**Meeting Summary**
**Advisory Panel on Medicare Education (APME)**
**Tuesday, September 27, 2005, 9:00 a.m. – 3:30 p.m.**

**Agenda**
***Centers for Medicare & Medicaid Services Update***
***Listening Session with CMS Leadership***
***New Medicare Prescription Drug Benefit Plans Overview***
***Campaign Activities***
***Education and Outreach Strategies***

**Location:**

The meeting was held at the Hyatt Regency on Capitol Hill, 400 New Jersey Avenue, N.W., Washington, D.C. 20001.

**Federal Register Announcement:**

The meeting was announced in the August 26, 2005 *Federal Register* (Volume 70, Number 165, Pages 50375-50376) (Attachment A).

**Panel Members Present:**
Katherine Metzger, Chair, APME; Director, Medicare and Medicaid Programs, Fallon Community Health Plan
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
David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education
Dr. Keith Mueller, Professor and Section Head, Rural Health Policy Research Institute, University of Nebraska Medical Center
Lee Partridge, Senior Health Policy Advisor, National Partnership for Women and Families
Susan O. Raetzman, Associate Director, Health Team, Public Policy Institute, AARP
Rebecca P. Snead, Administrative Manager, National Council of State Pharmacy Association Executives
Catherine Valenti, Chairperson and Chief Executive Officer, Caring Voice Coalition
Grant Wedner, Cosmix Corporation

**Panel Members Absent:**
Dr. Drew Altman, President and Chief Executive Officer, Henry J. Kaiser Family Foundation
Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.
Bobby Jindal, Congressman
David Lansky, Director, Health Program, Markle Foundation
Dr. Daniel Lyons, Senior Vice President, Government Programs, Independence Blue Cross
Dr. Frank Luntz, President and Chief Executive Officer, Luntz Research Companies
Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham

**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. She turned the meeting over to the APME Chair, Katherine Metzger.

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

Ms. Metzger welcomed the panel members and asked them to introduce themselves. She reviewed highlights of the previous meeting that included:

- Outreach efforts to Medicare beneficiaries and their family and friends to help them understand the prescription drug benefit and encourage them to enroll in the benefit;
- Outreach efforts to providers, pharmacists and pharmacies;
- Grassroots efforts in cooperation with non-governmental partners, such as the ABC Coalition and AARP, and federal departments, such as Housing and Urban Development, the Department of Agriculture and the Office of Minority Health;
- Overview of the Medicare prescription drug benefit formulary;
- Efforts to enroll those who are dually eligible for Medicare and Medicaid; and
- Overview of the appeals process that will be available to Medicare beneficiaries enrolled in the prescription drug benefit.

**Discussion**

Member Comment - Rebecca Snead noted that page 12 of the minutes for the June 21, 2005, meeting states that she suggested Medicare add a component to the "Welcome to Medicare Physical" by requiring physicians to complete a medical review of their patients that would include a list of the prescription drugs the patients are taking. She stated that she made the suggestion that Medicare add a component similar to the Medicare physical. She was not suggesting it be a part of that physical. She asked that the minutes be corrected by replacing the phrase, "add a component to," with the phrase, "similar to."

**Listening Session with CMS Leadership - Dr. Mark McClellan, Administrator, Centers for Medicare and Medicaid Services**

The CMS Administrator thanked the panelists for their continuing and valuable help in the Agency's Medicare prescription drug benefit outreach and education efforts. He stated that bids to provide the new drug benefit on average were about 15 percent lower than projections in terms of costs per person for both to the Government and costs to beneficiaries in terms of premiums. The average premium was $32, rather than the projected $37. Dr. McClellan noted that:

- In every state except Alaska, there will be at least one plan with a premium below $20.
- In every state, there will be a number of plans with premiums well under $30.00.
- Many plans will have no deductibles.
- Many plans will offer extra coverage in the so-called coverage gap, either for generic drugs or brand-name drugs and generics.
- Many plans will offer very broad access to formularies and pharmacies.

Dr. McClellan stated that CMS is emphasizing four factors in its education and outreach efforts to beneficiaries: cost, coverage, convenience, and peace of mind. CMS is using printed materials to inform beneficiaries about the different types of coverage that will be available. He stated that help is available on medicare.gov or by calling 1-800-MEDICARE. Medicare beneficiaries can also seek help from their local State Health Insurance Assistance Program (SHIP) counselors and from other advocacy organizations, such as the Access to Benefits Coalition (ABC).

**Discussion**

Member Question – Ms. Partridge asked Dr. McClellan to share the options that CMS is considering for Medicare and Medicaid beneficiaries who have been displaced from their homes due to Hurricane Katrina.

CMS Response – Dr. McClellan explained that work is being done to create new categories of eligibility for people who have been displaced. CMS has also been setting up ways to pay for care that does not fit within the traditional Medicaid program. Providers that normally do not accept Medicaid are delivering health care and are being reimbursed for their services. People who are living in other states are receiving temporary Medicaid coverage so that they can get the coverage they need now. CMS is to working with pharmacists and drug plans to make sure that people in need of a prescription can get into a drug plan that is going to work for them. CMS is also getting help from Social Security to reach other people who have been displaced and who may now qualify for extra help.

Member Comment - Mr. Fong stated that he was concerned about rumors concerning potential beneficiary lawsuits related to drug plan counseling they receive.

CMS Response - Dr. McClellan stated that CMS has worked with the insurance industry experts to develop guidelines on what is appropriate in terms of counseling seniors about benefit options. These guidelines have been shared with the State Health Insurance Assistance Programs and other counseling programs. CMS will also provide training to individuals and organizations providing counseling to seniors and people with disabilities.

Member Question - Dr. Lansky asked about CMS' future plans when the drug plans are stable and consumers are trying to differentiate among the drug plans based on quality. Dr. Lansky also asked what processes are in place for capturing performance metrics.

CMS Response – Dr. McClellan explained that CMS' online tools already enable people to choose plans based on price and quality. The tools help people to quickly input the drugs they are using and the pharmacies they want to use, and allow them to compare plans based on what they would pay for their medicines at the pharmacies they prefer. CMS has received feedback on this tool. This feedback helps people to make a confident decision based on price and savings and important quality dimensions such as benefits offered, preferred pharmacies, and

formularies. In addition, from the start, we will track beneficiary complaints about the drug plans.

Member Question - Dr. Lansky asked if future quality reports would provide information on how the quality of prescription drug dispensing has affected such variables as patient adherence, patient outcomes, medication errors, and adverse drug events.

CMS Response - Dr. McClellan stated that CMS is capturing information on the prescribing and CMS is going to have that information available in ways that can be analyzed with regard to patient outcomes. CMS is still at the stage of formulating the best way to use the information.

Member Question - Susan Raetzman asked if CMS is monitoring the overall beneficiary understanding of the drug benefit?

CMS Response - Dr. McClellan explained that if you look at the surveys of seniors over time, the understanding is improving. CMS saw a big jump upward in the last couple of months.

Member Question – Ms. Valenti asked what policy is in place to handle exceptions for drug coverage if the drug plan changes its drugs.

CMS Response - Dr. McClellan noted that CMS is not expecting a lot of plan changes midstream. The same plans that are providing the drug benefit are plans that are already serving millions of seniors and people with disabilities, and they are delivering very stable and generally effective drug coverage. CMS will be monitoring the drug benefit plans closely to make sure midstream coverage changes do not happen. The basic requirement of the law is that every plan provides access to medically necessary treatments. Ms. McMullan added that if someone has an appeal, they go first to the drug plan. The next appeal levels include an independent review entity, followed by the Medicare Appeals Council, and then Federal Court. The primary two issues are coverage and medical necessity. If it is a covered drug and it is medically necessary, there should not be an issue.

Member Question - Ms. Valenti asked as a patient advocacy organization, would we be able to appeal on behalf of the patients.

CMS Response - Ms. McMullan – stated that the individual can appeal, the physician can appeal, and someone representing the individual can appeal.

**Medicare Prescription Drug Benefit Plan Update – Dale Summers, Technical Advisor, Medicare Drug Benefit Group, CMS (Attachment D)**

Mr. Summers noted that there is a prescription drug plan in each state and that there are between 11 and 20 organizations offering prescription drug plans in the prescription drug plan regions. He also stated that there are 10 plans offering drug coverage nationwide. Mr. Summers highlighted a few of the marketing guidelines for all participating drug plans. He explained that the guidelines call for standardized language in the summary of benefits. People will be able to look at a summary of benefits from one plan to another and see the information in a consistent manner. CMS is also approving their materials. The marketing guidelines prevent promotional activities such as door-to-door solicitation and unsolicited e-mail. The guidelines include a number of provider activities. Providers must provide objective information based on an individual's need rather than generalities. They can provide plan marketing materials. The

marketing guidelines prohibit providers from directing or persuading individuals to enroll in a specific plan.

**Medicare Advantage Prescription Drug Plans Overview – Gary Bailey, Deputy Director for Plan Policy and Operations, CMS (Attachment E)**

Mr. Bailey stated that CMS recently posted Medicare Advantage Prescription Drug Plan (MAPDP) information on the CMS web site. Beneficiaries in all states except Alaska and Vermont will have access to an MAPDP. He noted that 21 out of 26 national prescription drug regions (covering 37 states) will offer the Preferred Provider Option (PPO). The 13 states that that are not covered are Alaska, Colorado, Connecticut, Idaho, Massachusetts, Maine, New Hampshire, New Mexico, Oregon, Rhode Island, Utah, Vermont, and Washington. Also, there is no coverage in Puerto Rico. Six of the regional PPOs will offer zero premium plans. Mr. Bailey stated that more Private Fee for Service Plans (PFSPs) are being offered nationwide. There are 17 PFSPs in which almost 150,000 Medicare beneficiaries have enrolled.

**Discussion**

Member Question - Ms. Partridge asked about the list of special needs plans.

CMS Response - Mr. Bailey stated that the special needs plans are listed with all of the approved MAPDPs. We will provide a special designation for those plans because there are a substantial number of them.

Member Question - Dr. Delgado asked what happens if the marketing guidelines are violated. She also asked how fraud is monitored and how CMS enforces consequences.

CMS Response - Mr. Bailey stated that the penalties depend on the severity of the violation. Penalties can range from revoking of the drug plan's use and file status, levying an intermediate sanction, levying a civil money penalty, or stopping future enrollment.

Member Question - Ms. Metzger asked if SHIPs have instructions for reporting on organizations that have behaved in a fraudulent manner attempting to get information from people with Medicare.

CMS Response – Mr. Bailey stated that the SHIPs report complaints to the CMS regional office. If the regional office cannot handle the complaint, it is forwarded to the CMS central office. If the complaint relates to fraud or abuse, the Office of the Inspector General will handle the complaint.

Member Question - Ms. Raetzman asked what CMS is doing to proactively determine whether or not rules are being violated and processes are being followed? She also wanted to know if CMS is relying mostly on feedback from the beneficiaries and the community.

CMS Response - Mr. Bailey stated that in terms of monitoring what is being said to beneficiaries, CMS expects feedback from the beneficiaries. CMS also expects feedback from the competitors. Medicare Advantage plans have already been providing feedback.

Member Question - Grant Wedner asked what is being done to educate providers beyond the marketing material that is being distributed to them.

CMS Response - Mr. Bailey explained that CMS' Center for Medicare Management is making sure that the provider community is educated, including what they can and cannot do.

Member Question - Mr. Fong asked what a beneficiary can do if they sign up for the wrong plan.

CMS Response - Mr. Bailey stated that if we find that someone ended up in a plan they should not be in through no fault of their own, we have the administrative ability to retroactively move them out of that plan and put them in a plan that best fits their needs.

Member Comment - Ms. Metzger stated that there is the opportunity for people who are dually eligible for Medicare and Medicaid to continue to be able to change plans any time.

**AARP – Noelle Ronald-Heyman, AARP (Attachment F)**

Ms. Ronald-Heyman stated that AARP has contracted with United HealthCare to be the Part D plan sponsor for AARP. The drug plan has been approved in 34 regions and 5 territories. She highlighted how the prescription drug plan is performing education and outreach. When first conducting outreach, AARP focused on larger groups. They talked to employers, associations, key stakeholders, the media, and customers of United Healthcare. These groups then educated their constituents to help them make informed choices. United Healthcare will also work with the state assistance programs to get the word out. The AARP Medicare Rx Plan has distributed the "show-me" guide to over 9 million people in addition to the American Association of Homes and Services for the Aging, the National Kidney Foundation, the Congressional Black Caucus, the American Medical Association, and top national pharmacy retailers. The guide can be downloaded online and is available in seven languages. Over 600,000 members have been educated about the drug plan. United HealthCare is working with its contracted physicians to help them understand what the Part D program means to their patients. There will be ongoing education through May 2006.

**Discussion**

Member Question – Ms. Metzger asked Ms. Ronald-Heyman when the project started.

AARP Response – Ms. Ronald-Heyman stated that the project began in November 2004.

Member Question – Mr. Wedner asked if a person chooses to participate in the drug plan, are they also becoming a member of AARP. If not, is that person's information provided back to AARP.

AARP Response – Ms. Ronald-Heyman answered that the drug plan is open to AARP members and any Medicare beneficiary. Membership is not a requirement in enrolling in the drug plan. HIPAA prevents AARP from receiving personal data from the drug plan for member marketing.

Member Question - Mr. Fong asked if the drug plan has customer service representatives that can speak Tagalog, Chinese, Korean, and Vietnamese and if enrollment materials are in those languages.

AARP Response - Ms. Ronald-Heyman stated that this is a multicultural initiative. For now, they have the "Show Me" booklet. They also provide customer service by telephone in 7 languages. Other language calls are assisted by an AT&T operator.

**Fallon Community Health Plan and Fallon senior Plan – Katherine Metzger, APME (Attachment G)**

Ms. Metzger explained that the health group serves about 32,000 Medicare beneficiaries in central Massachusetts and about 200 frail elders through the PACE plan. She stated that Fallon is working directly with its members and partners in the community to provide education on the drug benefit. These are the partners that Fallon has previously worked with through the Councils on Aging and senior centers. Fallon will be doing aggressive member education at meetings and other outreach during October once marketing begins. In addition, members in Medicare Advantage plans always receive an annual notice that gives them all of the changes for the upcoming year. The various Medicare Advantage plans are working collaboratively around the state offering information throughout the spring and summer. Ms. Metzger stated that Fallon has done a lot of work in reaching out to employer groups.

**Discussion**

Member Question - Mr. Fong asked if Medicare Advantage beneficiaries are being randomly assigned to plans or will stay in their existing plans.

Member Response - Ms. Metzger stated that if a person has a Medicare Advantage plan with drug coverage, they would stay in their existing plan. If they are in a Medicare Advantage plan with no drug coverage, they affirmatively pick a plan with drug coverage.

Member Question - Mr. Wedner asked what CMS is doing in its outreach to providers, such as physicians and pharmacists, to ensure that they offer objectivity with regard to the PDP information they give to the beneficiaries.

CMS Response - Ms. McMullan explained that there is a kit for providers, their office staff, and others who interact with individuals with Medicare so that they have the basic understanding of when the benefit is coming, what it is, and what they need to do. CMS is also working with organizations that provide continuing medical education (CME) credits for providers. There is a full-time staff person who is working with providers to get information into their hands. CMS is working with advocacy groups that represent populations with special needs to get information into the hands of both the advocates and the physicians who treat those populations.

Member Question - Mr. Wedner asked how many CME classes CMS offers.
CMS Response - Ms. McMullan explained that CMS is not offering CME classes. CMS is facilitating outside organizations to offer them.

Member Question - Dr. Delgado asked if there is a number a consumer can call if there is fraudulent activity (e.g., a phony drug company approaches them, a company does door-to-door marketing and is very aggressive, etc.).

CMS Response - Ms. McMullan stated that the consumer could call the HHS tips line. The telephone number is in the *Medicare & You Handbook*. If they have a complaint about a plan, they can call 1-800-MEDICARE. The complaint is actually handled by the regional office.

Member Question - Mr. Wedner asked what plans CMS has in place in the event a provider commits fraud.

CMS Response - Ms. McMullan explained that any fraud against Medicare or Medicaid is reported to the Office of the Inspector General (OIG). In addition, Mr. Bailey noted that if CMS notices potentially fraudulent activities during the normal monitoring and review of marketing materials, the issue is immediately referred to OIG.

Member Question - Ms. Partridge asked if partway through a year CMS discovers that a drug plan is not capable of carrying out its contractual responsibilities, will the plan be assigned an interim manager or forced to transfer its beneficiaries.

CMS Response - Mr. Bailey stated that the plan would not be assigned an interim manager. CMS has had plans that have run into severe management and financial problems in which the state has stepped in and taken over. In such cases, they appoint a receiver and the state runs it. CMS has worked with plans to help them become viable again.

Member Comment - Dr. Mueller - As a beneficiary, one might have the ability to sign up for any one of twelve different PDP options in the local community. Research shows that in some rural places, only two of those twelve options use local primary care physicians (PCPs). It is possible that a beneficiary might have to drive 50 miles to the PCP in that plan, as opposed to the one in their area.

CMS Response - Ms. McMullan explained that the distance a beneficiary may need to travel to a participating primary care physician is greater in rural areas than it is in urban areas. She also stated that the distance is even greater in frontier areas. She stated that she would provide information on the rural access standards if Dr. Mueller would like to view that information.

**Campaign Activities – Kathleen Harrington, Director, Office of External Affairs, CMS**

Ms. Harrington updated the panel about the latest consumer awareness documents going out to beneficiaries in English and Spanish, describing the new drug plan options and various "scenarios" for enrolling in a plan, depending upon the beneficiary category (e.g., low-income subsidy, Medigap, Medicare Advantage). She stated that CMS is conducting 20 campaigns that focus on special needs and minority populations. *Parade Magazine* ran a conversational style Medicare consumer piece in mid-September, and CMS will follow by placing Medicare consumer ads in subsequent issues of the Sunday newspaper insert. The 2006 national version of the *Medicare & You Handbook* is available on-line and versions containing additional information on particular U.S. regions and localities will soon be available online as well.

Ms. Harrington highlighted CMS' partnering activities with community-based organizations (CBOs), other federal agencies, Congress, private sector groups, associations, and plan partners. She stated that CMS has established community-based networks in 135 national regions, and that beneficiaries living in half of all American counties now have access to personalized enrollment assistance for the new benefit.

Ms. Harrington stated that during the past summer, HHS Secretary Michael Leavitt and CMS Administrator Mark McClellan visited 75 cities in 37 states in the Medicare Mobile Office. Connecting at the local level is essential. She stated that the bus would be going out again. Ms. Harrington also stated that after PDP marketing starts on November 15. CMS will make available a satellite broadcast to provide partners with a preview of the plan finder tool and a videotape of a half-hour town hall meeting on the new benefit that was first aired on the CNBC cable network.

**Discussion**

Member Comment - Ms. Snead stated that based on interaction with senior patients over the years, seniors know how to shop. They just have not had to traditionally shop for health care benefits. This is the new model and new dialogue with which we are going to need help.

CMS Response - Ms. Harrington stated that this issue of dialogue with beneficiaries speaks to our whole strategy. We do not want them sitting alone with the *Medicare & You Handbook* trying to figure out their benefits.

Member Comment - Dr. Delgado stated that there are seniors with mental health issues and that addressing this issue becomes more complicated because Medicare excludes some of the medicines that they need.

CMS Response - Ms. Harrington explained that the training materials will have a special section dealing with beneficiaries with mental illness and high drug needs from other chronic illnesses. We are going to address this in our training of SHIPs and other partners.

Member Comment - Mr. Wedner asked if Ms. Harrington, at a later date, would share some of the results of the education and outreach campaigns, such as some fact-based ROI (return on investment) analysis of what worked and did not work, in addition to some cost analysis.

Member Question - Mr. Wedner asked if the agency could share internal research with respect to how beneficiaries are going to interact with messaging.

CMS Response - Ms. McMullan stated that the research results will be placed on the web site.

**Medicare Prescription Drug Plan Finder Tool and On-line Enrollment Center**
**Thomas Dudley, Health Insurance Specialist, Beneficiary Information Services Group, Center for Beneficiary Choices, Division of Website Project Management, CMS**
(Attachment H)

Mr. Dudley described in detail the web tools CMS has either launched or is developing to help beneficiaries work through the Medicare Prescription Drug Benefit selection and enrollment process. The tools include:

- The Medicare Prescription Drug Plan Cost Estimator, which will be accessible on medicare.gov, and will show beneficiaries how much money they could potentially save per month and per annum on their prescriptions through various Medicare PDPs.

- The Formulary Finder, which will be accessible on cms.hhs.gov, will show which formulary drugs are covered by various plans and which ones would require preauthorization under particular plans. A visitor to this Web site will be able to request information on up to 25 formulary drugs at a time.
- An enhancement of the existing Medicare Personal Plan Finder, which will include information about the Medicare Advantage plans offering the new drug coverage.
- The Prescription Drug Plan Finder and Online Enrollment Center, which will become the primary new tool to help beneficiaries choose an appropriate prescription drug plan and, when they are ready to choose a plan, to enroll in that plan on-line.

According to Mr. Dudley, the Prescription Drug Plan Finder and Online Enrollment Center, among other things, allow beneficiaries to access detailed cost information for available drug plans. He stated that the site will provide three different search mechanisms to ease site navigation and, on November 15, beneficiaries will actually be able to enroll on-line in a drug plan.

**Discussion**

Member Question - Dr. Delgado asked if there was a limit to how much time a person could spend on the site before being timed out of the site.

CMS Response - Mr. Dudley stated that there is a limit as to how much time could be spent on the site and that he would have to obtain that information and provide it to the panel.

Member Question – Dr. Mueller asked if the plans' annual deductibles would be available on the Cost Estimator.

CMS Response – Mr. Dudley explained that the Cost Estimator includes the deductible information; however, the Plan Finder will include the deductible information in a column.

CMS Response - Ms. McMullan added that the Cost Estimator gives a thumbnail sketch of what might be available to the beneficiary such as lower premium plans or lower deductible plans.

Member Comment - Dr. Mueller asked if the web site included the beneficiaries' drug choices or drug utilization information.

CMS Response - Ms. McMullan stated that CMS is considering adding this information, but it is not included in the first release.

Member Question - Ms. Snead asked if a search on the Drug Finder could be limited to only mail order or community pharmacies?

CMS Response - Mr. Dudley stated that the default pricing is at the retail pharmacy level. Mail order pricing can be viewed by clicking on the plan name on that cost detail page. A person can compare their neighborhood pharmacy versus a mail-order pharmacy.

Member Comment - Ms. Partridge stated that many people remember the year their Medicare coverage began, but not the month. She asked if the Plan Finder would kick a person out of the search or let them continue the search.

CMS Response - Mr. Dudley stated that the Plan Finder would default over to the general search option if there is not a direct match with the beneficiary in the database.

Member Comment - Ms. Raetzman asked if the Plan Finder had a feature for customizing a search to find a national plan.

CMS Response - Mr. Dudley stated that the feature mentioned by Ms. Raetzman is not an option at this point.

Member Comment - Mr. Wedner expressed his concerns about the user interface. He asked if the user could, for example, access navigational tools. Can they click on them and get to a simple user interface page that briefly describes one, two or three tools, what each of them does, and who should use them. He explained that if the tools are not all in one area, there will be a lot of confusion.

CMS Response - Ms. McMullan stated that CMS would look at the issue raised by Mr. Wedner.

Member Question - Mr. Fong asked if there is a cheat sheet on the web site that could be used before going into the tool. The cheat sheet would provide the information needed before going into the tool.

CMS Response - Ms. McMullan informed Mr. Fong that CMS is looking into providing this type of assistance.

**1-800-MEDICARE – Frances Harmatuk, Telecommunications Specialist, Beneficiary Information Services Group, CMS** (Attachment I)

Ms. Harmatuk briefed the panel on what CMS is doing to prepare for the increase in call volume expected when the drug benefit enrollment officially begins on November 15. She stated that the agency has added approximately 23 new call centers to support an anticipated nine million calls in the month of November. She also stated that the agency is also:

- Leveraging the call center applications and desktop scripts to ensure that consistent information is delivered to the callers; and
- Enhancing the interactive voice response (IVR) system, to help callers retrieve necessary information in the least amount of time and without having to reach an agent.

Ms. Harmatuk demonstrated a sample call to the call center with the IVR response to that call.

**Discussion**

Member Comment – Mr. Wedner stated that the speed of the IVR sounded too fast. He also suggested that the IVR repeat data the caller needs to write down instead of having the caller ask for the information to be repeated. Mr. Wedner asked for the percentage of callers who request to speak to an agent and asked at what point during the recording they ask for an agent.

CMS Response - Ms. Harmatuk explained that the final version of the IVR recording is much slower than the demonstration. The idea of automatically repeating important data to the caller is a good suggestion. She stated that many callers choose to ask for an agent after listening to the

initial message. Thirty percent of callers "error out" at the Medicare number prompt because of the ways they state their Medicare number. We are working with the contractors and the speech scientists to be able to better tune those thresholds with the Medicare number.

Member Comment - Ms. Raetzman asked if beneficiaries will be able to obtain information about employer prescription drug plans in addition to the information that will be provided on the employer subsidy status.

CMS Response – Ms. McMullan stated that the only information available is on the subsidy, but she would check further into the issues.

Member Question - Mr. Fong asked if there was a cheat sheet that would help the caller in using the IVR menu.

CMS Response - Ms. Harmatuk answered "yes" to Mr. Fong's question and stated that CMS is planning to put a copy of the IVR tree on medicare.gov.

**Public Comment**

There was no public comment.

**Community Resources – Robert Adams, Director, Division of Community-Based Education and Outreach, CMS**
**Mimi Toomey, Director for Medicare Outreach, U.S. Administration on Aging (AoA)**
(Attachment J)

**Mr. Adams:**
Mr. Adams stated that the State Health Insurance Assistance Program (SHIPs) has 10,000-12,000 volunteer counselors and 1,200 local programs that overlap with the aging network. He explained that CMS and AoA are working closely together in an effort to meet the challenges in helping people make informed decisions about the Medicare drug benefit. CMS and AoA conducted a survey that involved the SHIPs and over 650 Area Agencies on Aging. The purpose of the survey was to determine the level of assistance these agencies could provide to beneficiaries needing assistance in choosing and enrolling in a drug plan. Mr. Adams stated that the results of the survey showed that:

- Approximately 94 percent of respondents will assist with online enrollment;
- Approximately 90 percent will assist in helping beneficiaries to compare drug plans;
- Approximately 81 percent will serve as a physical location for enrollment assistance;
- Approximately 64 percent will provide in-home enrollment assistance; and
- Approximately 79 percent will sponsor enrollment events.

CMS and AoA are developing a databank that identifies volunteers who will be available around the country to assist networks that need help in assisting people with the drug benefit. He highlighted the "Help is Here Resource Kit," that will give a coordinator at the local level a good start in training local volunteers who will use a 4-step process in counseling beneficiaries. CMS has developed enrollment assistance guidelines to give a framework to volunteers who will be counseling people. The guidelines can be found online at:
https://www.cms.hhs.gov/partnerships/news/mma/eag.pdf.

**Ms. Toomey:**
Ms. Toomey explained that people will be able to find out where they can get local help regarding the Medicare drug benefit through AoA's Eldercare Locator website. The Medicare Rx "Help Is Here" logo will be prominently displayed. She highlighted the following organizations with which AoA is partnering to help hard-to-reach populations:

- the National Association of Area Agencies on Aging;
- the National Council on Aging;
- the American Association of Homes and Services for the Aging;
- the National Adult Day Services Association;
- the National Alliance for Hispanic Health;
- the National Asian Pacific Center on Aging;
- the National Caucus and Center for Black Aged, Inc.;
- the National Council for Independent Living; and
- the Meals on Wheels Association of America.

**Discussion**

Member Question - Mr. Fong asked how much time it is going to take to walk the beneficiary through the four steps.

CMS Response – Mr. Adams stated that the amount of time depends on the circumstance of the individual and the needs of the individual. There is a school of thought that says it takes two sessions to counsel the individual.

CMS Response – Ms. McMullan stated that SSA is using the 2-step process in the application process for extra help.

Member Comment - Ms. Snead stated that the National Council of State Pharmacy Association Executives has put a challenge out to the nation's 85 pharmacy school deans to recruit and train pharmacy student volunteers to serve as Medicare beneficiary counselors.

**Next Steps - Katherine Metzger, Chair, APME**

Ms. Metzger suggested that future agenda topics include discussion topics such as the future uses of data in monitoring healthcare status and exploring new ways to reach minority and low-income beneficiaries. Other panel members suggested the following topics:

- Report on the national enrollment figures going back to the November 15 start date for the drug benefit enrollment period;
- Discuss chronic care trials and the agency's new web pages on quality data and pay-for-performance;
- Discuss the evaluation of limited-income subsidy enrollment data to measure this particular population's level of response to outreach efforts;
- Discuss the evaluation of the impact of the outreach and education efforts on enrollment in the various Medicare savings plans available to beneficiaries; and
- Discuss the outreach and education strategies that will be needed 1 or 2 years from now.

Ms. Metzger thanked her colleagues for their participation.

## Adjournment

Ms. Johnson officially adjourned the meeting at 3:30 p.m.

Prepared by:
Jonathan Agronsky, Summary Writer and Lynne Johnson, Designated Federal Official, Advisory Panel on Medicare Education, Division of Partnership Development, Beneficiary Services and Partnership Group, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

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

## Attachments

**A.** *Federal Register* (August 26, 2005, Volume 70, Number 165, Pages 50375-50376)
**B.** Sign-in Sheet
**C.** March 22, 2005 APME Meeting Minutes
**D.** *Medicare Prescription Drug Benefit Plans,* CMS
**E.** *Medicare Advantage Drug Plans Update,* CMS
**F.** *AARP Medicare Rx Plan,* AARP
**G.** *Fallon Community Health Plan and Fallon Senior Plan,* Fallon Community Health Plan
**H.** *Medicare Prescription Drug Plan Finder Tool and On-line Enrollment Center,* CMS
**I.** *1-800 MEDICARE Update, CMS*
**J.** *Community Resources, Overview for Medicare Prescription Drug Coverage, Individual Counseling at the Community Level,* CMS and AOA