Meeting Summary
Advisory Panel on Medicare Education (APME)
Tuesday, November 30, 9:00 a.m. – 4:00 p.m.

Agenda
Centers for Medicare & Medicaid Services Update
Medicare Modernization Act Outreach and Education

Location:

The meeting was held at the Wyndham Washington, located at 1400 M Street, N.W., in Washington, D.C.

***Federal Register* Announcement:**

The meeting was announced in the October 22, 2004 *Federal Register* (Volume 69, Number 204, Pages 62055-62056) (Attachment A).

Panel Members Present:
Katherine Metzger, Chair, APME; Director, Medicare and Medicaid Programs, Fallon Community Health Plan
James Bildner, General Partner, New Horizons Partners, LLC
Dr. Jane Delgado, President and Chief Executive Officer, National Alliance for Hispanic Health
Clayton Fong, President and Chief Executive Officer, National Asian Pacific Center on Aging
Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.
Bobby Jindal, Congressman-Elect
David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education
Donald J. Lott, Executive Director, Indian Family Health Clinic
Dr. Frank Luntz, President and Chief Executive Officer, Luntz Research Companies
Davis Null, Financial Advisor, Merrill Lynch
Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham
Susan O. Raetzman, Associate Director, Health Team, Public Policy Institute, AARP
Catherine Valenti, Chairperson and Chief Executive Officer, Caring Voice Coalition

Panel Members Absent:
Dr. Drew Altman, President and Chief Executive Officer, Henry J. Kaiser Family Foundation

Designated Federal Official:
Lynne G. Johnson, Center for Beneficiary Choices (CBC), Centers for Medicare & Medicaid Services

Others:
A sign-in sheet listing other attendees is incorporated as Attachment B.

Welcome and Open Meeting
Lynne Johnson, Centers for Medicare & Medicaid Services (CMS)

Ms. Johnson, the Designated Federal Official for APME, called the meeting to order at 9:00 a.m.

Introduction of Members/Review of Previous Meeting
Katherine Metzger, Chairperson, APME

Katherine Metzger welcomed the panel members and asked them to introduce themselves. She reviewed highlights of the previous meeting (Attachment C) that included discussions on:

- The Medicare Modernization Act (MMA) of 2003;
- Educating beneficiaries about the prescription drug benefit;
- Outreach efforts to low income beneficiaries, including cooperative efforts with the Social Security Administration;
- Overview of the National Medicare Education Program, emphasizing the importance of consistent and repetitive messaging, and
- Changes the MMA is bringing to Medicare Advantage plans.

Dr. Jane Delgado asked that the following corrections be made to the meeting minutes from the May 11, 2004 and September 9, 2004 meetings:

- May 11, Page 4 - Change the National Alliance for Hispanic Education to National Alliance for Hispanic Health;

- May 11, Page 4 – Remove the following statement which was incorrectly attributed to Mr. Falcon: "This increase will put a greater burden on the federal health system."

- May 11 and September 9 – Include Dr. Delgado's comment that the ABC Coalition should be invited to present so that the members will know of ABC's outreach efforts and progress.

Ms. Metzger stated that the APME subcommittee will be looking at the *Medicare & You* handbook and changes that will need to be made to this publication for 2006, as well as the medicare.gov web site. She then asked Dr. Marlon Priest to brief the panel on the past meeting of the APME subcommittee, which he chairs.

Medicare Modernization Act Outreach and Education Subcommittee Summary –
Dr. Marlon Priest, APME Subcommittee Chair (Attachment D)

Dr. Priest stated that the subcommittee met via conference call to focus on the redesign of the Medicare Initial Enrollment Period Package (IEP). The IEP is the first piece of information that most newly eligible Medicare beneficiaries receive. The information contained in the IEP is critical in helping newly eligible Medicare beneficiaries know about their automatic enrollment in Medicare, their choices regarding Medicare, and what decisions they need to make. Dr. Priest stated that in reviewing the draft redesigned IEP, the subcommittee made the following recommendations:

- Beneficiaries should first be informed about the decisions they need to make. Secondly, the IEP should explain those choices available to the beneficiaries, and thirdly, the beneficiaries should be asked to make their decisions.

- Language should be added to the IEP encouraging eligible beneficiaries to take advantage of Medicare Part B because it is a good benefit at a relatively modest price.
- Language should be added encouraging employees who are still working, but approaching Medicare eligibility age, to discuss with their employer their upcoming retirement health care benefits and how Medicare benefits will complement and affect them.
- CMS should design a strategy around employers and how they will interact with their employees who are Medicare eligible.

Discussion

- Member Comment - Bobby Jindal, APME, suggested adding language to the IEP discussing:
  - Medicare Point-of-Service plans;
  - Potential savings available to beneficiaries who enroll in "private" Medicare plans;
  - The fact that it is the plan the beneficiary chooses, not Medicare, that determines the amount of benefits he or she will receive; and
  - The fact that Medicare+Choice plans can now reduce or eliminate the Part B premium.

- Member Comment - Clayton Fong, APME, suggested that CMS consider translating the IEP into additional languages (currently, it is published only in English and Spanish).

Ms. Metzger asked for a motion approving the subcommittee's recommendations regarding the IEP. The motion was made, and the recommendations were agreed upon by the panel.
Ms. Metzger noted that the additional recommendations made by Mr. Jindal and Mr. Fong would be included in the official minutes of the current meeting.

Centers for Medicare & Medicaid Services Update – Leslie Norwalk, Deputy Administrator, CMS

Ms. Norwalk informed the committee that CMS is currently finalizing the MMA regulations, which should be issued within the next couple of months, and said that they will include a draft formulary guidance. She explained that many patient advocacy groups are following this issue closely because of their wish to maintain patient access to drugs that are essential to treat chronic diseases, such as HIV/AIDS and mental illness.

Ms. Norwalk stated that CMS faces a great challenge in educating beneficiaries about the new Medicare drug benefits. She said that one of the populations that CMS will focus on is low-income beneficiaries, both dual-eligible and non-dual-eligible. She urged panel members to think about new, more effective ways by which CMS can reach beneficiaries with its messages. After briefly describing the agency's collaborative efforts with community-based groups, Ms. Norwalk stated that the agency's outreach and education efforts must include retired beneficiaries with employer-provided drug and other health care benefits, in addition to the low-income beneficiaries. CMS is providing waivers and other incentives to group health care plans to make it easier for them to continue providing health care benefits to the estimated 11 million retired beneficiaries who are eligible for both Medicare and private health plan benefits.

Discussion

- Member Comment: Clayton Fong noted the importance of providing information to beneficiaries in additional languages other than English and Spanish. He suggested that a more effective way to reach such beneficiaries would be through public service announcements on radio or TV, and by using informational videos in other languages. Mr. Fong noted that in reaching these beneficiaries, CMS will still have the challenges of addressing illiteracy and the beneficiaries' skepticism and distrust of federal programs. Mr. Fong added that, regardless of how CMS gets messages out to beneficiaries with language or cultural differences, the Agency should provide contact information on where beneficiaries can go to learn more about their possible Medicare benefits.

- Member Comment: Dr. Jane Delgado noted that her organization recently funded an outreach effort through 25 agencies around the country. The results reported by these agencies indicated that the biggest challenge they encountered was the skepticism around the idea that the government is going to give you $1,200.00 (Transitional Assistance). She explained that the results also showed that approaches that normally worked were not effective with this population. She stated that one agency involved in the outreach effort had reported that, because of the skepticism and distrust of federal programs, it often took four or five visits by an outreach worker before convincing these beneficiaries to apply for the drug discount card. Citing a recent study the Alliance had sponsored on Hispanics, genes, and rates of metabolism, Dr. Delgado stated that her organization opposes drug formularies.

- Member Comment: Dr. Priest suggested that CMS might also consider capitalizing on existing but unexplored opportunities for beneficiary outreach and education on the new drug benefits in doctors' offices, for example, where a nurse is often the person who interacts with Medicare patients and calls in their prescriptions. Urgent care facilities and hospital emergency departments, particularly in public, inner-city hospitals, where many low-income patients routinely seek care, would also present good opportunities for beneficiary education by nursing staff, hospital social workers, residents, and interns.

- Member Comment: Ms. Valenti commented about the difficulty some eligible Medicare beneficiaries have in accessing the new drug discount card. She described at least two instances in which the customer service representative of the drug card provider to which the beneficiary had been referred by 1-800-MEDICARE, got the beneficiary's name or street address wrong, thereby setting back the application process by several weeks and causing the beneficiary to reapply. Informing beneficiaries about the drug discount card is only part of the challenge the Agency faces.

- Member Comment: Ms. Raetzman suggested that as CMS moves forward in its thinking about the prescription drug related changes, we should not lose sight of the other parts of the Medicare program and the programs that provide other assistance to beneficiaries like the Medicare Savings programs and Medicaid. Utilizing Social Security mailings is a perfect opportunity to reach beneficiaries about these other programs.

- Member Comment: Mr. Wedner stated that it would be very beneficial to the entire panel to receive fact-based information supporting what has been successful with regard to mailings, radio, and TV. Also, CMS should actively pursue reaching physicians online.

- Member Comment: Mr. Knutson stated that the panel is interested in hearing about outreach through the provider community.

- Member Comment: Mr. Bildner stated that CMS should step up its education and outreach efforts through community health centers, and regional offices should be working actively with community-based organizations.

After a question and answer period, Ms. Norwalk thanked the panel for their comments and recommendations that she will share with the Administrator.

MMA Outreach and Education – Low-Income Subsidy

- **Overview - Michael McMullan, Deputy Director, Center for Beneficiary Choices, CMS**
- **State Perspective – Gale Arden, Director, Disabled and Elderly Program Group, Centers for Medicaid and State Operations, CMS** (Attachment E)
- **Social Security Administration (SSA) Education and Outreach – Beatrice Disman, Regional Commissioner, New York Region, SSA** (Attachment F)

Ms. McMullan explained that low income beneficiaries will benefit the most from the new prescription drug benefit. She welcomed any suggestions panel members might have for effective ways in reaching this population.

Ms. Arden explained that beneficiaries, who currently receive their drugs through the Medicaid program, will no longer get their drugs through that program as of January 2006. She stated that the greatest challenge to CMS and the states is to help dual-eligibles transition into the Medicare Prescription Drug Benefit. She explained that the beneficiary needs to apply for the low income subsidy and has to enroll in a Part D plan for the subsidy to work. SSA is involved in the eligibility and application process for the low-income subsidy. Ms. Arden discussed eligibility requirements for the low-income subsidy and the various levels of co-pays.

Ms. Arden explained that it will be critical for the states to identify their dual-eligible beneficiaries so that CMS can inform those who are automatically deemed eligible and those who must enroll in Medicare Prescription Drug Benefit plans to receive the subsidy. She explained that, under MMA, both the states and SSA are required to determine whether someone is eligible for the low-income subsidy. If a beneficiary wishes to appeal the decision regarding their eligibility, he or she must appeal directly to the entity that denied the eligibility. To avoid potential confusion from having 50 different states separately making such determinations, Ms. Arden stated that CMS will create incentives and processes for beneficiaries to enroll using the SSA application and eligibility process. The states will have to educate their Medicaid recipients about the changes that are coming, both under the low-income subsidy and under the Medicare Prescription Drug Benefit.

Ms. Arden reported that to help resolve these issues, her office, SSA and several key state Medicaid officials have created a state issues workgroup. Five smaller subgroups were formed, including one that focuses on the outreach campaign to low-income beneficiaries. Another subgroup is looking at coordination of care, an issue of particular interest to state Medicaid officials, who are concerned about transitioning Medicaid beneficiaries that are on particular drug regimens out of Medicaid and into Medicare Prescription Drug benefit plans beginning January 2006.

Ms. Disman stated that SSA is ideally situated to do outreach and education on the new low-income subsidy because they already have over 1,300 field offices around the country. She explained that to succeed in this effort, you need to be part of the community and have relationships on the local level. Educating beneficiaries about the new drug benefit is more challenging than educating them about the discount drug card. SSA is finalizing the new benefit application, which has been modified based on feedback from: beneficiaries who participated in cognitive group testing in the community; CMS; focus groups; advocacy groups; state Medicaid offices; and Capitol Hill. The shared goal was to simplify the document and make the language clear and straightforward so that beneficiaries can easily understand what the new low-income subsidy is and how they can apply for it.

Over the next 12 months, the SSA regional offices plan to conduct more than 65,000 outreach and education events around the new drug benefits. SSA will target some of the most vulnerable populations--the frail, the elderly, the disabled, the non-English-speaking, and people with low incomes or limited resources. SSA is trying to design an application process that eliminates the need for consumers to travel to an SSA office to apply for the new benefits. Ms. Disman explained that her agency plans to do a targeted mailing of the low-income subsidy application to the "non-deemed" population (those who may qualify but must apply for the subsidy) because the "deemed" population will be automatically enrolled in the subsidy. SSA will do a test mailing of the subsidy application in late March 2005 in 42 zip code areas around the country. In April, SSA will hold a meeting of its public affairs specialists and directors of communications from SSA's 10 regional offices, along with officials from CMS.

In May, the official outreach and education effort will be launched, and SSA will begin taking applications, which can be filed by mail, the internet, telephone or in person. Applications will be printed in both English and Spanish, and they will also be available in up to 13 additional languages on the SSA web site. Ms. Disman stated that SSA will use additional tools in the outreach effort, including posters, videos, CDs, DVDs, radio, and onsite meetings with state officials. Targeted organizations will include adult care facilities, advocacy groups, churches, synagogues, mosques, large retail outlets, organizations serving the disabled community, and many others.

Discussion

- Member Comment: Mr. Fong commented on his concern about auto-enrollment, particularly with the Medicaid beneficiaries. This action may disrupt the doctor-patient relationship, particularly for the Low English Proficient (LEP) folks. They may be taken out of a plan that has doctors that speak their language.

- Member Comment: Dr. Mueller stated that in small rural communities, as a part of outreach efforts, CMS should target veterans' posts and civic organizations, the Lions, Elks, and the Does.

- Member Comment: Dr. Delgado stated that the White House Conference on Aging is coming up in October 2005. In terms of outreach and education, participating in the conference would be a natural way to build on what is being done.

Listening Session with CMS Leadership – Mark B. McClellan, M.D., Ph.D., Administrator, CMS

Dr. McClellan stated that implementation of MMA has made this a critical time for Medicare education. He explained that CMS needs help from many other sources to reach all 41 million Medicare beneficiaries. In addition to the new drug benefit for 2006, consumers need to know about the new preventive services benefits that start in January 2005. Dr. McClellan stated that many beneficiaries fail to take advantage of the preventive benefits that Medicare offers. Colorectal cancer screening could save thousands of beneficiaries' lives each year. The changes in Medicare coverage will allow more aggressive treatment of chronic diseases such as diabetes, possibly heading off renal failure complications. Countless lives and billions of dollars in medical expenses could potentially be saved each year if beneficiaries can be made aware of these new preventive benefits and take advantage of them.

Discussion

- Member Comment: Dr. Priest commented that some of the groups that CMS should be sure to partner with include practitioners who deliver care, those who will provide preventive services, and those who write 99 percent of those prescriptions in their offices or at the time of discharge. This is a chance to engage these practitioners in understanding how the new benefits will give them an opportunity to work with their patients to make them healthier.

- Member Comment: Mr. Fong stated that once you translate materials, you need to create an infrastructure for beneficiaries to call in and obtain information on a follow-up basis.

- Member Comment: Mr. Lott noted that 60 percent of Native Americans receive their care off the reservation and not through the Indian Health Service. They receive services covered by Medicare and Medicaid. He stated that as the program designates which plan or provider organization these beneficiaries will join, CMS needs to be aware that they are being pushed out of the system that is already providing their care.

- Member Comment: Ms. Valenti stated that the impact on the disabled will also be great. Their issues can be a little different; for example, drugs may be very expensive to treat their conditions. Some drugs may be dropped for certain conditions because they happen to be in a formulary, and the insurance companies may only offer 2 out of 10 of those drugs. One avenue to reach out to the disabled is through patient-support organizations.

- Member Comment: Dr. Delgado stated that the issue of mental illness is something that has not been addressed. Among older adults, mental illness, especially depression, is a problem. There is a concern about how these people are going to be covered.

- Member Comment: Mr. Wedner stated that one of the operational suggestions he would make for CMS to consider for the next year is to create "Medicare primers" or mini-web sites that CMS would populate with a number of partners throughout the Internet. Seniors and caregivers utilize Google, AOL, Yahoo, and MSN. As consumers dig deeper to get their information, the site would drive them back to medicare.gov. This tactic is employed by media companies.

After an extensive question and answer period, the Administrator thanked the members for their comments and their ongoing help at this critical time for the Medicare program.

Closed Door Lunch Session Summary, Katherine Metzger, APME Chair
Kathleen Harrington, Director, Office of External Affairs (OEA), CMS, Presenter

Ms. Harrington discussed her office's role in ensuring consistent messaging during the rollout of the MMA throughout 2005 and the beginning of 2006. Ms. Harrington explained three strategic imperatives for the agency's education and outreach campaign:

(1) Use leverage – Make multiple use of the various resources and opportunities available to CMS, and integrate them with all of the different offices and functions within the agency;

(2) Humanize the message – Humanize and simplify these very complex messages, and make them accessible to beneficiaries and their family members, as well as to participating or prospective health plans, health providers and employers; and

(3) Protect the confidence in Medicare – Ensuring that Medicare's public communications have integrity and are effective in advancing CMS's goal of reaching beneficiaries and encouraging them to take action, both with regard to the new drug benefits coming on line and Medicare's new preventive benefits.

CMS's outreach and education campaign will have three phases: awareness, moving people toward decision making, and an urgency phase to get people to take action. Ms. Harrington spoke about tactics, specifically about using a multi-media approach, bearing in mind that, while the changes in Medicare coverage are obviously a national topic, CMS will need the support of the local media to get the message out. CMS will also need to form and rely upon partnerships with organizations and grassroots groups.

Retiree Outreach through Employers – Anthony Knettel, Senior Outreach Advisor, Employer Policy & Operations Group, CMS (Attachment G)
Employer Drug Benefits Under MMA, Dr. Daniel Lyons, APME (Attachment H)

Mr. Knettel reviewed the drug coverage choices retired beneficiaries with employer-provided health care plans will have and the wide range of options employers in turn will have in modifying the health care coverage they choose to offer their retired employees. He stated that the agency's outreach and communications efforts must keep the message simple and clear while

at the same time addressing all of the various plan options. One important message that needs to be understood is the degree of flexibility and financial incentives that Medicare is now offering plan sponsors in an attempt to ensure that employers, unions, state and local governments, churches and other plan sponsors do not drop the health care insurance coverage they currently provide. Mr. Knettel stated that retirees and plan sponsors need to communicate so that they can work together effectively to make sure that retirees make choices that best suit their needs. Mr. Knettel identified a broad target audience for the outreach and education campaign--retiree and employer organizations, labor unions, health care consultants, health plans, third-party administrators, and professional organizations. He added that CMS will communicate not just to national organizations, but will seek to partner with regional and local, community-based organizations, to get the message out about the changes in Medicare coverage to plan sponsors and retirees. CMS reaches out to its target audience using approaches such as in-person and video conferences, teleconferences, webcasts, and posting downloadable written materials on the Internet. Mr. Knettel asked the members for their feedback and suggestions on how CMS can best support their outreach efforts. He also asked the members to think about non-traditional ways to reach out to plan sponsors and retirees.

Dr. Lyons noted that about 30 percent of Medicare beneficiaries are getting some supplemental coverage through an employer or other group relationship. He stated that most of those plan sponsors are large firms, unions and public employers, although in urban areas, there is still a fairly robust small group market. He explained that services covered by the supplemental insurance until very recently have not been available under Medicare, specifically, coverage of prescription drugs. In many cases beneficiaries have picked up the supplemental coverage primarily to help them pay for their prescriptions. As health care costs including pharmaceuticals have continued to rise, so have the premiums and cost sharing for the supplemental coverage, while the level of benefits has declined. Medicare provided financial incentives to such supplemental plans starting in 2000 with enhanced employer group waivers. Dr. Lyons explained that MMA will build on that support for retiree coverage by providing a subsidy to qualified plan sponsors that provide supplemental drug coverage to Medicare beneficiaries. The potential downside for such sponsors is the requirement that they notify their entire retiree pool 150 days before the planned start-up date of benefits. He stated that Independence Blue Cross has begun scheduling one-on-one meetings, group meetings and focus group meetings to get the word out. He told the members that they can find excellent sources of information on the new plan sponsor subsidy in a white paper CMS published last summer and in a printout of a presentation that could be found in the meeting briefing binder.

Discussion

After Mr. Knettel and Dr. Lyons answered numerous questions, the following comments were made:

- Member Comment: Ms. Metzger suggested that employers could be asked to schedule brown bag lunch events for their employees to get the message out about employer subsidy options.
- Member Comment: Dr. Mueller stated that there needs to be a comparison of the benefits available to a retiree who receives drug benefits from an employer, but qualifies for the low-income subsidy. Although the cost of the low-income subsidy may be lower than the employer's plan, the subsidy may not offer an equal or better value.

Public Comment – Katherine Metzger, Chair, APME

There were no public comments.

Next Steps – Katherine Metzger, Chair, APME

Ms. Metzger asked the panel to suggest topics to be discussed at the next APME meeting. The members suggested the following topics:

- CMS's overall strategic communications plan regarding implementation of the MMA;
- Analysis of CMS media campaigns to date, focusing on which approaches are most effective;
- Provider outreach and education efforts;
- Development of the electronic medical record;
- Access to Benefits Coalition's best practices and lessons learned;
- Grants to the State Health Insurance Assistance Programs; and
- The impact of the new Medicare regulations on beneficiaries.

Adjournment

Ms. Metzger thanked all of the participants for their input and adjourned the meeting. She announced that the next APME meeting will be held on Thursday, February 24, 2005 at the Loews L'Enfant Plaza Hotel. There being no further business, the meeting adjourned at 3:45 p.m.

Prepared by:
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Approved by:
Katherine Metzger, Chairperson
Advisory Panel on Medicare Education

Attachments

A. *Federal Register* (Volume 69, Number 204, Pages 62055-62056)
B. Sign-in Sheet
C. September 9, 2004 APME Meeting Minutes
D. APME MMA Outreach and Education Subcommittee Meeting Summary
E. *Low-Income Subsidy – State Perspective*, CMS
F. Draft Copy of the Low-Income Subsidy Form, SSA
G. *Employer Subsidy*, CMS
H. *Employer Drug Benefits Under MMA*, Independence Blue Cross