or September 30th, but if you have any other suggestions let me know and I'm going to (meet with them). Thank you.

Julie Franklin: OK, because Vermont is in wave four. So you're telling them to wait until September 30th to call 1-800? I think that's fine. I think they can really call now that would be fine too but giving it a little extra time is not a bad idea.

(Kelly Markemin): OK, thank you.

Susie Butler: Thanks Julie and thanks everyone. We have a pretty packed agenda so I'm going to keep us on our timeframe. If there were questions that you have that we weren't able to get to, please send them to partnership@cms.hhs.gov. We'll make sure that the questions are answered and we'll also circulate them to everyone who registered for the call.

So let's shift gears a little bit, the rest of our presentations for today are focusing on Medicare open enrollment for this year. So I'm going to now turn to Chris Koepke, and Chris is going to be talking about both the research and the campaign and what we're doing this year so Chris.

Christopher Koepke: Thank you Susie. Hello everybody, good afternoon. A lot of people have been following Medicare open enrollment for years that you won't be shocked by anything in this, but we thought it'd be good to talk about it anyway.

Open enrollment goals, as per usual we want to encourage people who have Medicare to review and compare the plans they're in and enroll in Medicare health and drug plans. So find the plan that's right for them, this is a great time. As we all know plans in Part D, plans in Part C, plans can change their offerings and so this is the time for people to look to see how that might impact them and see if there's a better deal for themselves.

We also find that emphasizing the dates October 15th to December 7th is really important as people don't always know when the dates are for open enrollment. Even if they know there's one every year, they're never sure exactly when it is. So the key messages is are open enrollment's a time to review your current health and drug plan and make changes if you want.

Even if you're happy with your current coverage, you might find a better fit for your budget or your health needs. Plans can change their offerings every

year so review to make sure your plan still works for you, and Medicare Advantage plans are offered by private insurance companies and combine all your benefits in one plan.

Just some survey results that kind of bring us here a little bit, just some background I think people might be interested in. You know every year we do a survey before open enrollment and after open enrollment and the results that we're sharing with you here have been consistent from year to year. A larger part afterwards after we do open enrollment, a very large percent 84 percent say they saw, read or heard something about Medicare open enrollment during the last few months.

The knowledge of the actual dates, so if we do a survey like right now in September and say, "Do you know when open enrollment is?" Only 41 percent of people with Medicare know that the open enrollment is the fall is the 15th through the 7th. Afterwards 58 percent can now actually tell us what the actual dates are.

People have seen our ads who can recall and say, "Yes, I remember that ad" and they can describe it to us. They are more likely to know what the dates are and they are also more likely to have gone and reviewed their current plan and compared it to other plans. One of things that's new this year is that we're expanding our email outreach. We started last year and we've gathered a lot more email addresses and we're going to continue to try get email addresses for people because we're finding that there's quite an impact and people are really liking getting Medicare information this way.

And so we will be doing open enrollment emails focusing on the dates and the time to compare, and we're going to send them about once a week throughout open enrollment. We're not inundating people but we do want to remind them on a weekly basis. At the moment we have about a little over 8 million addresses and as I said, over the next year we're hoping to expand the number of addresses we have considerably.

We always have a paid media campaign as many of you folks know. It's built on (inaudible) and we've done for many years. We find that messages

delivered in the first person I compared and found a better deal work better than if it's the government suggesting that people compare and look for a better deal.

In the general market we'll be doing that network TV, cable TV, radio and some digital advertising, paid search, digital video, social and display. We will have particular outlets targeted to African American beneficiaries both cable television, radio and local newspapers and we'll be doing work in Spanish again on mass media channels as well as on digital channels.

The next two slides are an example, not just an example they're what we call the storyboards from the TV ad. I'm not going to do a dramatic reading of those for you today, but I have in many other presentations but you can look through. And but the key messages highlight the; you know value of taking the time to review and compare your coverage.

You might find something with more benefits or less money, and reinforce that you know sometimes your health plans change during the year so might need to look for a plan that works for you. Health plans can change their offerings, encourage the use of tools at medicare.gov and underscores very greatly the dates.

We are also as many of you guys know have a Facebook page and a Twitter handle for Medicare. They are focused on providing information to people with Medicare. These are not policy places, we talk about Medicare policy on at cms.gov. And we have 402,000 followers on Facebook right now, we wouldn't mind more followers so if you want to encourage people you serve to follow us on social media.

I will say we did get a comment recently where one person said, "I have learned more from the Medicare Facebook page than I have from any other source." We're very proud of that. So communication materials for partners, obviously we really value the work that people do in the field that have face to face contact. We know people with Medicare really appreciate the face to face and the personalized contact that they can have anything from health fairs to 101 counseling that's given.

So we have a suite of materials that are available at the website that – and my copy is in very small print but hopefully you can all see on cms.gov the outreach and education page which I imagine Susie will you know let all the partners know on a regular basis anyway, in fact I know she does. Additional tactics that we do, obviously we do press releases, the handbook comes out every year, major tactic. A lot of people recall it, it does trigger in their heads that it's time for open enrollment.

We do radio and television media tours which in the biz are called satellite and radio media tours where we do interviews on local news outlets reminding people it's open enrollment. We get a lot of coverage that way. Other earned media opportunities, we have blogs, websites, we're just dropping articles, a lot of local newspapers will run articles that we send them and ask them to run to fill their news hole.

Obviously you guys do a lot of important work. And then even when somebody calls us you know 1-800-MEDICARE about something totally different, the 1-800-MEDICARE people put on their (IVR) while they're waiting that it's open enrollment and it's time to review and compare your plans.

So we try to do surround sound on this because we really do believe that this can help people building both their financial and health situations to take this time every year so thank you. I went over that pretty quickly but I think it's a little bit of a (reader) so I hope that's OK.

Susie Butler: That's good, thanks Chris. (Marcela), can you open up the lines for questions?

Operator: Again if you'd like to ask a question, please press star and the number 1 on your telephone key pad.

Susie Butler: Thanks (Marcela). I have – can I ask one first? Chris, I noticed when you – you declined to do a portrayal of the ad, but can you tell me what's different about this year's ad than previous years?

Christopher Koepke: Well so that's I think we've learned some interesting things through our research. We did change the ad last year and one of the things we found by changing the ad, the previous three years we ran the same ad and we changed the ad a little bit. We went with this, "I'm open to coverage it's clever." And we found that the recall people remembering the ad was a little lower last year than it's been in previous years.

So we went back and looked at all the surveys from the previous three years and we actually noticed that it went up over three years. And so we were like well that's interesting, probably if you show the same ad more over three years it goes up all the more. And so we also did some research comparing the two ads to each other than subsequently because we were concerned that changing the ad maybe we made a bad choice.

People actually preferred our new ad which makes you feel good when you do something new, but we also found they didn't notice the dates as much and people did not recall the dates off the new ad as much. So we have edited the new ad, we're still going to use last year's ad again but we've edited it and just like really added highlighting on dates.

Big, bright yellow letters about the dates and when the deadline are so that people know to take an action by December 7th. And people with Medicare like probably almost everybody on this call are procrastinators and they will wait till that last darn week to take action on as my colleagues know I do too when they ask me for things. So thanks Susie.

Susie Butler: No comment. Thank you Chris. All right (Marcela), if you can see if there's anyone ready to ask a question.

Operator: Your first question comes from the line of (Robin Mangen) from (Law Servers Medical), your line is open.

(Robin Mangen): My question was already answered, thank you.

Operator: Your next question comes from a line of (Sharon Jebila) from Alabama Department, your line is open.

(Sharon Jebila): Hi, that was a question from the previous presentation so I'll just email it in. Thank you.

Susie Butler: Thank you.

Operator: Your next question comes from the line of (Tim Sonenberg) from Passages High Capital, your line is open.

(Tim Sonenberg): So any plan to do either a print or direct mail to Native American tribes regarding open enrollment?

Christopher Koepke: Nothing beyond what we do with the handbook already. And I'm really sorry because our tribal affairs people aren't here today and I'm not a hundred percent sure what they may be doing around open enrollment. So I'll follow up with them if they're doing something special or different, but not anything different in terms of another piece of direct mail.

(Tim Sonenberg): That's unfortunate, thank you.

Operator: Again if you'd like to ask a question, please press star and the number 1 on you telephone keypad. Your next question comes from the line of (Susan Sanders) from Aspire Health, your line is open.

(Susan Sanders): Yes, I'm wondering if there may be some confusion calling this time period open enrollment when we now are instituting what we're calling the open enrollment period as well running from January 1st through March 31st. So we've got two different things that you can do during those two time periods and we're calling both them of open enrollment?

Christopher Koepke: So that you know I think that's a really good question. We have found you know because we've calling this open enrollment since 2003 or four, we found I think what's in all the rules and what was in the MMA of 2003 is something like the annual period of some big long bureaucratic term that a lot of people do use.

And but we find that people with Medicare do not use that term and that it really catches their mind especially when they come from a working life and they're used to the idea of open enrollment. So we've been calling this open enrollment for a long time and it hits the vast majority of people on Medicare, you know especially with people with Part D to take that time to review and compare their plans and make those changes.

So I think the question then speaks to is the next period should it be called open enrollment or not? I think it has a – and I'm not an expert on that rule right now, but I think it has a narrower audience and a narrower possibility so and I don't think we're going to be doing mass media on it.

So I actually think the confusion might be more among the partners and the people who serve people with Medicare than it would be with them themselves. And by the way, we take credit for creating that confusion.

(Susan Sanders): Yes, yes. I mean we call October 15th through December 7th usually the annual election period and that way there's no confusion now with the open enrollment period. So all right, well thank you.

Christopher Koepke: I mean we've been supplying these materials for 15 years with open enrollment on them, yes. So, no I understand. I'm sorry.

Operator: Your next question comes ...

Susie Butler: One more, yes.

Operator: Your next question comes from a line of (Don Dollar) from (J. Arthur), your line is open.

(Don Dollar): Chris I was just curious, we serve a population of about 70 percent of the Medicare recipient age folks here, and I spend hours on the phone with these recipients who have been sold replacement plans for Medicare. Is there any initiatives or education opportunity that Medicare could ensue that would kind of school these people?

I mean it's very difficult you know to spend this much time with a 78 year old woman explaining to her why she has a replacement plan versus traditional Medicare?

Christopher Koepke: So a replacement plan, I'm going to be really sorry but I'm not 100 percent sure what you mean by a replacement plan?

(Don Dollar): Your United Healthcare in this are for instance, (inaudible) Medicare replacement plan?

Christopher Koepke: Right, right. So they would call of that versus the Medicare Advantage but they're probably part of the Medicare Advantage program?

(Don Dollar): Yes sir.

Christopher Koepke: All right. So people in Medicare Advantage programs are you know backed by Medicare but it doesn't quite give them – you know they've chosen to receive all of their Medicare through that program, and open enrollment gives them that opportunity compare it to other Medicare Advantage programs at that time.

(Don Dollar): That's correct. My husband is a Medicare recipient so I'm well aware of all that. But these folks that we serve like I said it's about a 70 percent population here that we serve that's over 65, OK in our coastal area and they have very little understanding of what these Medicare Advantage plans means to their traditional Medicare, very little knowledge.

And maybe it's just the sales pitch I don't know, but is traditional Medicare – I know you sent a booklet out I've seen it, been through it. Is there any initiative on your part to whittle this down to the fiscal intermediaries to kind of put out a bulletin about you know the Medicare Advantage plans how they impact their traditional Medicare?

Christopher Koepke: So that's a really interesting question and I think we might discuss a little bit more in the next presentation which I'm

(Don Dollar): OK.

Christopher Koepke: Thank you.

Susie Butler: All right Chris I want to thank you, we're going to try to stay on time here. I want to thank everyone for their questions and let me move this now over to Jon Booth. Jon's going to talk about both medicare.gov and mymedicare.gov and some of the updates for this year. Jon.

Jon Booth: Yes, good afternoon. So I think to start what we wanted to do is touch a little bit on some of the changes that we have made over this past year that you guys have seen or have heard from people you're working with on.

The first was we did make changes to the user account system for mymedicare.gov. We improved the system, made it more perform faster and also streamlined customer service. Users need to change their passwords a lot less frequently, it's easier to do so than it was before so we've been very pleased with that upgrade that we made.

In line with what Julie mentioned earlier with the roll out of the new Medicare IDs and the new Medicare cards, we did provide some online features there that we didn't have before. So a user can go onto mymedicare.gov they can look up their ID if they're in a setting and don't have it, and those features are mobile optimized so you can do that from a phone or a tablet those sorts of things.

And then as was mentioned, users can actually print a replacement card if they – you know people can still order one through the mail if they choose to do that, but if they have a printer at home and want to do it faster they can just do it sort of right from their home they don't have to wait. And then in all the tools online where we previously accepted the HICN, we now accept the Medicare ID as well and so again that has gone well.

One other thing that we did is we began doing a lot more with email, again Chris mentioned some of that. We have been collecting lots of IDs, email addresses from Medicare beneficiaries, care givers and assistors and we can then use those to get messages out to people and sort of let people know when

we're launching new enhancements to the website, when important dates like open enrollment are coming up et cetera.

So next I'd like to review a couple of changes that we are going to making on the website for the upcoming open enrollment. So the first of these is an updated version of the coverage wizard, the coverage wizard is the tool that we first launched last year on medicare.gov.

And the goal is really is for people, it largely serves people that are new to Medicare but it's really something that can be used by anybody. But it's very helpful to the earlier question about sort of original Medicare versus MA, this tool is designed to help you sort of understand the benefits of the different types of Medicare coverage and to really recommend to people based on their circumstances which one they might want to explore more.

Last year there were 10 questions, this year we have streamlined it down to five so it's easier to use, it's faster to use last year. So people will just answer those five questions and then we will point them to your know sort of a recommendation and additional resources that they should look at. So we really talk through the you know the features of original Medicare, Medigap or medical supplementary coverage, Medicare Advantage and Part D coverage.

And again, we've based a lot of the changes this year on the feedback that we heard from the users of the tool last year, we also did a lot of user testing on that to make sure that it's understandable for people. So that will launch around beginning of (OEM) medicare.gov and we'll be promoting that across the website at that time, OK.

Next one is an out of pocket cost estimator, so this is something new that we will offer online. It is a sort of a standalone tool. Again this is mobile optimized so people can use this tool to compare the cost of different types of Medicare coverage, and it basically provides information on overall costs, prescription drugs. So users will come to this tool, again input some information, go on put a zip code and then they can compare the cost of different types of programs.

So for example original Medicare with or without Medigap, with or without Part D coverage, with Medicare Advantage and see what the costs, the out of pocket cost on an annual basis will look like. And again so it's for those people that really want to sort of start with looking at things from sort of from a cost perspective that tool helps very much. Users will after using this tool if somebody wants to look more deeply at MA or Part D, they can click right into part – the plan finder and get more detail pricing in there again and plan.

I mean you can put in specific drugs that you take, specific dosages and frequencies and get very detailed pricing. So that all remains available there's sort of a tool to help people before they're that deep into the process, OK.

Next we want to talk about two changes that are coming to the Medicare plan finder. So there are not a lot of Medicare plan finder changes this year but just two that we wanted to note. The first is a new way to log in. So in the past we've had two options to use the tool. One is to use it in sort of in anonymous mode just coming in as a guest and browse plans. You can also log in, a beneficiary can log in with five pieces of information that they enter. Those will remain available this year.

We will also be allowing people to log in with their MyMedicare account the account that I mentioned earlier. So that's streamlined, faster process to get into the personalized plan finder experience so we're excited to launch that. Again we're not taking any of the other options away but that will be available.

And then for those users that are logged in using that method, we will be running a pilot this year of web chats. We've had web chat in MyMedicare for several years now, we will be making that functionality available in plan finder. So if a user is in plan finder finds himself confused by something on the screen or has a question, they won't need to like close out of the website, pick up the phone and call 1-800. They can initiate a web chat and get help online and hopefully answer their question right there and continue through to the plan comparison enrollment process, OK.

And then we had one other piece that we wanted to mention, this is not an open enrollment change, it's something that'll be coming later this year. On the next slide is the procedure price look up, this is the new tool. So this is for people in original Medicare, this is not an MA related tool. For people that are in original Medicare we will sort of for the first time allow benes to compare the cost of surgical procedures that are done in hospital outpatient departments and ambulatory surgery centers or ASCs.

So if somebody wants to find out how much a knee replacement for example would cost both what the total cost would be and what their out of pocket cost would be, they would be able to use this tool to see those costs. We also have a checklist, so once the user gets that information they can take the checklist with them, have a conversation with their doctor or their insurer and get additional details out there. This is at the moment this is national average data so it is not facility specific, but again it gives you a good sense of what the cost differences are between those two care settings.

And to start we have 3,000 common procedures in there, we allow searching by the name of the procedure and we have a nice sort of user friendly terminology. People don't have to use medical terms in the tool, you can just type in knee and you'll get a list. And people can also search by a code if they have it if their doctor's given them a HIC fix or a CPT code they can do that. And then finally just in terms of sorting, the results that come back are sorted by the most common procedures.

So if you put in the word knee you will see the knee procedure that's done most often and then down to the ones that are least frequent. So again upcoming not for open enrollment but before the end of the year, so once that's launched we'll make sure we get the word out on that. Thank you.

Susie Butler: OK. (Marcela), can you open up the lines for questions?

Operator: Again if you'd like to ask a question, please press star and the number 1 on your telephone keypad. Your first question comes from the line of (Anna Alicestavel) from (Jeff Care), your line is open.

(Anna Alicestavel): Hi yes, my question was actually answered already. Thank you.

Operator: Your next question comes from the line of (Barbara Cabuzzi) from CRN Healthcare, your line is open.

(Barbara Cabuzzi): Hi. So if a patient is going to be a new Medicare beneficiary and they haven't so they're like in the six months prior to enrolling in Medicare so they don't have their beneficiary number, do they have to do the guest log in to be able to do all of this?

Jon Booth: So yes, in Medicare plan finder until you have your Medicare ID you would be able to use the tool in sort of the window shopping anonymous mode but not the authenticated mode, that's correct.

(Barbara Cabuzzi): Right, so when you're trying to look for your first time for your first year enrollment you would do it as a guest?

Frances Harmatuk: I mean it's just if the person with Medicare has a Medicare number they can still sign up for MyMedicare account which would open up those features that Jon talked about. If they have their Medicare number they're ...

(Barbara Cabuzzi): Right, but if they'll like say it comes prior to age?

Frances Harmatuk: Yes, then they would have to go in anonymously.

(Barbara Cabuzzi): OK, thanks.

Operator: Your next question comes from the line of (Vizamenda Elbatlek) from (Your Private Investor), your line is open.

(Vizamenda Elbatlek): I was just my question was answered regarding the open enrollment. I'll just email it or put it in because it has something to do with the open enrollment. Thank you.

Operator: Your next question comes from the line of (David Bedland) from National Council, your line is open.

(Howard Bedland): Hi, it's (Howard Bedland), thank you. I wanted a little bit more detail if it's available on the stand alone mobile optimized out of pocket cost estimator. Generally like what kinds of options are being compared?

Is it just fee for service against medicare Advantage or fee for service plus Medigap versus Medicare Advantage or among Medicare Advantage plans or among Part D plans? And is it personalized at all in terms of the drugs you're taking or geographic area?

Jon Booth: So it is not personalized to the specific drugs you're taking, it is based on geographic area so you will enter a zip code there. You can compare original Medicare versus MA, to original Medicare you can add Part D and or Medigap coverage to see how those affect your prices. You can also indicate your health status as sort of like you know and I'll get the – I'm sorry I'll get the words wrong because I don't have it in front of me exactly here but excellent, average, poor basically.

And then lastly you can for Medigap, Part D and MA you can indicate whether you want low, medium or high premium options. So there's a fair number of sort of knobs to twist there. Again it's not as personalized in the one inside a plan finder with sort of a you know a specific plan that you're looking at with a specific drug basket but it is pretty configurable.

Susie Butler: Are there any other questions (Marcela)?

Operator: Your next question comes from the line of (Chris Herman) from National Association, your line is open.

(Chris Herman): Hi, my question was also about the out of pocket cost estimator. I heard you say that beneficiaries can go from the out of pocket cost estimator into the plan finder and that sort of direction makes sense to me. I'm wondering whether they can, whether the coverage wizard that you mentioned; directs to the out of pocket cost estimator?

My experience it's been that often times, beneficiaries don't realize the costs that may be involved in certain options. And so they may go towards say

Medicare Advantage plan thinking my options are going to be lower and they're not factoring in the fact that they're not going to be able to use their regular providers, drug costs et cetera. So at least if they got directed to the out of pocket cost estimator, it seems like that might help them to turn a little bit before they get into the plan finder and wondering if that connection is going to be made.

Jon Booth: Yes, great question. That connection is made the flow we've implemented so people that start in the coverage wizard. Again if MA or Part D coverage is one of the recommended options for them, then sort of the next flow in their process will be to go to that out of pocket cost estimator.

(Chris Herman): OK. And if they're considering original Medicare will they also be directed to that?

Jon Booth: They have the option of doing that, yes.

(Chris Herman): OK, thank you.

Jon Booth: Yes.

Susie Butler: We have time for one more question (Marcela).

Operator: Your next question comes from the line of (Daniel Lewis) from (Acrist), your line is open.

(Daniel Lewis): Yes, thanks. I'm a shift volunteer and when I'm helping somebody do a personalized search using the Medicare plan finder, I would say at least 80 to 90 percent of the time it times out before I'm able to enter all their medications and I end up having to start again with their Medicare number. So a very you know mundane question, can you make sure that the time is adequate to enter all the drugs for somebody who has a long list of medications?

Jon Booth: Yes, we'll definitely go back and take a look at that. That's great feedback so let me see what we can do there.

(Daniel Lewis): Thank you.

Susie Butler: OK, great. Jon thank you so much, this is always something people are interested in. Another area all of you are interested in is our call center. So Frances Harmatuk is the director of the call center operations group and she's going to now talk to us about basically an overview of call center operations and what we do to help guide beneficiaries with Medicare questions.

Frances Harmatuk: Thank you Susie. Thank you for having me here today to give an overview of 1-800-MEDICARE. For those that don't know, there is a call center a call line available to help people with Medicare, their caregivers and families it's called 1-800-MEDICARE. We're open 24 hours a day, seven days a week; 300 days a year.

So we're closed five days a year and this is always the challenge of the day. Thanksgiving will be the one day during open enrollment that impacts the folks that we're closed. We're also closed on Christmas, we're close 4th of July, Memorial Day and Labor Day yes.

We are open on New Year's Day. So we have found through many of these open enrollment timeframes that there are sometimes transitions, annual transitions between – when beneficiaries move into a new plan and they need care on January 1st. So we are open on that day to assist if there's any needs for that. We provide service in both English and Spanish, but we also use a language translation service that helps us for over 150 different languages at the call center.

So you know, we have over the years been pretty stable in our calls. We take about 22 million calls a year, a lot of those are during the open enrollment period. But we've been doing a lot of things with the call center to help improve the services that we provide to people with Medicare. So we've been able to kind of keep the call volume pretty steady to – as we find more people are using online services, as well as improvements in our service so that we can provide better first call resolution and we're not getting a lot of repeat callers and frustration.

So last year during open enrollment we had 3,000 agents that were available on average during the open enrollment period, and we took about 4.2 million calls during that time period. Our people with Medicare are very consistent. They you know I can almost predict by the hour when the type of call volume that we get on annual basis. Last year the average wait time during the open enrollment period was about four minutes and 13 seconds and that is an average.

So there are days when – and times during the day usually on Mondays between 10 and two when our call volume is a little bit higher, but there are other times of the day and week when our call wait times are lower. So you know we are continually looking to improve that, we actually improved it by eight seconds over the previous open enrollment period. During those time periods you know we're here to help people with Medicare to enroll in their plans, most of the time they have premium questions during this time and other Medicare claims related questions.

So this year what we're predicting, we're actually going to have more agents on the phone this year. We have been seeing more calls related to the new Medicare (card). Some of the questions that people had in the previous session where they had address issues or they may not have being receiving their (cards). So we have being seeing new higher volume this year and that was anticipated.

So in order to make sure we're not impacting people during open enrollment, we've actually staffed up a little bit to ensure that we are able to maintain shorter wait times than we have. We are predicting higher call volumes but we still are going to be open 24/7, the only day we're closed is Thanksgiving. I put in here like you know our forecast.

We're higher usually on Monday, we go down during the week. Weekends are usually good times to call us although we're shorter staffed we still are able to support weekends. Some days to look out for during open enrollment if you were looking to use the call center is the Cyber Monday the Monday after Thanksgiving, that tends to be a very high call volume day for us at the call center, additionally those last two weeks. We are forecasting higher call

volumes as Chris mentioned earlier, we see procrastinators and as a result they're calling us.

So if you're working with clients or you have people that you are working with and they need to reach out to the call center, we always recommend calling us early and earlier during the period. Again we're there to help but you might have longer wait times during that time. We get asked a lot about our relationships with our SHIP partners and such. And during the open enrollment period we're working very closely with our SHIP partners to make sure that we're not doing referrals, as many referrals out to them.

We know you guys are working with the more face to face customers and you need those times, the resources and we don't want to add to that burden by doing referrals. That being said you know our – sometimes people with Medicare they need to face to face. So we work closely with the directors there to make sure that if they are feeling their appointments are over flowed to try to prevent referrals out there if we can avoid it.

I wanted to spend two seconds to talk a little bit about the pilot that Jon mentioned about the web chat. We've been using that term pilot, and the reason why we're saying that is this is the first year that we'll have the web chat will be staffed by 100 Medicare agents that will support that. We're you know, this is our first year doing it within plan finder so we're learning a lot this year as far as the lengths of the chats that are going to go on, the types of chats that are happening and quite frankly the volume.

So we're not sure what type of staffing that we're going to need or require to support the web chat. So when Jon uses the terms like pilot, it's more of if we start to see that that there are long wait times that we might throttle that down and turn that off so that we don't just disadvantage folks and frustrate our customers that are in long queues. Additionally, it's a different skill to teach people how to use the web chat or I mean to use the plan finder versus actually using the plan finder.

So most of the time when people call us at 1-800-MEDICARE, our reps are able to easily navigate somebody through the plan finder and ask them the

right questions and the drugs, and all the different pieces and parts that go into it. But training and teaching the skill of actually teaching someone over the phone and guiding them through it remotely, that's something that's a little new and we'll be monitoring very closely this year to make sure that we're providing the proper customer service, and we're making those immediate adjustments if we find that there are questions that are coming in on the chat line that our reps may not be able to answer.

So you know give us a little patience this year while we look forward to it. We will learn from this and we will continue to expand and grow it as we go forward because we really want this to be a channel that's helpful and provides service for folks. And I know I ran through that very quickly, so I'll now turn it over for questions.

Susie Butler: Great. (Marcela), can you open up the lines please?

Operator: And once again that's star 1 if you would like to ask a question. You have a question from (Tim Sonenberg) with Passages HICAP Program, your line is open.

(Tim Sonenberg): Yes, but this question was going to be for the previous presenter so I'll send it in via web. Thank you.

Operator: Your next question comes from (Kathrin Lohan) with Nevada SHIP, your line is open.

(Kathrin Lohan): Hello.

Susie Butler: Hi.

(Kathrin Lohan): Our question was on a previous screen so we'll send it in via email as well.

Susie Butler: OK, great. Thank you.

Operator: Your next question comes from (Tris Nade) an independent, your line is open.

(Tris Nade): Hi, my question was also related to open enrollment. So I guess I'll have to send it online because it's over. I didn't get a chance to go ask at time.

Susie Butler: Thank you.

Operator: Your next question comes from (Brandy Bauer) with National Council, your line is open.

(Brandy Bauer): Hi, yes my question was also for the previous speakers so I'll submit it online.

Susie Butler: Thank you. (Marcela), you may want to repeat how to withdraw a question.

Operator: And as a reminder, to withdraw your question please press the pound key. And your next question comes from (Miguel Iglesias) and independent broker, your line is open.

(Miguel Iglesias): Thank you. When someone gets a Medicare eligible for Medicare age 65 and the person gets Medicare Advantage OK on Part D, does the person have to purchase or pay the Part D in order to continue with the correct amount of coverage on the Medicare Advantage.

Will the Medicare Advantage tell you that the prescriptions are included so if you do not get Part D at the time with Medicare and you get it later then you have to pay more money? So the question is should you pay for Part D at the time that you get your Medicare Part D.

Frances Harmatuk: So no, I mean if your Medicare Advantage plan offers prescription drugs that's included in that premium for that Medicare Advantage plan. So there is no separate Part D premium that's needed to be paid. That being said there are some Medicare Advantage plans that do not offer prescription drugs.

So you just need to be careful when you're looking at it to see does that Medicare Advantage plan offer prescription drugs or not? If they do not you may need a – or you will need a Part D plan so you don't have to pay that late enrollment penalty. But most I don't know the number but most Medicare Advantage plans also offer prescription drugs.

(Miguel Iglesias): Yes, but in the future if you were to switch for one that does not cover Part D then when you call Medicare that you need to pay for Part D then you have – you're penalized for that for not having it at the beginning.

Frances Harmatuk: Yes, you should not be penalized for that. That's considered – you would have incredible coverage if you are getting assessed a late enrollment penalty for not having Part D. There are appeals processes and documentation that you can provide that will address that.

(Miguel Iglesias): OK. So the fact that the Part D was not purchased at the time and the person went to Medicare Advantage it's OK to go that way?

Frances Harmatuk: Yes.

(Miguel Iglesias): OK, thank you very much.

Operator: Your next question comes from (Maria Reglado), your line is open.

(Maria Reglado): Yes ma'am, just some feedback please. I find I live in a community of seniors and I am a volunteer to help seniors just to get around and do that sort of thing. And what I'm finding out is that the majority of the seniors do not have access to a computer, and if they do they wouldn't know what to do with one in the first place.

And so much of what you say is you've got this online and you've got that online and it's that's great, but these people don't have access to computers and don't know how to use them, and find that everything that's written on your booklets or disseminated information from Medicare is very difficult for them to understand or even read. How do we help these seniors that are coming, more and more of them are coming and less and less they are computer literate?

Frances Harmatuk: So that's you know that's why I have a job. So while we are always – while we are investing in more online services and abilities for people to use the phone and Facebook, we will continue to have our traditional ways of

communicating to people with Medicare including the handbook, the paper handbook that you get every year and the 1-800-MEDICARE phone line.

There's a commitment to customer service and to providing that information and providing – being that source of information for those that don't have a computer or don't have access to online. So those – and then we always work with our partners in the field, the SHIPs volunteers such as yourself that can do that type of communication one on one counseling with people with Medicare. But we are committed to being able to provide those different ways to get information.

(Maria Reglado): Just let me ask you this, where can we find your home workers or these people that work in the field that I think for instance I can go and take a senior there and get questions answered? Where do we find these people?

Frances Harmatuk: So there are local SHIP counselors that you can find that you can reach out to. I would say you could go onto medicare.gov to find those resources but you can also call the call center and we can find local assistance for you, so yes.

Julie Franklin: I'll also add when beneficiaries get their paper Medicare & You handbook in the mail in the fall, on the back cover of that book is the phone number for their local SHIP which is a senior or a state health insurance assistance program. They're usually run out of the state department of insurance or the local aging or state aging office something like that.

But every single state has what we call a SHIP, one of those set of volunteer counselors and the phone number for those organizations are on the back on the Medicare & You handbook.

(Maria Reglado): (That's cool) and thank you so very much for the information.

Susie Butler: Thanks for your question. (Marcela), do we have anyone else?

Operator: Your next question comes from the line of (Annette Lindsay), your line is open.

(Annette Lindsay): Thank you. I'm calling to find out when the Landscape source files for 2019 will be available on the CMS site.

Susie Butler: They are typically released before the end of September every year.

(Annette Lindsay): Thank you.

Operator: Your next question comes from the line of (Lesley Free), your line is open.

(Lesley Free): Hi, thank you. I actually have three questions, I'll try to make them quick. One is do you know how many referrals 1-800-MEDICARE makes for to the SHIP programs each year?

Frances Harmatuk: Yes, I actually pulled that number today. In 2017 we made 286,000 approximately referrals to the SHIPs line and last year yes, so the various SHIP counselors throughout the year.

(Lesley Free): OK, thank you. My next question actually has to with there are a bunch of changes this year which it doesn't sound like will be on the plan finder including restrictions on how many times someone on (LIS) can make a change it's now quarterly, and also there's a change regarding the Part B as in boy step therapy for Medicare Advantage all of which is taking place in 2019.

So will 1-800-MEDICARE be able to let folks know that they can't make a change or that there's step therapy for Part B? And similarly for folks who have been listed as at risk for and can't change their plan, will that all be explained and are there scripts for 1-800-MEDICARE to explain those three issues to beneficiaries who call in?

Frances Harmatuk: Yes, so we do have approved scripts that the reps will be able to use to be able to explain those nuances?

(Lesley Free): And are you willing to share those scripts?

Frances Harmatuk: Yes, I think that would be possible.

(Lesley Free): Great. So who would I email for that those?

Susie Butler: Send it to me (Lesley) Susie.

(Lesley Free): OK, thank you.

Operator: Again if you'd like to ask a question, please press star and the number 1 on your telephone keypad. Your next question comes from ...

Susie Butler: (Marcela), we can only take one question.

Operator: OK. Your last question comes from the line of (Chris Herman) from National Association, your line is open.

(Chris Herman): Hi, I'm following up on a question that a gentleman asked earlier about the plan finder timing out. I'd also known people who had that experience and they also had the experience of the website just not working at all after they put in a lot of information they weren't getting time out errors, it just wasn't finding information. And when they called 1-800-MEDICARE they were told that maintenance on the website is routinely done on Sundays and that they should try back another day.

I'm wondering is that accurate, and if there is some sort of maintenance schedule it would be really helpful to post that information on the website and to give beneficiaries alternatives so that you know, they can get help as quickly as possible?

Jon Booth: No, there is no sort of normal maintenance schedule like that. We try very hard during open enrollment to keep you know as close to 100 percent up time as we can. If there's any details on the errors that were encountered, I'd be happy to look into that. I will note like two years ago we did have some performance issues in Medicare plan finder.

Last year we moved into a cloud computing environment with the goal of being able to sort of scale up rapidly when we get big traffic spikes. So you know from an overall perspective last year we had greatly improved stability and performance of the system. We'll continue to at least equal that if not

exceed that for this open enrollment. But again if there are specific problems that people have details on we'd be happy to look into those.

(Chris Herman): Thank you very much.

Susie Butler: All right, Frances thank you so much. It's always interesting to hear how you're dealing with our beneficiaries.

Frances Harmatuk: Thank you.

Susie: Now for our final presentation I'd like to introduce Erin Pressley, she's the Director of the Creative Services Group. She's going to provide an overview of our communication channels including updates around the Medicare & You handbook.

Erin Pressley: Great, thank you Susie and thanks for having me. So I'll start out with what turns out to be a little bit of a review slide. So when we talk about our information channels specifically around the Medicare Open Enrollment Period, we really focus on a lot of the things that we've talked about today. Sort of the primary ways that people get information about Medicare tend to be the Medicare.gov website, and we've talked about the Plan Finder that lives there as a key tool for the Open Enrollment Period and shopping and comparing health and drug plans.

Another part of that that's probably less recognized is our blog on Medicare.gov, and that's a place where during Open Enrollment in particular you will find at least weekly new blog posts that highlight different tools that are available, like things like the coverage wizard that Jon talked about earlier and just other sort of tips for beneficiaries. So it's a good thing to just kind of look at and follow and even take some language from if you're working with beneficiaries throughout the Open Enrollment Period.

And it will point you directly to some of these lesser known tools that may be helpful for you as you're counseling them and highlight different aspects of Open Enrollment during that time period. And actually throughout the year we use the blog to highlight different pieces of Medicare coverage, areas of

confusion, that type of thing. There are also online publications that are available on Medicare.gov. You can download those. You can find publications that we have available.

Even if we don't print them they are often available as online downloadable PDF documents in English and Spanish and also many other languages as well for some of the more popular publications. So this is my PSA today. I'm advertising all the things that we have available, some that you use all the time and some that you may not know where there are available for you. Again Frances just talked about the 1-800 number, so I won't go into detail on that other than to just say again that the customer service representatives at 1-800 are trained in using the Plan Finder to help people find and compare plans in their area.

We have a screenshot here of the Plan Finder as it exists today. And I'll just point out that for Open Enrollment with some of the changes that Jon talked about with the log in opportunity that we're adding through the MyMedicare.gov account information, this will look a little bit different when Open Enrollment comes. And so we have plans to get some more information out to you about that as well.

And then under my sort of general topic area of Medicare & You because I didn't know what else to call these things, umbrella term is kind of the more traditional products that we have available to you. Certainly the Medicare handbook that goes out to every beneficiary which I'll talk about in a little bit more detail. We also have about 100 supplemental publications that are available both in – many of them in print that are available free of charge for you to order, and also available as those downloadable PDFs.

So think of the communications around Medicare as kind of a pyramid and a little bit of information tends to answer a great majority of the questions kind of at that high level. But then people may have more detailed questions about some of the nuances that we can't fit into the handbook or can't make – put on the homepage of Medicare.gov. When you need them they're very important but a smaller percentage of people need them.

And so we go into more detail on publications for things like how do I – what do I look at if I need to choose a supplemental Medigap plan? What do I need to think about if I am choosing a nursing home? What do I need to think about if I'm electing hospice care? Those kinds of things that are both a mix of coverage, Medicare coverage information as well as some of the more detailed information about enrollment periods and just a lot of that more detail oriented, wonky I'll call it, confusing stuff as you get deeper into the Medicare program. All those, you know, questions and answers about insurance that nobody really wants to think about until you have to, and so we try to highlight those in those publications.

And then we also have really detailed partner training available. I'll talk a little bit more about this in some of the later slides but this is also a good source of information for some of those things (Lesley) like the new enrollment periods and the restrictions and the step therapy and things like that that you're asking about. We know that you all need this information. Very few beneficiaries are in those situations.

And so we again we can't always cover that in the detail that is needed in products like the Medicare handbook, but we want to make sure that we have the facts straight and the information available to partners who are going out and doing their own training or talking to people with Medicare. That's my sort of lead in overview. Let me talk about the Medicare handbook in particular because this is my second love behind my husband and my children.

I've worked on this book for a very long time, and there are a couple of things new that I want to point out that should – they are in the mail now. We are required to mail to every Medicare household by the end of September. And I say household because we try very hard if there's a husband and wife, mother and son living together at the same address we expect them to share books to help us with our resources. And so if addresses match we hold back one and we mail one book per household.

So it's about 45 million books or so that we mail out during the month of September. We started mailing last week, and so these are starting to show up

now in mailboxes across the country. There's a new cover so make sure if it shows up in your mailbox you recognize this is the same book. We had the same cover for about the last five years, and we had the opportunity this year to kind of change things up a little bit. We tested a number of different cover options back in the spring with Medicare beneficiaries, and this is not any of the ones that we tested.

We found some great elements that people liked and that resonated with them from a number of our different samples, and we kind of combined them into the cover that you see here which is what we're using for 2019. The handbooks that are mailed include detailed plan information for that specific area. So in the back of the Medicare & You handbook, if you live in Florida you will have plan information about options that are available to you for your Medicare coverage in your state or local area. You will not see that for the entire country.

We have 49 different versions with only those last few pages of specific plan information being different, everything else in the book is identical. And those I'd say area specific because they don't map directly to states; some smaller states are combined into a single version, some larger states like California or states with many plans like Florida may be split into northern and southern books. We also have 10 Spanish specific versions that are mailed out directly to beneficiaries, and those are driven by Spanish language preferences that people with Medicare tell us.

You can always as a Medicare beneficiary tell us that you prefer, rather than a standard English book you prefer to get materials in Spanish or you need a large print or you need a Braille copy. And once you tell us that one time we send every Medicare & You handbook after that in your preferred format and language and do not send you a Standard English version after that. And the alternate format version should come out around the same time, again by the end of September they will be in the mail.

We also post a general version, what we call the national version that does not have plan specific information on Medicare.gov. That version of the handbook will actually go up later today. And so when you wake up

tomorrow morning you should be able to go to Medicare.gov and find the full Medicare & You 2019 handbook available online in both English and Spanish. We try to do that a little bit in advance of Open Enrollment for folks like you to get familiar with it before you start helping people with Medicare and you can find what you need, and if you're like me add your post it flags to all the relevant pages that you know you'll need to find later.

The posted version will also typically include a link to the Medicare Plan Finder. Know that when we post those versions early in September it will link to the Plan Finder that will not have 2019 plan information. So, there's a little bit of a disconnect for a couple of weeks there until we release the 2019 plan information on the Plan Finder. People remember these handbooks, they know that they get them. We ask them consistently over time if they remember it, what they do with it.

Very few people read it cover to cover and we're fine with that. It's not on the New York Times best seller list, it's not a page turner but it is a good reference document. And I think people recognize that and we hear most often that they recycle their old book and they put their new book in their Medicare file or in their drawer with their phonebook because beneficiaries still have a phonebook and they keep it and they pull it out for reference throughout the year.

And people – a good number of people still say that if they have questions about their coverage they turn to their handbook for answers. So I hear you that we do talk a lot about online resources and that's because we have so much ability to personalize online that we don't have in some of these more traditional venues. And more and more people who are coming into the Medicare program actually are more tech savvy and are used to using computers in their jobs and things like that so we're building out more in that area, but as Frances said we're not getting rid of these traditional formats that people have come to rely on.

On the next slide which may be a little bit hard to see and Susie I think you're sharing these after this presentation, so maybe if you get these slides you can load this up. You can also look at these pages on the handbook on

Medicare.gov tomorrow. I wanted to point out a couple of things that we have improved I hope, definitely changed from last year's book. These pages we started putting toward the front of the handbook a couple of years ago to give people I hope a high level overview of how Medicare works. We know that this is still a question for many, many people.

Again it's health insurance, it's not fun, it is complicated. Whatever we can do to sort of get people to understand the basic structure of it sort of helps them make better decisions about their coverage later on. And so the key part that I wanted to point out that we changed this year, for the first time ever we're actually I think talking about this in a more logical way about the parts of Medicare. We've always been sort of backed into this corner of Part A, Part B, Part C, Part D because that's what the legislation has called it.

Unfortunately Part C is a little bit different than the other parts. It's actually Part C is the group of Medicare Advantage Plans. And so people tend to not get that when we put them all lined up in alphabetical order like that. We have changed that and done a lot of testing around this so that the parts of Medicare description on this page now only includes Part A, Part B and Part D because what we really want to show people is that Medicare is coverage for hospitals and things like that, for doctors and other types of providers Part B, and for drug coverage.

That's sort of step one; you need to understand that there are these sort of, you know, there's this triangle of groups of coverage and that's what Medicare is. And then step two is you have choices in how you get those – that sort of trifecta of coverage. And those choices are sort of laid out again at a high level on the right hand side page on this slide where we've kind of done a side by side comparison of Original Medicare and Medicare Advantage as the two primary options for how you get A, B and D.

And we really want to kind of line those up and do that side by side visual. You'll see the icons there which people found helpful, some people found helpful and kind of are repeated throughout the book when we're talking about some of these things. We really want people to understand that Original Medicare includes some parts of this and other things you have the option to

add on like a supplemental policy to fill in the gaps or like Part D coverage to cover prescription drugs but it's not necessarily always there, whereas Medicare Advantage Plan tend to bundle those things together from a single issuer.

So that's really the primary point of these couple of pages. Before we can get people into any more of the details, we feel like they need to understand at a high level those kind of basic things. And again this year we always spend a lot of time and energy consumer testing the content of the Medicare handbook. It's a huge investment for us and so it's important for us to get it right or close to right as we possibly can.

We had a lot of additional opportunities for testing especially around these plan choice issues and content over the past year. So we started actually last November looking at the previous year's book right after it was mailed and getting lots of feedback from beneficiaries about what made sense to them, what was confusing, what resonated. And so we've been reiterating on that throughout the drafts of the 2109 handbook and I feel like we've landed somewhere pretty good in terms of the high level descriptions.

On the next slide, this is again a revision of some information that was in the previous year's book. It used to be a single page that was a side by side with a blue stripe down the middle comparing again Original Medicare and Medicare Advantage Plans on certain key pieces of information that beneficiaries tell us are important to them and are the things that they look at when they're making decisions. So what we did is went into one click deeper detail this year and added a little bit more information. So we, you know, stopped trying to fit it all on one page and actually blew it up across a two- page spread that will show a side by side like this in the book when you open it to these pages.

But we really kind of worked with this language and this organization of this information quite a bit over the spring and into the early summer to try to get it to a place where again, the goal is always balanced, accurate, reliable, clear. And that's where we hope that we've gotten with some of this language. The highlights are for or the bolded information are for the skimmers because we know that people don't read and so hopefully some of these things pop out.

But again this is a good tool for especially those folks I think who are coming into the program who are aging into Medicare for the first time, if you're really in a place where you're kind of doing Medicare one on one with them and just explaining how this works. These are all I think good tools for you to have. The – on the next slide the other thing that I wanted to point out, I talked a little bit about supplemental publications.

We have a new one this year that will be released during Open Enrollment. I was hoping to have it out by now but it's a little bit delayed, it will be out in October and available that is focused on Medicare Advantage Plans in particular. And those of you who work closely with the program know that we use that again as sort of a bucket term but there are different kinds of Medicare Advantage Plans.

And so if you have somebody who's interested in exploring that option for their Medicare coverage, then you have to get into what's the difference between an HMO or a PPO or in our case things like a Special Needs Plan that might only be available for people in certain disease groups or in certain situations. So this kind of goes into again that one click deeper level of detail about the different types of Medicare Advantage Plans and about the other kinds of things that you might need to consider including some of the differences in enrollment, and if you try and you don't like it, can I switch and those kinds of questions that are specific to Medicare Advantage.

If you have people who don't have any Medicare Advantage options in their area, this is not a book that you will need. And so this just again gives you a little bit more information if you get into trying to compare the types of plans that are listed in the back of the handbook. And then the last slide that I'll talk about is - I'm back to doing my PSA.

We have also expanded our partner training to include an online learning management system that we launched just a couple of months ago. So this lives in the same place if you're familiar with our National Training Program, it's at the same URL and you can find it on CMS.gov under that outreach and education tab that's all the way to the right hand side of the bar at the top.

And you just click on “Get training” and you get this site which includes now in our learning management system an expanding amount of self-paced online training as well as lots of train the trainer materials so PowerPoint slides and speaker notes on lots of very specific topics. If you're dealing with people who have issues with coordination of benefits, maybe they have employer group or retiree health plans and they need to know how that works with Medicare at a very deep level, or you're dealing with people who have end stage renal disease and they are eligible for Medicare because of that.

There's a whole set of various training modules that are available that go into a lot more detail for people like you who are having your counselor hat on whether or not you are also people with Medicare. We also have regular webinars on various topics that we offer as part of that training program as well. So a lot of different ways to get that training and the self-paced training some of which include the opportunity to earn continuing education units now is the newest kind of path way that we've added and so that will be expanding as well.

Let me stop there and I think we still have time for questions.

Susie Butler: Yes we do. So (Marcela) if you'll open up the lines for questions, star 1 everyone. And I'm going to ask a couple while you all queue up. So I do remember Erin that a lot of folks, a lot of our partners back in spring gave some feedback on the draft of the handbook. Can you tell me a little bit about how that feedback was incorporated, what you used, you know, the whole process there?

Erin Pressley: Sure. So you're right Susie, we did get a lot of feedback and the feedback that we get on the handbook as we're going through the development process every year is really invaluable. I talked a little bit about our consumer testing and that's sort of one way that we get feedback from people with Medicare.

We also routinely share an early draft of the handbook with external partner groups so many of the SHIP counselors, many of the Medicare advocacy groups, some folks who are local legislators, others will take a look at that,

departments of insurance and really kind of give it a thorough read keeping in mind that it's an early draft. And we get a lot of really good feedback, sometimes very harsh feedback that is necessary for us to take a hard look.

Many times when we're writing we know exactly what we mean and sometimes when somebody else is reading it without that context we find out that it's interpreted in a very different way. Other times we kind of miss the boat, and we don't include information about caveats or for variations in the information and in the coverage and the facts that really end in something that could be misleading to beneficiaries, so that's never our goal. We do that – I think we did that this year in late April or early May.

So we asked or we had that review period. We also were very close to that time doing a consumer testing round. We came back and took all of that feedback and incorporated it, had lots of good discussions internally, went back to some of those groups and had some meetings to talk in more depth about the comments, and then we met again with internal subject matter experts to kind of work through some of that. And then we actually took it back out a revised draft back out to beneficiaries again and did some more consumer testing to make sure that the changes we made didn't create new problems.

So that's sort of all of that process which is generally our annual development process played into the language that landed in the book that's being (mailed). And I'll also say that we – after we mail the book in the fall and we, you all use it, beneficiaries use it through the Open Enrollment Period, we will come back out to those groups in early January while it's fresh in your mind to get your feedback again about the handbook in particular and things that worked well, things that didn't work well, things that you wish were included that you couldn't find anywhere. So that's sort of for us a very cyclical process of feedback that's important for us as we continue to develop this and make it better.

Susie Butler: And I will say with all of the areas in the Office of Communications we're always listening to what you have to say, you being our partners on the phone and as well as what our beneficiaries are saying which comes through you our

partners on the phone because that feeds into the products, processes and other things that we put into place to better communicate so it's a big circle.

Having said that (Marcela), is there anyone in line to ask a question of Erin?

Operator: Your first question comes from the line of (Esenza Honseimer) from (Franescine Care), your line is open.

(Esenza Honseimer): Hello, thank you for taking my call. I have numerous patients in dialysis units who swear that they've attempted several times to speak to someone about getting a Medicare card issued, now this has been unsuccessful. What can I tell them, where can I direct them to?

Erin Pressley: These people do you know that are – do they know they're eligible for Medicare and they just haven't gotten a card?

(Esenza Honseimer): Right.

Erin Pressley: So if they're eligible and they are – just because they're on dialysis doesn't mean they're eligible for Medicare, they do have to have end stage renal disease and have other eligibility factors. They contact either 1-800-MEDICARE to follow up or contact the Social Security Administration if they have not – if there's a question about their eligibility.

(Esenza Honseimer): It's usually once they've already been qualified and they've had the insurance they swear that they've never got, received a card in the mail.

Erin Pressley: So in that case I would refer them to 1-800-MEDICARE. They should be getting a new Medicare card, so even if they somehow missed out on their Original Medicare card, they should be getting it as part of what Julie was talking about earlier the issuance of new Medicare cards and new numbers. They should be getting a new one. So if they still don't have one, then I would send them to 1-800-MEDICARE to follow up and it may be an address issue or an eligibility glitch.

(Esenza Honseimer): When are those cards coming out again?

Erin Pressley: They are being mailed over the course of this year, and the best place to look, the easiest place to look I think is [Medicare.gov/newcard](https://www.medicare.gov/newcard) where you can find out for people in your state the timing of the mailing.

(Esenza Honseimer): Got you, thank you.

Erin Pressley: You're welcome.

Operator: Your next question comes from the line of (Ernie Camelot) from CMS, your line is open.

(Ernie Camelot): Erin, thank you for taking my question. I'm actually with, I'm a volunteer a Medicare counselor with APPRISE which is the Pennsylvania equivalent of SHIP. We have a unique situation in my local area here where unfortunately just as we're going into Open Enrollment we're changing leaders. Our old leader for our local agency moved on, and a new one will be hired very soon.

We believe that the old leader probably has not ordered the Medicare & You handbooks, the 2019 version. We only have a couple of hundred in stock which carries us through the year as we do the Medicare counseling for especially for new Medicare enrollees but they come in handy obviously for any of our appointments.

How can we go about ordering these now at the last minute because we're less than a month away from beginning of Open Enrollment and online it's not possible you can only order one at a time well we need quantity?

Erin Pressley: Right, so the best place if you need larger quantities and I know this was in earlier slides that were not mine, I'm looking for the URL. It will be in the slides but the website that your director probably uses to order is product ordering all one word ...

(Ernie Camelot): I did see that slide earlier, yes.

Erin Pressley: [.cms.gov](https://www.cms.gov). I don't know if you can put it back on screen the support team. So we'll put it up on the webinar for a minute as well. But you do need to create an account so either someone in your office, it's free, someone in your office

can create that until you have a new leader in your office. But then you can order multiple copies of the Medicare handbooks and the publications and outreach materials that we have available there.

If you have trouble doing that and you're not able to get the handbooks quickly or you're having issues, please reach out to Susie and the partnership group and we'll work with you to make sure you get what you need.

(Ernie Camelot): OK, (inaudible) that was given earlier in this webinar. I lost the contact when you say reach out to Susie.

Susie Butler: You – this is Susie Butler but you can just send an email to partnership@cms.hhs.gov.

(Ernie Camelot): partnership@cms ...

Susie Butler: @cms.hhs.gov.

(Ernie Camelot): OK thanks very much. Bye-bye.

Susie Butler: OK, you're welcome.

Operator: Your next question comes from the line of (Linda Casagoni) from NCAAA, your line is open.

(Linda Casagoni): Hi, thank you for taking my question. I first just have – I'm a SHIP counselor in Connecticut, I just had, first I just want to make a comment on kudos on your new handbook, the high level overview pages. That is precisely how I'd explain Medicare to new enrollees and I've been doing it that way for several years. So now it'll be nice to be able to refer them to the handbook.

My question deals with the supplemental publications that you referred to. I was curious how often they get updated because I was trying to find – I have some publications from when I started doing this a few years ago on the enrollment periods which now obviously are going to change. So I was trying to find online something like those publications that explained it more clearly

and couldn't find anything. So I was curious if those are going to be updated and how I'd be able to get a hold of them?

Erin Pressley: So they are. We are in the process of updating the publications for Open Enrollment in particular including the enrollment period. So basically for the supplemental publications, if something changes in the content like there's a new enrollment period or there's a new law, we update that when the change goes into effect. So sometimes there's a couple of months lag while we kind of the – our subject experts here are working out the actual policy and finalizing it and then it comes to our communications area to sort of write it in a way that makes sense.

And then some – they are typically posted online while they're being printed so the online version will be updated before new print copies are available. If they, if content is not impacted by any change, we review those publications any way every 18 months. So if they haven't been touched in 18 months we do a thorough review of the content and we go back to the subject matter experts and make any updates even if it's just for clarity, plain language; those kinds of things.

(Linda Casagoni): OK.

Erin Pressley: So it doesn't necessarily mean things that have a date older than 18 months are out of date and shouldn't be used, but we do review them.

(Linda Casagoni): So basically I have to wait a bit before those particular publications on the enrollment periods will come out since this is a brand new change?

Erin Pressley: Yes. So I think – I know we updated enrollment periods but I'm not sure that we caught everything, and so we may do that again to add some more. Sorry - just don't remember off the top of my head.

(Linda Casagoni): OK. And then I just want to thank the people real quickly who raised the issue about the Plan Finder and the timing out because I've had that issue as well. I brought it up to my agency, apparently it doesn't happen to anybody else. So I'm glad I'm not the only one and I would appreciate if somebody

looked into it. It usually happens for me after you put in the drugs, you put in the network pharmacies and then you try to go to the Plan Finder and it just kicks you out.

Erin Pressley: Thank you for raising that. (A key thing), I'm sort of looking to my colleagues I'm going to put you on the spot now with this question but in the MyMedicare.gov part of the website you can create and keep a drug list, correct. So you don't always have to enter it fresh every time in the current Plan Finder?

Jon Booth: Correct, that's if you use the authenticated version of the tool instead of the anonymous version yes.

Erin Pressley: So that's a plug again you know now that we have this sort of quicker log in, we will have this quicker log in through MyMedicare. Especially if you have somebody with a lot of drugs and a lot of complicated kind of dosage and things like that, it may be good anyway just to have them have a MyMedicare.gov account and kind of keep that list handy.

Jon Booth: And I will do a PSA for the MyMedicare another additional one. It will also prepopulate from a previous year a person's drugs. So, that will also actually help to for those counselors that are meeting with people say with those accounts, you can actually talk with your clients to make sure and confirm that those are still the prescription drugs that they're on. So I do that PSA every year as well.

Susie Butler: (Marcela), we'll take one more question.

Operator: Your last question comes from the line of (Barb Len) from (Call of the Shekay), your line is open.

(Barb Len): Hello.

Erin Pressley: Hello.

(Barb Len): Yes, my question is will beneficiaries who are in a temporary address that has been registered with the postal service, will all of the mailing go to that

temporary address? For instance if they're having physical therapy so they're staying with a family member or so forth, if they've told Social Security and Medicare that they are in a temporary address, will their Open Enrollment booklets go to that address or will it go to their original address that they turned ...

Erin Pressley: So that's a good question. And I know you asked specifically about the Open Enrollment the Medicare handbook, but I'll answer it too for the new Medicare cards because we do we have temporary addresses for those situations that you described. We have cases where people have moved and have a forwarding order in place with the U.S. Postal Service. We have ...

(Barb Len): Yes, we have that too as well now and that has (gone away).

Erin Pressley: Yes, and we have very unfortunately situations where people are displaced by things like hurricanes and don't have the ability to have mail delivered even if they're in their current address. The distinction that I'll make is the Medicare handbook that I've been talking about is mailed as bulk mail, so similar to kind of your Sears catalog if they still mail those out, Pottery Barn those types of things.

Those are not forwarded and the addresses that we mail to are actually created as part of a total mail file that's created in July. And so if they have a temporary address that's been registered with Social Security, in the Social Security Administration after July, then the Medicare handbook will be mailed to their former address and it will not be forwarded.

So they may not get it, they may have to go and they can call 1-800-MEDICARE and ask for a copy and just give sort of a onetime address to 1-800-MEDICARE. It won't change their record in any way but they can just say I'm not getting my handbook, can I have one mailed to this address? So that's the easiest way to take care of that. The new Medicare cards are first class mail because they can – they are considered personally identifiable information.

Even without the Social Security Number, the Medicare number is considered like a credit card. So they are forwarded if there's a forwarding order on the record with the postal service. I believe they're also possibly mailed to temporary addresses although my guess is that that would as Julie talked about, we're being so strict with the address information because of fraud prevention that it may have triggered sort of a red flag and they're not being held. Again I would call 1-800-MEDICARE.

(Barb Len): OK. One more quick question, what address should we use if we're using through a Plan Finder for those folks?

Erin Pressley: So what zip code, if they're in a temporary address with a different zip code ...

(Barb Len): Right.

Erin Pressley: And they're just receiving care?

(Barb Len): Essentially it's a different county so the plans are different you know with different counties.

Erin Pressley: So that's probably a more complicated issue that we would need some subject matter expertise there. Actually probably subject matter experts on the phone who could answer that better than any of us could. But we can follow up and get you an answer.

(Barb Len): Thank you.

Susie Butler: Well thank you everybody on the phone, and I want to thank my colleagues. This concludes today's meeting. But what we wanted to do was set the tone for open enrollment for Medicare this coming year and use these new tools, use these new innovations publications, ways of communicating.

And give us honest feedback because in January specifically on January 23rd we'll come back for this meeting and we're going to talk – we're going to tell you what we've learned but we'd like to hear from you what would you like to see, what would you like to see differently? That doesn't mean we can do that

but we would like to hear from you. So when we have our next meeting that's part of what we'll be talking about.

So we hope you found today's presentations helpful. We'll get the presentations themselves posted as soon as possible. Please feel free to email any questions or thoughts that you had that maybe you didn't get to ask live today. Please send those to the partnership mailbox, that mailbox is partnership no S there just partnership@cms.hhs.gov.

We look forward to hearing from you, we look forward to visiting with you in about three months and we'll be in touch in the interim, you know how to find us. We look forward to talking to you. And if you have thoughts about other things you'd like us to talk about at these meetings, please send that to the partnership mailbox as well. Take care everyone, look forward to hearing from you.

Operator: This concludes today's conference call, you may now disconnect.

END