



 **National Medicare**
TRAINING PROGRAM

Medicare Updates

National Medicare Training Program
Audio-conference Training
June 17, 2008



Topics

- Update on 2008 Tool Enhancements
 - Medicare Options Compare
 - Medicare Prescription Drug Plan Finder
- Electronic Health Records (EHR) Demonstration
- Q&A



National Medicare **TRAINING PROGRAM**

Medicare Prescription Drug Plan Finder (MPDPF) and Medicare Options Compare (MOC) Enhancements



MOC & MPDPF General Questions

New Question for Partial Subsidy Percentage

I will be getting Medicare coverage soon

None of the Above

I Don't know

Did you get a letter from Medicare or the Social Security Administration (SSA) that said you are either eligible for or qualified for extra help paying for your Medicare Prescription drug plan costs?

Yes No

Who sent you the letter?

Medicare Social Security Administration I don't know

The letter from the SSA should be titled "Social Security Administration Medicare Prescription Drug Assistance." Immediately under this title it should indicate what type of letter you received. What is the type?

Notice of Award Important Information

In your letter, under the header "Information about this help with your Prescription Drug Plan Costs" it will indicate what level of extra help you qualify for. What is your level of extra help?

Full Help Partial Help

In your letter, under the header "Information about this help with your Prescription Drug Plan Costs" it will indicate how much subsidy you qualify for. How much subsidy are you eligible for?

25% 50% 75% 100% I don't know

Page Last Updated: February 5, 2008

[Frequently Asked Questions](#) | [Contact Us](#) | [Website Privacy](#) | [Website Policies](#)
[Freedom of Information Act](#) | [USA.gov](#)

Centers for Medicare & Medicaid Services | U.S. Department of Health and Human Services

MOC Home page

Health Plan and Medigap Header updated

Medicare Options Compare [Home](#) [Help](#) [Glossary](#) [How Plans Work](#)
[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

Find & Compare Medicare Health Plans

Search includes:

- Original Medicare Plan
- Medicare Health Plans (like HMOs and PPOs)

Search doesn't include:

- Medicare Prescription Drug Plans
Find & compare these plans using the [Medicare Prescription Drug Plan Finder](#).

[Find & Compare Health Plans](#)

Find & Compare Medigap Policies

The Medigap (Medicare Supplement Insurance) Policy Search gives information on Medigap policies in your area and the companies that offer them.

[Find & Compare Medigap Policies](#)

Enroll in a Medicare Advantage Plan

Once you know which Medicare Advantage Plan (like an HMO or PPO) you want, use our online enrollment system to join.

[Enroll Online](#)

Learn More About Health Plans and Medigap Policies in Your Area

Access a directory of all Medicare Health plans and Medigap Policies that are available in your state or territory.

Select a State [View Plans](#)

Important Information

[Click here if you have End Stage Renal Disease](#)

Learn More About Medicare Coverage Options

Choose a plan that meets your needs:

Original Medicare Plan
This fee-for-service plan covers many health care services. You can go to any doctor or supplier that is enrolled and accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility.
[Learn more](#)

Medicare Health Plans (like HMOs and PPOs)
These plans are approved by Medicare and run by private companies. When you join one of these plans, you are still in Medicare. Some of these plans require referrals to see specialists. They provide all of your Part A (hospital) and Part B (medical) coverage. They generally offer extra benefits, and many include prescription drug coverage. These plans often have networks, which means you may have to see doctors who belong to the plan or go to certain hospitals to get covered services. In many cases, your costs for services can be lower than in the Original Medicare Plan, but it is important to check with the plan because the costs for services will vary.
[Learn more](#)

Medicare Prescription Drug Plans
These plans add prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
[Learn more](#)

Medigap (Medicare Supplement Insurance) Policies
These policies help pay some of the health care costs that the Original Medicare Plan doesn't cover. If you are in the Original Medicare Plan, you could get a Medigap policy to help cover the extra health care costs.
[Learn more](#)

Medicare Stories [Share Your Story](#)

New header and text

MOC Plans in Your Area – Health Plan View

Medicare Options Compare [Home](#) [Help](#) [Glossary](#) [How Plans Work](#)
[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

Plans in Your Area

Review List of Plans in Your Area

Change Your Area

State:
 County: (Optional)

Learn More

- Learn more about Medicare Health Plans (like HMOs and PPOs)
- Learn more about Medicare Policies
- Learn how to choose a plan

Plan Ratings

[View plan ratings in a new browser window](#)

You are Viewing: Health Plans Medigap Policies 

This list shows you basic information about plans in your area. Click on a plan name for more detailed cost and coverage information. You can choose a plan based on this information, or you can find out more information by comparing your [Medicare Options](#).

24 Health Plans offering coverage in Alaska New feature that allows beneficiaries to view either Medigap plans or Health plans

Select Criteria to Reduce Number of Plans Shown (optional)

Medicare Health Plans in Alaska

These results are sorted by **Plan Name**. Click on column titles to sort. Click on plan names to view more information about each plan.

Sort Table By:

| Plan Name and ID Numbers ▲ | Plan Type | Monthly Premium <small>[What is this?]</small> | Covers Drugs | Doctor Choice | Vision Services | Dental Services | Physical Exams | Customer Service Phone Number |
|----------------------------|-----------|---|--------------|---------------|-----------------|-----------------|----------------|-------------------------------|
|----------------------------|-----------|---|--------------|---------------|-----------------|-----------------|----------------|-------------------------------|

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MOC Plans in Your Area – Medigap View

Medicare Options Compare

[Home](#) | [Help](#) | [Glossary](#) | [How Plans Work](#)
[Vea en Español](#) | [Use Larger Font](#) | [Email](#)

Plans in Your Area

Review List of Plans in Your Area

Change Your Area

State:

County: (Optional)

Learn More

- [Learn more about Medicare Health Plans \(like HMOs and PPOs\)](#)
- [Learn more about Medigap Policies](#)
- [Learn how to choose a plan](#)

You are Viewing: Health Plans Medigap Policies

This list shows you basic information about plans in your area. Click on a plan name for more detailed cost and coverage information. You can choose a plan based on this information, or you can find out more information by comparing your [Medicare Options](#).

The following Medigap policies are available in Alaska

Show all policies | [Show only policies available to people under age 65](#)
Sort Table By: --Select a Column--

| Policy Summary | | | Benefits (In addition to basic benefits) | | | | | | |
|--|-----------------|--|--|-------------------|-------------------|-----------------------|--------------------------|------------------|-----------------|
| Medigap Policy Type | Monthly Premium | Estimated Annual Cost for People Like You ¹ | Skilled Nursing Facility | Part A Deductible | Part B Deductible | Part B Excess Charges | Foreign Travel Emergency | At Home Recovery | Preventive Care |
| A View Details | \$64 - \$234 | \$4650 | | | | | | | |
| B View Details | \$95 - \$223 | \$4750 | | ✓ | | | | | |

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MOC Benefits at a Glance (BaG) page – new link to Plan Ratings

Medicare Options Compare Home Help Glossary How Plans Work

[View in Español](#) | [Use Larger Font](#) | [Email](#)

Find and Compare Plans

Step 4: Choose Plans to Compare
 64 plan(s) available in ZIP code 78705
 3 plan(s) shown based on your selected criteria

[Print This Page](#)

Option for displaying a link to Plan Ratings

Plan Ratings
View plan ratings in a new browser window

[Show](#) Select Criteria to Reduce Number of Plans Shown (optional)

When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and performance varies across plans. Giving good quality care means doing the right thing, at the right time, and in the right way to get the best possible results.

Your current plan is shown first in this chart. All other plans are sorted by Estimated Annual Cost for People Like You. Click on column titles to sort another way. Click on plan names to view more information about each plan.

Choose up to 3 plans to [Compare](#) [\(Reset Checkboxes\)](#) Sort Table By: Estimated Annual Cost [Sort](#)

| Plan Summary | | | | Plan Benefits | | | | | | |
|--|-------------------------|--|--|---------------|---|--------------------|-----------------|-----------------|----------------|--|
| Name | Type | Monthly Premium ¹ <small>(What is this?)</small> | Estimated Annual Cost for People Like You ¹ <small>(What is this?)</small> | Covers Drugs? | Coverage in the Gap <small>(What is this?)</small> | Doctor Choice | Vision Services | Dental Services | Physical Exams | |
| Your Current Plan for 2008 | | | | | | | | | | |
| <input type="checkbox"/> Original Medicare <small>(Contract ID: 0000, Plan ID: 001, Segment ID: 0)</small> | Original Medicare | \$0.00 | \$4950 | No | N/A | Any Doctor | Not Covered | Not Covered | Not Covered | |
| Other Plans in Your Area (3) | | | | | | | | | | |
| <input checked="" type="checkbox"/> Medicare Advantage (PPO) - 2008 <small>(Contract ID: 0000, Plan ID: 001, Segment ID: 0)</small> | Regional PPO | \$0.00 | \$4050 | No | N/A | Any Doctor | Covered | Covered | Covered | |
| <input checked="" type="checkbox"/> Medicare Advantage (Deduction) - 2008 <small>(Contract ID: 0000, Plan ID: 001, Segment ID: 0)</small> | Demonstration | \$0.00 | \$4100 | No | N/A | Any Willing Doctor | Covered | Covered | Covered | |
| <input checked="" type="checkbox"/> Medicare Advantage (Medical Savings Account) - 2008 <small>(Contract ID: 0000, Plan ID: 001, Segment ID: 0)</small> | Medical Savings Account | \$0.00 | \$4650 | No | N/A | Any Doctor | Not Covered | Not Covered | Not Covered | |

Note: Monthly Premiums and Estimated Annual Costs don't include any Medicare Part D (prescription drug) late enrollment penalty amounts that may apply to you.
¹This Monthly Premium is in addition to the Part B premium.

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MOC Compare Health Plans page – new display order for health plan domains

Medicare Options Compare
Home Help Glossary How Plans Work

< Back to Plan Search Results
View in Spanish | Use Larger Font | Email

Find and Compare Plans

Print This Page

The table below provides benefit details for each plan you have selected. You can compare your selected plans in ten important benefit categories. If any of the plans you selected covers drugs, click the 'Enter Your Drugs' button (see right) to get a personalized estimate of your costs.

| Plan Benefits | <ul style="list-style-type: none"> • Medicare Health Plan • SNP, Chronic or disabling condition • Provides health and drug coverage • Approved by Medicare • Houston & Austin Surrounding Counties • View plan website | <ul style="list-style-type: none"> • Medicare Health Plan • HMO • Provides health and drug coverage • Approved by Medicare • Travis, Hays, and Williamson Counties • View plan website | <ul style="list-style-type: none"> • Medicare Health Plan • HMO • Provides health coverage only • Approved by Medicare • Travis, Hays, and Williamson Counties • View plan website |
|--|--|--|--|
| | View Details Contact Plan to Enroll | View Details Enroll Now | View Details Enroll Now |
| Estimated Annual Cost for People Age 65 - 69 in Very Good Health | \$2,350 | \$2,350 | \$2,450 |
| Provider Network | <ul style="list-style-type: none"> • 8091-8500 physicians and providers • Click to View Provider and Physician Network Website | <ul style="list-style-type: none"> • 293-800 physicians and providers. This site lists physicians who are currently taking new patients. • Click to View Provider and Physician Network Website | <ul style="list-style-type: none"> • 283-800 physicians and providers. This site lists physicians who are currently taking new patients. • Click to View Provider and Physician Network Website |
| Plan Ratings Click to view more details on Plan Ratings | | | |
| Helping You Stay Healthy | ★★★★ | ★★★★ | ★★★★ |
| Getting Care from Your Doctors and Specialists | ★★★★ | ★★★★ | ★★★★ |
| Managing Chronic (Long-Term) Conditions | ★★★★ | ★★★★ | ★★★★ |
| Getting Timely Information and Care from Your Health Plan | ★★★★ | ★★★★ | ★★★★ |
| Your Rights to Appeal Drug Plan Customer Service | ★★★★ | ★★★★ | ★★★★ |
| Using Your Plan To Get Your Prescriptions Filled | ★★★★ | ★★★★ | Not Applicable |
| Drug Pricing Information | ★★★★ | ★★★★ | Not Applicable |

Health Plan domains are displayed above Drug Plan domains

Compare Drug Costs

If any of the plans you selected cover drugs, enter your drugs to find out what you might pay for drugs not your monthly cost with the plans you selected.

[Enter Your Drugs](#)

Plan Ratings

View plan ratings in a new browser window

The number of stars shows how well the plans perform.

Excellent ★★★★★

Very Good ★★★★

Good ★★★

Fair ★★

Poor ★

Learn More

Learn how Quality and Performance are measured. Find out why people have left these plans.

Learn how to choose a plan. Find out where the data gathered on this site comes from.

Learn more about Medicare Health Plans like HMOs and PPOs.

What are Medicare Special Needs Plans?

5 Ways to Lower Your Costs Round the Coverage Gap

Limited Income and Resources?

You may qualify for extra help paying for Medicare prescription drug coverage.

[Find out more](#)

MOC BaG page access to Metrics Center – display of initial Plan Ratings page

Plan Ratings
 Select Plans for ZIP Code 78705 Print This Page Close Window

When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best possible results.

You are comparing:
 Health and Prescription Drug Plans Health Plans View

Drug Plan Ratings Health Plan Ratings

Choose up to 3 plans to Compare Sort Table By: Plan Name Sort

| Plan Name and ID Numbers | Helping You Stay Healthy | Getting Care From Your Doctors and Specialists | Managing Chronic (Long-Lasting) Conditions | Getting Timely Information and Care From Your Health Plan | Your Rights to Appeal |
|---|--------------------------|---|--|---|---|
| <input type="checkbox"/> [Plan Name and ID] | ★★ | ★★★ | ★★ | Not enough data to calculate stars for this category. Data for individual measures may be available for review. | ★★★★★ |
| <input type="checkbox"/> [Plan Name and ID] | ★★★ | ★★★★ | ★★ | ★★★ | ★★★ |
| <input type="checkbox"/> [Plan Name and ID] | ★★★ | ★★★★ | ★★ | ★★★ | ★★★ |
| <input type="checkbox"/> [Plan Name and ID] | ★★ | Not enough data to calculate stars for this category. Data for individual measures may be available for review. | ★★ | Not enough data to calculate stars for this category. Data for individual measures may be available for review. | Not enough data to calculate stars for this category. Data for individual measures may be available for review. |

Plan Ratings

The number of stars shows how well the plans perform.

Excellent ★★★★★

Very Good ★★★★

Good ★★★

Fair ★★

Poor ★

View when Metrics Center is accessed via the new link from the BaG page (similar to MPDPF view, but shows Health Plan ratings tab first by default) 10

MPDPF New mail order values

- [View important notes and benefit summary](#)
- [View pharmacy network](#)

[Enroll Now](#)

[View plan website](#)

Provider website information not available

Plan Ratings [[Click here to view more details on Plan Ratings](#)]

| | |
|---|------|
| Drug Plan Customer Service | ★★★★ |
| Using Your Plan To Get Your Prescriptions Filled | ★★★★ |
| Drug Pricing Information | ★★★ |

Fixed Cost Details

| | |
|--------------------------------|-------------------------------|
| Total Premium | \$23.50/month (\$282.00/year) |
| Total annual deductible | \$0 |

Copay/Coinsurance Details - Initial Coverage Limit

| | Tier Name | Retail (30-day supply) | Mail Order (90-day supply) |
|-----------------------------|---------------------|------------------------|----------------------------|
| Preferred Pharmacies | Preferred Generic | \$4 | \$0 |
| | Preferred Brand | \$25 | \$62.50 |
| | Non-Preferred Brand | \$54 | \$135 |
| | Specialty | 25% | Information Not Available |

Plans often cover drugs in "tiers". Tiers are specific to the list of drugs covered by the plan. Plans may have several tiers, and the copay for a drug depends on which tier the drug is in. Plans can form their own tiers, so you should contact the plan to find out what copays and limitations are associated with each tier.

MPDPF Display of ZIP Code for Save Work ID

The screenshot shows the Medicare Prescription Drug Plan Finder (MPDPF) interface. At the top, there is a navigation bar with links for Home, FAQs, Printable-Version, Español, Mailing List, and Search Tools. Below this is the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". The main heading is "Medicare Prescription Drug Plan Finder".

The main content area is titled "Find and Compare Plans". It displays a message: "The Zip Code entered does not match the Zip Code saved with this Save Work ID (Former Zip Code: 90210). Save Work IDs can only be used in the same 'Zip Code Search' as when it was created." Below this message, the following information is shown:

- Save Work ID: 8597756002
- Password Date: January 1, 1900
- Zip Code: 16346

Below the information, there are two buttons: "Update Zip Code and Continue" and "New Search". A note at the bottom states: "Note: If you have not updated your drugs recently, you may want to see if any generic substitutions are available. To do this, simply select to 'Add More Drugs' from the Plan List (or Plan Details) page. Ensure that the 'Use lower cost generic drugs when available.' checkbox is selected and click on the 'Continue' button. If Generic drugs are available, your drug list will be automatically updated."

Save Work ID, password date, and zip code will be pre-populated with values entered, unable to be changed

2 buttons – update zip code and continue or new search

New search will take user back to MPDPF or MOC tool (whichever they came from)

Update Zip Code and Continue will append zip code associate with Save Work ID – user will have to enter new pharmacy

MPDPF Drug Entry Enhancements: 1) Diabetic Supplies in More Info box; 2) Text for Drug Selection page (when drug cannot be found); 3) Common Abbreviations

U.S. Department of Health & Human Services | www.hhs.gov

Home | FAQs | Printable Version | Español | Mailing List | Search Tools | Search Medicare.gov | Search

Medicare

The Official U.S. Government Site for People with Medicare

Medicare Prescription Drug Plan Finder

Home | Help | Glossary | How Plans Work | See en Español | Use Larger Font | Print

Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Enter Drug Name:

[Click here to browse drugs alphabetically.](#) **3**
[Help with Common Drug Abbreviations](#)

The drug name you entered cannot be found. Please check your prescription bottle and verify that the name of the drug you entered is spelled correctly. In some cases, both the brand and generic name of a drug will appear on the prescription bottle. Please enter the brand name as there may not be a generic alternative currently available.

If you are still unable to find your drug, please contact the plan for coverage and pricing information. **2**

Page Last Updated: 2/5/2008

Why Enter My Drugs?

By entering your drugs, we can estimate what portion of your drug costs Medicare will pay.

What Drugs should I Enter?

Medicare plans cover most commonly used prescription drugs. In addition, some plans may provide additional coverage for drugs not usually covered by Medicare.

The site does not show pricing for over-the-counter drugs or diabetic supplies. **1**

MPDPF Help with Common Drug Abbreviations Pop-up Window

The screenshot shows the Medicare website interface. At the top, it says "U.S. Department of Health & Human Services" and "www.hhs.gov". Below that is a navigation bar with links for "Home", "FAQs", "Printable-Version", "Español", "Mailing List", and "Search Tools". A search box is present with "Search Medicare.gov" and a "Search" button. The main header features the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". Below the header is the title "Medicare Prescription Drug Plan Finder" and a search bar. The main content area is titled "Find and Compare Plans" and contains a section "Help with Common Drug Abbreviations". This section states: "The list below is provided to help you with some common drug abbreviations." and lists 30 abbreviations with their full names.

U.S. Department of Health & Human Services www.hhs.gov

[Home](#) | [FAQs](#) | [Printable-Version](#) | [Español](#) | [Mailing List](#) | [Search Tools](#) Search Medicare.gov Search

Medicare The Official U.S. Government Site for People with Medicare

Medicare Prescription Drug Plan Finder [Home](#) [Help](#) [Glossary](#) [How Plans Work](#)
[Vea en Español](#) | [Use Larger Font](#) | [Print](#)

Find and Compare Plans

Help with Common Drug Abbreviations

The list below is provided to help you with some common drug abbreviations.

- Abx - antibiotics
- APAP - acetaminophen
- ASA - acetylsalicylic acid, or aspirin
- Ca - calcium
- Chol - cholesterol
- Cl - chloride or chlorine
- Cod - codeine
- DM - dextromethorphan
- ER - extended release
- Fe - iron
- GERD - gastroesophageal reflux disease
- HCl - hydrochloric acid or hydrochloride
- HCO₃ - bicarbonate
- HCT - hydrochlorothiazide
- HCTZ - hydrochlorothiazide
- K - potassium
- LA - long acting (time released)
- Mg - magnesium
- Na - sodium
- NO - nitric oxide
- NS - normal saline
- NTG - nitroglycerin
- OA - osteoarthritis
- PCN - penicillin
- SNRI - serotonin-norepinephrine reuptake inhibitor
- SR - slow release or sustained release
- TCN - tetracycline
- TR - time release
- TTS - transdermal therapeutic system
- XL / XR - extended release
- Zn - zinc

MPDPF Add mail order pharmacy pricing – Plan List Page

[Click here](#) for information about Ways to Lower Your Costs During the Coverage Gap.

| Compare up to 3 Plans to <input type="button" value="Compare"/> <input type="button" value="Reset Checkboxes"/> | | Sort Table By: --Select a Column-- <input type="button" value="Sort"/> | | | | |
|--|---|---|--|---|---|--|
| Plan Name and ID Numbers <small>(What is this?)</small> | Estimated Annual Cost Using Retail Pharmacy <small>(What is this?)</small> | Estimated Annual Cost Using Mail Order Pharmacy <small>(What is this?)</small> | Monthly Drug Premium <small>(What is this?)</small> | Annual Deductible <small>(What is this?)</small> | <input type="button" value="Select a Column"/> <input type="button" value="Plan Name and ID Numbers"/> <input type="button" value="Estimated Annual Cost Using Retail Pharmacy"/> <input type="button" value="Estimated Annual Cost Using Mail Order Pharmacy"/> <input type="button" value="Monthly Drug Premium"/> <input type="button" value="Annual Deductible"/> <input type="button" value="Coverage in the Gap"/> <input type="button" value="Number of Network Pharmacies"/> | <input type="button" value="Enroll"/> |
| <input type="checkbox"/> SilverScript SilverScript Insurance Company (S5601-010) Approved by Medicare Available nationwide <input type="button" value="I"/> | \$4,483 Lower this cost \$4,354 for the rest of 2008* | \$4,383 Lower this cost \$4,275 for the rest of 2008* | \$19.20 | \$275.00 | No Gap Coverage | <input type="button" value="Add"/> <input type="button" value="Enroll"/> |
| <input type="checkbox"/> AdvantaRx Value Coventry AdvantaRx (S5570-027) Approved by Medicare Available nationwide <input type="button" value="I"/> | \$4,486 Lower this cost \$4,351 for the rest of 2008* | \$4,407 Lower this cost \$4,293 for the rest of 2008* | \$22.30 | \$0.00 | No Gap Coverage | <input type="button" value="Add"/> <input type="button" value="Enroll"/> |
| <input type="checkbox"/> BravoRx Bravo Health (S5822-001) Approved by Medicare | \$4,501 Lower this cost \$4,365 for the rest of 2008* | \$4,485 Lower this cost \$4,362 for the rest of 2008* | \$24.60 | \$275.00 | No Gap Coverage | <input type="button" value="Add"/> <input type="button" value="Enroll"/> |
| <input type="checkbox"/> Medco Medicare Prescription Plan Value Medco Medicare Prescription Plan (S5660-107) Approved by Medicare Available nationwide <input type="button" value="I"/> | \$4,501 Lower this cost \$4,365 for the rest of 2008* | \$4,478 Lower this cost \$4,359 for the rest of 2008* | \$24.60 | \$275.00 | No Gap Coverage | <input type="button" value="Add"/> <input type="button" value="Enroll"/> |
| <input type="checkbox"/> Humana PDP Enhanced S5884-004 Humana Insurance Company (S5884-004) Approved by Medicare Available nationwide <input type="button" value="I"/> | \$4,507 Lower this cost \$4,369 for the rest of 2008* | \$4,429 Lower this cost \$4,310 for the rest of 2008* | \$23.50 | \$0.00 | No Gap Coverage | <input type="button" value="Add"/> <input type="button" value="Enroll"/> |

Showing Plans 1 - 5 Show: 5 per page | 10 per page | 20 per page | All one page 1 of 10 pages

Compare up to 3 Plans to Sort Table By: --Select a Column--

15

2 Estimated Annual Cost columns – one for retail pharmacy, one for mail order pharmacy
 Added ability to sort by Estimated Annual Cost Using Mail Order Pharmacy column

MPDPF Plan Details Page Updates

| Drug Coverage Information | | | | |
|--|---|---|---------------------------------|------------------------------|
| Selected Drugs | Tier (Formulary Status) [What is this?] | Restrictions | | |
| | | Prior Authorization [What is this?] | Quantity Limits [What is this?] | Step Therapy [What is this?] |
| SIMVASTATIN TAB 20MG | TIER 1 | No | Yes | No |
| <input type="button" value="Add or Remove Drugs"/> | | <input type="button" value="Update Dosage/Quantity"/> | | |

| Monthly Drug Cost Details at Preferred Network Retail Pharmacies (Cost includes extra help) <input type="button" value="Hide"/> <input type="button" value="Show"/> | | | | |
|--|--------------------------------|--|---|--|
| Selected Drugs | Full Cost of Drug ¹ | Pre-Initial Coverage Level (The amount you will pay before you reach Initial Coverage Level for this plan) | Initial Coverage Level (The amount you will pay after you've met your deductible, but before you reach \$4,050 in out of pocket costs.) | Catastrophic (The amount you will pay after you reach \$4,050 in out of pocket costs.) |
| SIMVASTATIN TAB 20MG ⁸ | \$24.06 | \$2.25 | \$2.25 | \$0.00 |
| Monthly Totals: | \$24.06 | \$2.25 | \$2.25 | \$0.00 |

Your actual costs at the pharmacy may vary slightly.

⁸ This drug may be subject to supplemental cost-sharing in addition to the price displayed. Please contact the plan for details. 2

| Monthly Drug Cost Details at Preferred Network Mail Order Pharmacy (Cost includes extra help) <input type="button" value="Hide"/> <input type="button" value="Show"/> | | | | |
|--|--|--|--|--|
| | | | | |

- 1) Adding column for LIS to indicate pre-ICL copay amounts
- 2) Reference Pricing Footnote

Pre-ICL column added for LIS 1 and 2, Reference Pricing footnote added (for 5/28/08 release), New table titles for Monthly Drug Cost Details

MPDPF Plan Details Page Updates, continued – add mail order pharmacy

My Drugs

| | | |
|-----------------------------------|--------------------------------------|---|
| Drug Name SIMVASTATIN TAB 20MG | Quantity/Days Supply 30 per Month | Actions <input type="button" value="Add Doses"/> <input type="button" value="Remove"/> |
|-----------------------------------|--------------------------------------|---|

My Pharmacies

No pharmacies selected.

Total Monthly Cost Estimator for Preferred Network Retail Pharmacies

This bar graph reports an estimate of your monthly prescription drug costs, including any applicable premiums for this plan. This information is based on the drugs and/or pharmacies you selected. Actual costs may vary.

If you were to enroll in this plan today, your enrollment would be effective on the May 1, 2008. Because your enrollment in 2008 would be for a partial year only, the total amount you would pay during the plan year is less than the full 12 month cost shown.

| Month | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th | 10 th | 11 th | 12 th |
|-------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|
| Costs | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 | \$2.25 |

Legend:

- Month(s) used to calculate the cost for the rest of the year
- Month(s) used to calculate the total annual drug cost

Total Monthly Cost Estimator for Preferred Network Mail Order Pharmacy

Page Last Updated: 9/4/2007

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Centers for Medicare & Medicaid Services | U.S. Department of Health and Human Services

Bar chart for mail order added

MPDPF Plan Contact information added to Compare Plan Benefits Page

The screenshot shows the Medicare Prescription Drug Plan Finder interface. At the top, there are navigation links for Home, FAQs, Printable Version, Español, Mailing List, and Search Tools. The main heading is "Medicare The Official U.S. Government Site for People with Medicare". Below this, there's a search bar and a "Find and Compare Plans" section. The "Compare Plan Benefits" section is active, showing three plans side-by-side. A red circle highlights the "Contact Information" sections for each plan, which include phone numbers for Non-Members and Members, and "Add to My Favorites" buttons. Below the plans, there's a table with various cost categories and ratings.

| Category | Humana PDP Enhanced S5884.004 | WellCare Classic | First Health Part D Secure |
|--|-------------------------------|------------------|----------------------------|
| Plan Ratings | ★★★★ | ★★★★ | ★★★★ |
| Drug Plan Customer Service | ★★★★ | ★★★★ | ★★★★ |
| Using Your Plan To Get Your Prescriptions Filled | ★★★★ | ★★★★ | ★★★★ |
| Drug Pricing Information | ★★★★ | ★★★★ | ★★★★ |
| Fixed Costs | | | |
| Premium | \$23.50/month | \$29.90/month | \$16.10/month |
| Annual Deductible | \$0.00 | \$250.00 | \$175.00 |
| Initial Coverage Limit (amount you have to spend before your copay or coinsurance changes) | \$2,510.00 | \$2,510.00 | \$2,510.00 |
| Annual Drug Costs (Including Premium) for Preferred Network Retail Pharmacy | | | |
| Full Year Cost | \$330 | \$347 | \$309 |
| Cost for the Rest of 2008 (9 months left) | \$248 | \$260 | \$232 |
| Annual Drug Costs (Including Premium) for Mail Order Pharmacy | | | |
| Full Year Cost | \$282 | \$347 | N/A |
| Cost for the Rest of 2008 (9 months left) | \$212 | \$260 | N/A |
| Your Monthly Drug Costs before you have met your deductible | | | |

Changes: Moved Plan Ratings to the top, Added "Fixed Costs" category, Added "Annual Drug Costs (Including Premium) for Preferred Network Retail Pharmacy" category, Added "Annual Drug Costs (Including Premium) for Mail Order Pharmacy" category

MPDPF PAP and LCA Integration – Click on “Yes”

The screenshot shows the Medicare Prescription Drug Plan Finder interface. At the top, there are navigation links for Home, FAQs, Estimated Version, Qualified, and My Plan List. The main heading is 'Medicare Prescription Drug Plan Finder'. Below this, there are instructions on how to use the tool and a 'Find and Compare Plans' section. A table titled 'Comparison' lists various drugs with columns for 'Estimated Cost Share before Savings', 'Cost Share Savings Opportunities, Lower Cost Drug?', 'Estimated Cost Share After Savings?', and a new 'Pharmaceutical Assistance Program' column. The table includes drugs like Advair Diskus, ALBUTEROL, and others. Below the table, there are sections for 'Similar Drugs', 'To be safe, talk with your doctor first', and 'Pharmaceutical Assistance Program'.

| Drug | Estimated Cost Share before Savings | Cost Share Savings Opportunities, Lower Cost Drug? | Estimated Cost Share After Savings? | Pharmaceutical Assistance Program |
|--|-------------------------------------|--|-------------------------------------|-----------------------------------|
| Advair Diskus MS 250/50 | \$108 Ed/month | NA | \$108 Ed/month | No |
| ALBUTEROL AER 100MG | \$1.07/month | NA | \$1.07/month | No |
| CHRONICLY INDOLOX 200 4% SP | \$1.84/month | NA | \$1.84/month | Yes |
| Fosamax TAB 70mg | \$19.79/month | NA | \$19.79/month | Yes |
| PRATAPILAM BROMIDE SOL 50MG | \$1.67/month | NA | \$1.67/month | No |
| Stigapan TAB 3mg | \$24.43/month | NA | \$24.43/month | Yes |
| PERDOLACHE HCL TAB 100MG | \$13.22/month | Similar Drug: 55.32% | \$6.42/month | No |
| antidolone benzoate/acetaminophen hydrochloride CAP 2 3 10MG | \$17.48/month | NA | \$17.48/month | No |
| total | \$180.49/month | | \$180.49/month | |

Pharmaceutical Assistance Program Column added. This column will either read Yes (if PAP is offered for the drug) or No (if PAP is not offered for the drug). If column reads Yes (link), clicking on Yes will result in a pop-up window with PAP information for that drug. Text added on bottom of page about what PAP is.

MPDPF PAP and LCA Integration – PAP Popup

The screenshot shows the Medicare website's 'Pharmaceutical Assistance Program Drug Details' page for Fosamax. The page includes a header with the Medicare logo and navigation links. Below the header, there is a table with the following information:

| | |
|-----------------------------|--|
| Drug Name | Fosamax |
| Drug Company | Merck & Company, Inc. |
| Drug Program | The Merck Patient Assistance Program <ul style="list-style-type: none">Medicare Prescription Drug Plan (Part D) enrollees may qualify on a case-by-case basis if:<ul style="list-style-type: none">Both they and their physician attest that the patient has special circumstances of financial and medical hardship |
| Eligibility Criteria | <ul style="list-style-type: none">Income is below \$39,200 for an individual and \$52,800 for a couple. |
| Benefits/Assistance | <ul style="list-style-type: none">Provides free selected Merck medicationsDelivered directly to the patient's home or physician officeUp to one year of medicine on a single application |
| Website/Contact Information | Address: Phone: 1-800-727-5400 Website: http://www.merck.com/pap/pap/consumer/index.jsp |

Below the table, there is a link: [Return back to 5 Ways to Lower Your Costs During the Coverage Gap](#). A 'Top of page' button is also present. A 'Close this Window' button is circled in red. The footer contains links for 'Frequently Asked Questions', 'Contact Us', 'Website Privacy', 'Website Policies', 'Freedom of Information Act', and 'USA.gov'. The page last updated date is January 16, 2008.

Added a “Close this Window” button

MPDPF PAP and LCA Integration

Click on Similar Drug

Find and Compare Plans

Ways to Further Lower My Drug Cost Share

Listed below are your selected medications with estimated cost share for **MEDICAREX REWARDS STANDARD (\$5960.138)**. There may be ways to further lower your estimated cost share by looking for generic alternative drugs, similar lower cost drugs, and/or mail order pharmacies to help you save on your drug costs. These options use the unique pricing and formulary rules of **MEDICAREX REWARDS STANDARD (\$5960.138)** to identify the lowest available cost share you can pay based on the drugs you selected. For more information about how these options work, view the explanations below.

Please note: Information on ways to lower your drug cost share found below is for your information only. You shouldn't take any action without talking with your doctor first as some of these options may not be available to you depending on your health status and other medications you may currently be taking. In addition, we are providing this information for only some of the drugs available for searching on our web site. CMS is committed to providing information about lower cost drugs. We welcome any comments or suggestions on this section of the site.

Save Work Information
ID: 8597756002
Date: 01/01/1900

| Comparison | Now Showing Retail (30 Day Supply) Prices | | Show Mail Order (90-Day Supply) Prices | |
|--|---|--|--|-----------------------------------|
| | Estimated Cost Share before Savings | Cost Share Savings Opportunities: Lower Cost Drugs | Estimated Cost Share After Savings * | Pharmaceutical Assistance Program |
| Advair Diskus MIS 250/50 | \$108.03/month | N/A | \$108.03/month | No |
| ALBUTEROL AER 90MCG | \$5.07/month | N/A | \$5.07/month | No |
| CROMOLYN SODIUM SOL 4% OP | \$3.84/month | N/A | \$3.84/month | No |
| Fosamax TAB 70mg | \$19.79/month | N/A | \$19.79/month | Yes |
| IPRATROPIUM BROMIDE SOL INHAL | \$0.67/month | N/A | \$0.67/month | No |
| Singular TAB 10mg | \$24.93/month | N/A | \$24.93/month | Yes |
| FEXOFENADINE HCL TAB 180MG | \$13.22/month | Similar Drug: 95.33% | \$0.62/month | No |
| amlodipine besylate/benzazepril hydrochloride CAP 2.5-10MG | \$17.48/month | N/A | \$17.48/month | No |
| Total: | \$192.94/month | | \$180.33/month | |

* The Estimated Cost Share After Savings is the amount you will pay for drugs after you've met any applicable deductible, but before you reach any coverage limits.

Similar Drugs:

For one or more of the above drugs, the plan offers similar drugs at a lower cost. Different prescription drugs are often available to treat many common health conditions. These drugs could be either brand or generic formulations. If you are taking a prescription drug, there may be a drug that is prescribed for individuals with conditions similar to yours and that is priced lower than the drug you are taking. You and your doctor may want to discuss if this is an option for you.

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Click on Similar Drug link

MPDPF PAP and LCA Integration Similar Drug Page

Similar Lower Cost Drugs
This information is for MEDICAREX REWARDS STANDARD (55960.138).

For drug(s) below, the plan offers similar drugs at a lower cost. Different prescription drugs are often available to treat many common health conditions. These drugs could be either brand or generic formulations. If you are taking a prescription drug, there may be a drug that is prescribed for individuals with conditions similar to yours and that is priced lower than the drug you are taking. You and your doctor may want to discuss if this is an option for you.

To be safe, talk with your doctor first.

Make sure your doctor knows your medical history and every prescription or non-prescription (over-the-counter) drug that you are currently taking so he or she can consider whether changing your prescription might cause any problems like

- Interactions with other drugs (prescription or non-prescription), or
- Whether your other medical conditions could effect how a specific drug works for you, or
- if another drug may cause bad side effects.

The approval of your physician is required for all drug options and dosages. This information uses approximate dosages for comparison purposes. If there is a direct generic alternative available for your prescription, your doctor may have already approved that option, otherwise your doctor will select the appropriate dose based on your condition.

Pharmaceutical Assistance Program:
Some Pharmaceutical Companies offer assistance programs for the drugs they manufacture. To see if any programs are available for the lower cost option(s) drug(s), check the Pharmaceutical Assistance Program column in the Lower Cost Option(s) table below. If a lower cost drug is on the list, click on the link labeled "Yes" for detailed information about the program.

| Your Prescriptions | | | | |
|----------------------------|-----------------|--------|---------------|--|
| Drug | 30-Day Quantity | Type | Cost Share | |
| FEXOFENADINE HCL TAB 180MG | 30 | TIER 1 | \$13.22/month | |

| Lower Cost Option(s) | | | | |
|-----------------------|-----------------|--------|--------------|-----------------------------------|
| Drug | 30-Day Quantity | Type | Cost Share | Pharmaceutical Assistance Program |
| Zytac SYP 5mg/5ml | 2 | TIER 1 | \$0.62/month | Yes |
| Clarinet SYP 0.5mg/ml | 1 | | \$1.95/month | Yes |
| Claritin SYP 10/10ml | 2 | | \$2.60/month | No |

This concludes the list of less-expensive drugs that may be prescribed for people with medical conditions similar to yours.

[Return to Plan Optimization](#) [Enroll in this Plan](#)

Pharmaceutical Assistance Program Column added. This column will either read Yes (if PAP is offered for the drug) or No (if PAP is not offered for the drug). If column reads Yes (link), clicking on Yes will result in a pop-up window with PAP information for that drug.

Text added on top of page about what PAP is.

OEC confirmation page – include beneficiary name and move contact information

U.S. Department of Health & Human Services

 **Medicare** The Official U.S. Government Site for People with Medicare
Medicare Health and Drug Plan Enrollment Center

Print

Enrollment Successful

ATTENTION: You have submitted an online enrollment application for a 2008 plan, with an effective date of March 1, 2008.

Your enrollment was received and will be processed by: **Humana PDP Standard S5884-090 (S5884-090-000)** and your Confirmation Number is: **20960075007224**

Name: **Ellen Test**

Listed below is the contact information for your selected plan:

Humana PDP Standard S5884-090
500 West Main Street
Louisville, KY, 40202

Phone: 800-706-0872

Website: www.humana-medicare.com

It may take up to **one week** for your enrollment to be entered into your selected plan's system. Please wait at least one week before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

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Enrollment Verification Tool – authenticated questions page

- This page is accessed via the 'Check Current Enrollment' link on the Medicare.gov home page

View Your Enrollment Status

Enter Your Medicare Insurance Information

Please enter your Medicare insurance information as it appears on your red, white and blue card (see right). Medicare needs this information to correctly identify you and provide you with accurate search results. Medicare will not save or use this information for any other purpose. See the [User Agreement](#) for more details.

Changed from "Current Plan" to "Enrollment Status"

No indication of MPDPF (or MOC) present at the top of the page

Your Medicare card looks like this:

1-800-MEDICARE (1-800-633-4227)

JANE DOE

FEMALE

HOSPITAL PART A 07-01-1988

MEDICAL PART B 07-01-1988

ZIP Code: 12345

Continue

Medicare Claim Number: [] - [] - [] - [] (Appears on your Medicare card - see example right)
Railroad Retirees, enter your Medicare Claim Number [here](#).

Enter one of the following from your Medicare card:

Effective Date for Part A: --Month-- --Year--
OR
Effective Date for Part B: --Month-- --Year--

Last Name: []

Date of Birth: --Month-- --Day-- --Year--

ZIP Code: [] [ZIP Code Locator](#) (Please use the ZIP Code that you currently have on record for you)

Your Health Status: Select One

Note: Your answer will not change your benefits, nor will it affect your ability to enroll in the plan. Plans must offer the same benefits to all members, no matter their health status. They must also enroll anyone eligible to enroll in the plan.

Enrollment Verification Tool – plan details page

The screenshot shows the Medicare Enrollment Verification Tool interface. At the top, it says "Medicare The Official U.S. Government Site for People with Medicare". Below this, there are navigation links like "Back to Personalized Questions" and "View Your Enrollment Status".

The main content area is titled "Your Plan Information" and shows the user is currently enrolled in "Prescription Drug Plan ABC Gold (\$1234-001)". There are two columns of information: "General Plan Information" and "Contact Information".

Annotations with orange arrows point to specific areas:

- An arrow points to the "Your Plan Information" header with the text: "Alternate text for future enrollment: 'Beginning [insert date], you'll be enrolled in:'".
- An arrow points to the "Plan Ratings" section with the text: "Access to Drug Select and Medicare Options Compare removed".

The "Plan Ratings" section shows a star-based rating system with categories: Excellent (5 stars), Very Good (4 stars), Good (3 stars), Fair (2 stars), and Poor (1 star). Below this are sections for "Drug Plan Customer Service", "Using Your Plan To Get Your Prescriptions Filled", "Drug Pricing Information", "Fixed Cost Details", "Copay/Coinsurance Details - Initial Coverage Limit", "Preferred Pharmacies", "Available Co-brands", and "Estimated Out-of-Pocket Costs for People Ages 65 - 69 in Good Health".

| Fixed Cost Details | |
|-------------------------|-------------------------------|
| Total Premium | \$26.80/month (\$321.60/year) |
| Total annual deductible | \$275 |

| Copay/Coinsurance Details - Initial Coverage Limit | |
|--|-------------|
| Preferred Pharmacies | Tier 1: 25% |

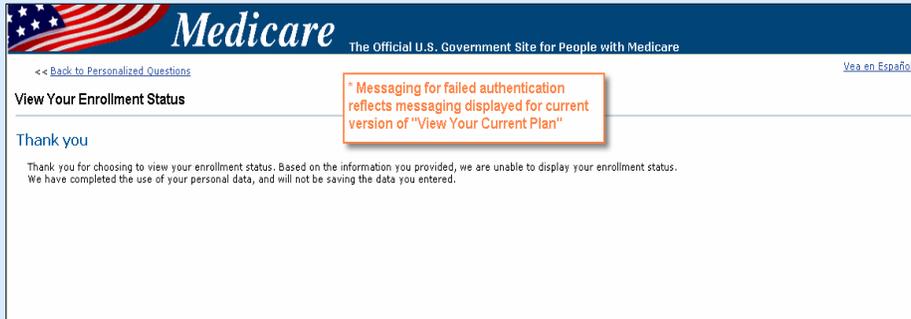
| Estimated Out-of-Pocket Costs for People Ages 65 - 69 in Good Health | |
|--|------------|
| Part D Premium | \$26.80 |
| Part D Drugs | \$71.00 |
| Total Monthly Estimated Costs | \$98.00 |
| Total Annual Estimated Costs | \$1,200.00 |

| Estimated Monthly Out-of-Pocket Costs (OOPC) for People with High-Cost Conditions (chronic care and unexpected illnesses) | |
|---|----------------|
| Average Monthly OOPC For a Typical | \$100 to \$150 |

Enrollment Verification Tool – enrollment in an employer plan

The screenshot displays the Medicare website interface. At the top, there is a blue header with the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". Below the header, there are navigation links: "<< Back to Personalized Questions" and "Vea en Español". The main content area is titled "View Your Enrollment Status" and "Your Plan Information". A blue bar highlights the "Plan summary" section, which contains the text "You are covered by your former employer or union." An orange callout box points to the "View Your Enrollment Status" section, stating: "Level of detail for Employer enrollees reflects level of detail displayed for current version of 'View Your Current Plan' search". At the bottom of the page, there is a "Page Last Updated: March 30, 2007" and a "Top of page" link with a house icon.

Enrollment Verification Tool – failed authentication



The screenshot shows the Medicare website interface. At the top, there is a dark blue header with the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". Below the header, there are navigation links: "<< Back to Personalized Questions" on the left and "Vea en Español" on the right. The main content area is titled "View Your Enrollment Status". A red-bordered box highlights a message: "* Messaging for failed authentication reflects messaging displayed for current version of 'View Your Current Plan'". Below this, there is a "Thank you" section with a message: "Thank you for choosing to view your enrollment status. Based on the information you provided, we are unable to display your enrollment status. We have completed the use of your personal data, and will not be saving the data you entered."



 **National Medicare**
TRAINING PROGRAM

Electronic Health Records (EHR) Demonstration



EHR Demonstration Goals

- Broader implementation & adoption of EHRs by physicians
 - EHRs a vehicle for transforming how health care is provided
 - Improve quality and efficiency

EHRs

- The functions and uses of an EHR vary widely and are dependent upon the goals of a practice
 - Administrative/practice management activities
 - Other purposes, e.g., management of chronically-ill patients
 - Evolving process with ultimate goal of full communication ability (interoperability) among all providers of care

EHR Demonstration Design

- Modeled after Medicare Care Performance Demonstration
- 5-year operational period
 - 2 implementation phases
- Up to 12 sites (states or regions)
- Up to 2,400 total practices recruited
 - Approximately 200 per site
 - Small to medium-sized practices targeted
 - Primary care practices
 - Randomized design (1,200 demonstration practices; 1,200 control group practices)

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Practice Requirements

- Small to medium-sized practices targeted (<= 20)
 - NPs / PAs as well as MDs/DOs
- Primary care practices
 - IM, FP, GP, gerontology
- At least 50 Medicare beneficiaries who use practice for most primary care visits
- May or may not have EHR implemented at time of application

Incentive Payments

- 2 separate incentive payments
 - ✓ HIT incentive payment for performance on Office Systems Survey (OSS)
 - ✓ Quality incentive payment for reporting/performance on 26 clinical measures
 - Diabetes
 - Congestive Heart Failure
 - Coronary Artery Disease
 - Preventive Services

Measurement of HIT Adoption

- Annual Office System Survey (OSS) - A tool used to track the level of EHR implementation at the practice level, and specific EHR functions employed by the practice
 - Intervention practices—Annual administration of OSS
 - Control group practices—Administration of OSS in yrs 2 & 5
- Practices must have implemented CCHIT-certified EHR by end of second year to remain in demonstration
- Higher scores yield higher payments

Minimum Required EHR Functionalities

- Eligible practices must, by end of second year, be utilizing the EHR to perform specified core minimum functionalities
 - Clinical documentation
 - Ordering of lab/diagnostic tests
 - Recording test results
 - Recording prescriptions

Payment Varies by Year

- Year 1
 - Payment for use of HIT based on OSS score
 - No payment if core functionalities not used

- Year 2
 - Payment for reporting quality measures
 - Payment for use of HIT based on OSS score
 - No payment for HIT unless quality measures reported
 - Practice terminated from demonstration if it has not adopted CCHIT EHR and using minimum core functionalities

- Years 3 - 5
 - Payment performance on quality measures
 - Payment for use of HIT based on OSS score
 - Minimum quality performance required to receive HIT payment

Maximum Potential Payment

| Basis of Payment | Years Applicable | Max per MD / Year | Max per Practice/Year |
|---|------------------|------------------------|-------------------------|
| EHR Adoption (OSS) | All 5 years | \$5,000 | \$25,000 |
| Reporting of Clinical Quality Measures | Year 2 | \$3,000 | \$15,000 |
| Performance on Clinical Quality Measures | Years 3-5 | \$10,000 | \$50,000 |
| Total Potential Payment over 5 years | | <u>\$58,000</u> | <u>\$290,000</u> |

Site Selection

- 12 sites selected through a competitive process based on defined criteria.

- Phase I Sites
 - Louisiana
 - Maryland/District of Columbia
 - Pennsylvania (multi-county)
 - South Dakota (multi-state)

Site Selection (continued)

■ Phase II Sites

- Alabama
- Delaware
- Florida (multi-county)
- Georgia
- Maine
- Oklahoma
- Virginia
- Wisconsin (multi-county)

Role of Community Partners

- Assist with outreach, education, and recruitment of practices
- Facilitate leveraging of demo and private sector activities to increase demonstration impact
- Actual activities may vary by site (e.g. hosting physician meetings, mailings, newsletters etc.)
- Demonstration design will not vary by community
- No funding will be provided by CMS to “Community Partners”

Implementation Time Frame

■ Phase 1

- Recruit practices: fall 2008
- Demonstration Year 1 starts: spring 2009
- First year payment: spring/summer 2010
- Demonstration ends: spring 2014

■ Phase 2

- Recruit practices: fall 2009
- Demonstration Year 1 starts: spring 2010
- First year payment: spring/summer 2011
- Demonstration ends: spring 2015

QUESTIONS ?

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