



Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

Stacey Plizga: Our next session will provide participants with an overview of the Medicare plan choice research that led to an update in Medicare educational materials for beneficiaries, including publications and web content, to help them better understand their Medicare coverage choices.

It is my pleasure to introduce to you, from the Office of Communications, Erin Pressley and Jon Booth.

Erin Pressley: Thank you, Stacey, and thanks for having us here today. Jon and I are excited to talk with you today about some of the things that have been going on in the Office of Communications here at CMS. And specifically some of the work that we've been doing around communicating with beneficiaries/ people with Medicare better about their plan choices. We've been doing quite a bit of research over the past year or so, and we're starting to see how that can come to fruition in some of our products, both online and in print, and some of the new things that we're doing around CMS. So we'd like to share some of that with you today and we'd welcome your questions.

As Stacey said, I'm Erin Pressley. I'm the Director of Creative Services within the Office of Communications. And I'm responsible for things like the Medicare & You handbook and our other print publications as well as some of the video and other types of media that you see that we use to communicate with people with Medicare.

Talking to Beneficiaries about their Plan Choices

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So we're going to go ahead and get started today. I wanted to give you a little bit of background on some of the things that we've been doing.

A little bit over a year ago, we really started thinking in a very directed, targeted way, about how we are managing both Medicare beneficiary customer service experience for our Medicare beneficiaries. In particular we know that there are a number of changes that are happening. The beneficiary population is growing. We're at 58-59 million. You all are as much aware of this population as we are. They are becoming increasingly diverse, both in their demographics as well as their experience and what they expect from us as a program.

And so more and more we want to make sure that we are aligning all of our communication channels with what people are looking for from us in terms of the level of information that they need to make good choices and also just their general experience. The things that they expect to see online versus in print and how they expect us to communicate with them.

And so we aligned and did a lot of insight research, a lot of talking internally about what we really wanted that customer experience to look like in the future and how we were going to get from here to there. And so now a year in plus, we are really sort of aligning all of our activities in the Medicare communications world around some of these kinds of things. And I know our Administrator will talk a little bit about – more about this later.

We want to really have a world-class customer service experience for beneficiaries when they come to CMS, when they come to our Medicare channels at CMS, and make sure that they are getting the information that they need.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

And so we really set out as a goal to be able to meet the expectations for this group of beneficiaries to create a seamless customer service experience for them and – and to start to move them, wherever possible, toward more low-cost channels. As I'm sure most of you are aware from the business lines that you are in, the things that Medicare beneficiaries sometimes prefer, like talking to a real live person on the phone, are among the most expensive channels for us to be able to support. And so we want to be able to not replace those, but offer good low-cost alternatives as well. So looking more into things like the use of email and social media to help spread our messages.

We want to make sure that their customer service experience matches what they expect. More of them are doing things online. They're more and more online banking, they're ordering things, they're shopping online, and so they have different expectations of their Medicare online experience than they had even five or ten years ago. And we want to make sure that we're matching those.

We want to make sure that we have simple tools and guidance for them so that they can make good decisions. This has always been, I think, one of our primary goals for our communications with Medicare beneficiaries is that we want them to make their own informed decisions and we want to provide good information to help them do that.

We want to make sure that our information that we're sharing with them is valuable to them. That it's not just what we think they should know, but it's what they really need to know and want to know. And that it is sequenced in an intelligent manner. That we are presenting information in the same way that they are thinking about it and that they are seeking it. And that's what a lot of our consumer research helps us to better understand.

And we want to make sure that we are providing relevant personalized information to them wherever possible. With a population, a target

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

audience, if you will, of 58-59 million people, it's very important, wherever we can, to be able to target that – different segments of that diverse population. Sometimes the one-size-fits-all message doesn't fit an audience – actually very often it doesn't fit an audience – that large.

And so those are sort of some of our primary goals for this.

So I want to talk a little bit about some of the research that we've done over the last year or so. We actually started with the Medicare & You handbook last spring when we were developing the handbook that was just mailed out this past fall for Open Enrollment. We had some last-minute comments that came in through our external comment period and some internal discussions within CMS, and we made some changes and put a lot more information earlier in the handbook on this first couple of pages, you may have noticed, some additional charts and things, to help try to set some context about Medicare and to really start to get at helping people understand how the program is structured, what kinds of choices they need to make, in a place where they didn't have to hunt for it and they didn't have to read a lot. Over time we had gotten away from that, some things just through clearance processes and comments and trying to accommodate different people's opinions, things had gotten very text heavy. And so if you were a new Medicare beneficiary and you were being inundated with lots of things to read, we wanted to make sure that we had something early on in the handbook that was sort of very light on words and tried to give you a better understanding of what your general options were when you were coming into the program and when you were going into Open Enrollment and having to make decisions about your plans.

So we added some things sort of late in the development process, late last spring before printing. We were able to do some fairly quick consumer testing with some limited audiences. We wanted to make sure we weren't doing more harm than good and adding confusion by adding

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

some of those – those charts. With the understanding all along that we wanted to kind of circle back to that after the handbook was printed and mailed and make sure that we were able to make additional improvements to those kinds of information.

And we're doing that now. So in addition to the information that we got from that quick testing last spring, we circled back around in November on the Medicare & You handbook and had some more detailed in-depth interviews with beneficiaries. And then we also supplemented that with some additional consumer testing, specifically around the initial enrollment period package, which is the package, the booklet and the letter and the card that goes out to newly-enrolled beneficiaries who are automatically enrolled in the program. So these are people who are generally already receiving Social Security benefits and we automatically enroll them and they don't need to take any action.

So we had some additional opportunities to have some in-depth discussions on both of those topics with those sets of audiences. And we were able to delve much more deeply into those charts at the beginning of the book, get a lot of feedback and explanation from them, and really find out what their frame of mind was, what they were thinking about during that time.

We conducted those interviews in both English and Spanish, which we don't often get the opportunity to do.

And so we were able to use those insights and that feedback to really drive the draft of the 2019 Medicare & You handbook that is now going through its development process. It's in clearance and review process now. We just came out of another round of testing of that particular draft. And so we're honing all of those words, the terminology, the presentation of that information, to really try to get at better – giving people a good foundation for making informed choices about their plan.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

So what we found from, specifically, that testing back in the fall and early winter is across all of the studies – this isn't surprising to any of you, I'm sure – the initial enrollment period is a time of confusion for beneficiaries. They are inundated with information. They pretty much come into the program thinking that Medicare is sort of an easy, one-check sign up. And then they find out that their mailbox is full every day. And they're getting things from all of you, and they're getting things from us, and they're getting advice from their friends and their neighbors, and it's all just a little overwhelming at that period in time.

They may not realize that they need to make a choice about how they get their Medicare coverage. Even with all of that mail showing up, they're sort of a little confused about why they're getting all of it because they think there's really one way to get Medicare, and once they're enrolled, and they enroll with the Social Security Administration, or in this case they're automatically enrolled, we just send them a card, then they're done. And even our initial enrollment period materials include a very detailed – we thought it was actually very clear – description of all of the decisions they have to make, including how they get their Medicare coverage, and whether they want to have prescription drug coverage, all of those kinds of things spelled out in a nice, neat checklist, somehow they didn't read all of that, and they're still a little confused and overwhelmed about making a choice specifically about how they get their coverage.

In the handbook testing, we were able to look more closely at these early pages and these charts that we put in, and we're continuing to do that. Again, not a surprising finding here, across the board, what we find is clear and simple information is key. People need to understand, in the clearest way possible, at the basest level possible. A lot of our terminology is still very confusing to them. Things like cost sharing, things like deductibles, are not terms that people use in their everyday life.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

They're not familiar with. They don't like talking about insurance. They don't like having to make these complex decisions. And so they put it off, they put it in a folder, they think about it later. The simpler that we can make it and stage that information and start them in a very basic place, the more effective that we can be.

And so we introduced last year what we call this icon-based coverage chart that really gives a high-level comparison, uses some of these icons to sort of reinforce what is Part A, what is Part B, what are those coverages, and start to compare the two and show that there really are two choices, two main choices, in how you get your – your coverage. And then we can kind of dig a little bit deeper from there. But we first need them to understand that there is not only one way to get Medicare.

Coming-of-agers need a little bit more information than people who are in the Medicare program. So once they've had some experience under their belt, and they are looking at this information around the time of Open Enrollment, thinking about changing how they get their coverage, they have a little more real-life experience about how they've been doing things and whether that works for them or not. How much it's costing them out of pocket, how their experience is with their providers, those types of things. And they're really approaching this information in a very different way than folks who are just coming into the program.

We also reworked a chart that has been in our publications before that is really sort of a side-by-side comparison of some of the key elements that people tell us they look at when they're deciding how to get their coverage. And so we took sort of the side-by-side approach. It seemed to work well with people who are readers. So where they wanted a little bit deeper level of information and they were willing to read to get it, and they could kind of scan and – and read the sections for things that were important to them. You know, some people care about travel coverage, some people don't. But they could easily scan and sort of see the side-by-side here. We're making some updates to this chart and the terminology

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

within it after this round of testing that – that just finished. People want to see those bolded sort of things to help them scan. They want to see page references so if they care about a particular topic they can go deeper into the handbook and read a little bit more and find out more detail.

Again, this helps them really start to experience and understand the baseline that they need to be able to make a good choice.

So what we've done based on all of this research. These are just a couple of bullets to kind of outline the types of things that we're doing to improve this content in the Medicare handbook that will come out this coming fall for Open Enrollment. Which then also creates the basis of content for the Medicare.gov website and all of our other detailed publications. So we spent a lot of time thinking and talking and researching the content in the handbook because that then becomes what feeds all of our other channels and publications and – and information as well.

But you see that we're sort of honing some definitions of things. Increasing our page references, internal navigation types of things. Really looking at the flow of items. So, again, that intelligent sequencing of information comes into play here. People think about things in very different ways than we assume they do before we talk to them. And certain things are – are higher on their list than others. And then we're adding some new content.

Ultimately, the goal for all of our publications and all of our communication channels at CMS is to provide a really accurate and balanced, neutral presentation of information. And after we included some of this in the handbook last fall, we got feedback from folks at various health and drug plans, as well as Medicare advocates, and it was sort of all over the map. Some people said you're talking way too much about Medicare Advantage. You're really pushing Medicare Advantage. And other people came back and said, we need more about Medicare Advantage. And so

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

we sort of take all of that and say if that balances, then we're probably doing a pretty good job at achieving our goal of being neutral.

But there are some things that we wanted to make sure that we highlighted, and we don't want to miss the opportunity to explain to beneficiaries what some of the advantages of Medicare Advantage are, what some of the fallbacks for the Original Medicare program are. We want them to go into a decision eyes wide open. And so we've added information to this upcoming handbook on a number of specific items that were not there before. Some of them are new. Some of them are things that have been there that we just wanted to make sure that we highlight and make sure people are aware of.

And so I'm going to pass things over to Jon to talk a little bit more about some of our online enhancements that are coming out of this initiative as well.

Jon Booth: Yeah. Good afternoon. I'm Jon Booth. I'm the Director of the Web and New Media Group here at CMS. So we run Medicare.gov, MyMedicare.gov, and a number of the other websites that the agency runs.

I think as Erin mentioned, we've also been involved in this journey of sort of improving the online information resources for beneficiaries, and there's some stuff that we did last year as well that I'll talk about and specifically talk about how we're going to improve some of those things that we launched last year for this year. I think – and so we've got a list here. We'll talk about the Out-of-Pocket Cost Calculator, the Coverage Wizard, a number of changes we've made recently and will continue to make to MyMedicare, and how we're using email.

You know, I think at a high level, as Erin mentioned, we have taken steps to deliberately integrate research into our development process. So

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

whereas in the past we might have launched something and then sort of seen how people react to it, we are getting things in front of beneficiaries as we're developing now to get their feedback, to make sure that they can understand them, and to make changes throughout the development process to make sure that when we launch things they are actually usable.

We have lots of venues for feedback on the stuff that we launch. We do get, you know, questions coming in from beneficiaries themselves. We get lots of feedback from various assisters, from 1-800-MEDICARE, from SHIPs and lots of other organizations since we take that feedback into account as we look to make improvements.

So the first one I'll talk about is the Out-of-Pocket Costs Calculator. So the Medicare Plan Finder has had an OOPC function for a long time. And that's used by beneficiaries themselves that are using the tool, and then, again, caregivers and assisters. And essentially that's a tool that can help people pick the best option for them, you know, sort of based on their health status and the drugs that they might take, and those sorts of things.

And so, again, there's sort of overall cost information in there, and if people enter their drug list, they'll get that specifically back.

One of the things that we've seen, though, is that there are – people sort of don't realize the use cases of the tool. It's something that's inside of Medicare Plan Finder. And so what we've seen is that it tends to be used by people who already, you know, are in the process of shopping for an MA or a Part D plan. But we know that this information is actually beneficial to other audiences as well, somebody that might be looking at the drug costs in Original Medicare or in Medigap as well. And we know that, you know, cost is a key factor for beneficiaries.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

And so we've looked at that and tried to figure out how we can make this better. And so what we're planning to do for this fall is to basically launch that OOPC function as sort of a standalone tool in addition to the way it will exist in the Medicare Plan Finder today just to make sure that it gets in front of more people, that, you know, people can see that it's out there and note that they can use it.

We are looking to make some usability improvements to the current OOPC. And we'll be doing things – you know, so some of that's around language, making sure that the language is understandable in there. We've heard feedback, and we agree with it, that, you know, some of it can be a bit jargony. So we want to improve that.

And we also want to look at mobile optimizing the tool. At the moment, the Medicare Plan Finder on Medicare.gov is not mobile optimized. The rest of the site is. That's something we're working on fixing. But in the interim for this Open Enrollment, we do want to make sure that the – this OOPC functionality is available for those on mobile devices. We've definitely seen, you know, it's probably not as high as it is on commercial sites, but mobile use of Medicare.gov is something that's increasing over time, and so we want to make sure that we are addressing that.

As Erin mentioned, you know, this is – we will test this throughout the development process. We will launch this. We will be definitely gathering feedback on this throughout the Open Enrollment this year. And we will use that feedback to incorporate changes in future years based on what we see coming out of this year.

And just from a schedule perspective, I think we're looking at around September to launch this. We do want to make sure this is out in advance of Open Enrollment that we've, you know, got it up on the site and people have had a chance to – to look at it and use it in advance of that date.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

Next one is – is Medicare Coverage Options tool. So similarly to the – to the pages at the front of the handbook that Erin talked about, one of the things that we've found online is that we have lots of educational content on Medicare.gov about coverage choices. And we had information in the Medicare Plan Finder itself. But we sort of made users go on their own journey of navigating through those text-heavy pages to get to that content. And so there was lots of content, but we weren't exactly sure how many people were using it or if they were sort of navigating it in the order that was best for them. And we really wanted to make sure that people that have those questions around what kind of coverage is best for me based on my personal situation, that they had a tool that could help them. And so we really wanted to lay out, you know, there's Original Medicare, Medicare Advantage. Again, if you're in Original Medicare, the decisions around Part D coverage and Medigap.

So we've got the link out here. It was something we promoted very heavily on the home page during Open Enrollment and leading into Open Enrollment, and we will do that again this year. So, again, the link is there.

The nice thing about this tool is that it basically sort of laid out a set of ten questions that we took a user of the tool through. And we asked them sort of which factors were important to them. You know, as Erin mentioned, questions around, you know, do you – do you take a number of prescription drugs and would you like help paying for those? Do you travel frequently and need health coverage when you travel? Those sorts of questions. And so people would answer yes or no to those, and then based on the answers to those questions, we would point them to additional resources. So we still had all that content that I mentioned on the website, and we were pointing people to that but in a much more guided fashion than we had done in the past. And so we were really taking people to the pages on the website that were of most relevance to them.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

And then, again, based on whether somebody, you know, sort of should be looking at their options for Medicare Advantage, Part D, or Medigap coverage, we would take them into the Medicare Plan Finder to go through the actual sort of shopping and enrollment process.

So for this year, again, as I mentioned, with the – the OOPC tool, we collected lots of feedback on that tool. We will be making changes this – this Open Enrollment. And we're looking to basically make that tool more interactive and sort of help users get farther along in their – in their journey. So, again, we'll be launching improvements to that before the start of Open Enrollment this year.

Next area is – is MyMedicare. So we had not made a lot of changes on that over the last couple of years. But just at the beginning of this year and late last year we've made a number of changes. Specifically, we streamlined the user interface so the MyMedicare home page used to have about 40 links on it and it now has five. It's very focused on two things. You either have an account, and if you do we want you to log in right away. If you don't have an account, we want you to sign up. But we've streamlined the – the user ID system that we use. So it's easier for people to use. It's easier for self-service. People don't have to reset their passwords nearly as often as they used to on the website, so it's much more user-friendly from that perspective.

We did mobile optimize MyMedicare. It had not been mobile optimized before. So it's something you can use on a smartphone or tablet now.

And there's existing functions that are in there that we're trying to promote more use of such as people selecting their favorite providers and plans, storing their drug lists, those sorts of things.

Then there's new features as well. So specifically two new things, one of which is out now and one of which is imminent. The first is with the launch

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

of the Medicare card and the new Medicare IDs that are being issued to everyone, we launched some new features in the website to support that. So people can use the website to look up their Medicare ID now. If they're, let's say, at a doctor's office and they don't have their card with them and they need their number, for those that have the new number, this is being rolled out on a rolling basis as people get their new cards, they'll be able to log in and look up their number.

And also, you know, we've offered replacement Medicare cards for a long time. People could call 1-800-MEDICARE and order a replacement card. Or they could go online and they could order a replacement card and that would use the same functionality. That order would be received and it would take a couple of weeks to get to them in the mail.

What we offer now for people with the new Medicare card, the ones that have received it, is they can still do that. We still offer that replacement card ordering. But they can print a replacement card directly online. If they have a computer and a printer at home and they want to do that, they can do that right away at home. They don't have to wait a couple of weeks for that to come in the mail. So that's a new feature. And we're looking for areas where we can, you know, sort of offer these capabilities to supplement the existing channels that are out there.

And then CMS is also doing a lot of work around Blue Button, Blue Button 2.0. So this is a new feature that was announced at the HIMSS conference. And basically it allows beneficiaries to authorize sort of access to their Medicare data to be shared with third-party applications. So if somebody is using a health app, if somebody is participating in a clinical trial, they can sort of set up a direct feed of their Medicare data to that app or to that health provider. And that's something that the beneficiary has control over deciding that they want to grant that access or not. So we'll be rolling that out over the next couple of months to sort of

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

promote people's awareness that they have these capabilities and they can share the information if they choose to do so.

And then email outreach. So this is, again, something that we started promoting last Open Enrollment. So we've had emails for users of – most users of MyyMedicare for a couple of years. We're looking very much to promote the collection of email addresses. We're getting that for sort of everybody that is coming into the Medicare program now and collecting it for beneficiaries where we don't have that.

We're using that for a lot of important updates, so there's things like communicating important deadlines around Open Enrollment, promoting awareness of what's happening with the new Medicare card. So when we collect the email address and state from somebody, we can let them know when their wave of cards is starting. We can let them know to be on the lookout in the mail for that.

So, again, we're looking to use email. We've used that very successfully on programs like the Health Insurance Marketplace over the last couple of years to make sure we keep people engaged and sort of making active decisions on their coverage, especially during Open Enrollment period. So looking to definitely build – build on that during the next Open Enrollment.

Erin Pressley: So we welcome any questions that you have, either today or in the future. We're absolutely committed to constant improvement of all of these channels, all of these products that we supply for beneficiaries. And, again, our ultimate goal is to make sure that we have the best possible customer service experience that we can give people. And that they understand the choices that they have to make around their Medicare.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

- Kaye Rabel: At this time, we do have time for questions. So if you have any questions, please step to the mic located in the center of the room and let us know your name and where you're from.
- Erin Fisher: My name is Erin Fisher, and I'm from Stamford, Connecticut. I want to know in the Medicare & You handbook if you can more explicitly explain to people that have an HSA what happens to them if they go on Part A of Medicare?
- Erin Pressley: I know we have some information about HSAs in the handbook now. We can absolutely take a look at that. Sometimes with specific types of plan choices, what we ultimately do is have a supplementary publication. The handbook itself has gotten larger and larger over the years, and so when the target population for a specific piece of information is smaller than the depth that we need to be able to present that in, a lot of times we'll give a high-level overview in the handbook and then refer somebody to a supplemental publication. Which I don't think we have for HSAs in particular. But that's something that is good feedback. We can definitely take a look at that.
- Erin Fisher: And in the beginning of Open Enrollment, the Medicare.gov, the Plan Finder doesn't always have the correct information on the prescriptions. And it's – is that updated only quarterly?
- Jon Booth: So it's updated quarterly during the – during the year. It is updated a little bit more frequently around Open Enrollment. But sort of timeliness of the data is definitely something that we're looking at to see if there's ways that we can improve that information and get it updated more regularly than it's been in the past. So that's something we're actively looking at now.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

Erin Fisher: All right. And lastly, when you're going to help people decide what type of plan they want, especially if it comes down to a Medicare Advantage Plan, are you going to have the doctor directory on there?

Jon Booth: That's something that we're looking at as well. We've definitely heard feedback on that, so we're exploring what that would – what that would take.

Deanna Vasilik: Hi. Deanna Vasilik, AmeriHealth Caritas. All this new insight you've gained regarding how beneficiaries ingest information, is there any intention or thought given to flowing that down to maybe the models that are released to Medicare Advantage Plans in terms of the – the EOC member handbook, ANOC.

Erin Pressley: So we do often share information across different parts of CMS as much as possible. So when we gained insights through the testing that we have, at times, and we'll have to look at this, and I think this is a good candidate for this, but sometimes we've created some special papers that summarize what we're doing, what we've – what knowledge we've gained, what we have found, and then the impact that we've made on our particular publications. And we've put those out there as sort of messaging guidance for others to use, both health plans as well as anyone who's out there communicating with beneficiaries about these topics.

So I think in particular for this one, that's something that once we get to a good place and have finished the bulk of the testing that we intend to do on this, that's something that we would definitely be interested in putting out.

Deanna Vasilik: Thank you.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

Yesenia Lopez: Good afternoon. My name is Yesenia Lopez and I'm from Tucson, Arizona. Thank you for having this conference.

I have a question. You were talking about a good choice for these clients. So I'm here to talk on behalf of the minority of my population are of low income minorities. And we – here in Arizona – there in Arizona we currently went into auto enrollment for our LIS, which is Low Income Subsidy clients, who are QMB, which is Qualified Medicare Beneficiaries, for those people who don't know those acronyms.

And I see this as it's going to affect in regard – first of all, my first question is, is there information in your new Medicare enrollment book on that? On the auto enrollment of these clients who are on an access plan from a certain carrier. And now they're Medicare eligible, so now they're auto enrolled into this – I want to call it “sister” Advantage Plan. Is that information in the Medicare & You book?

Erin Pressley: This is a test now, right?

Yesenia Lopez: No, cause –

Erin Pressley: It's a hundred-and-twenty-some page book.

Yesenia Lopez: Because it's affecting my population there in Arizona.

Erin Pressley: Absolutely. No, it's a good question.

Yesenia Lopez: And I know – pretty sure all over the United States, too because I think Arizona is not the only state that's auto enrolling from you're Medicaid, once you become Medicare, into that Medicare Advantage Plan.

Erin Pressley: Absolutely. So I know we do have, again, very high-level information about QMB and SLMB and low income programs and a variety of

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

programs in the handbook. I'd have to look. Honestly, I don't know off the top of my head if we talk specifically about states that auto enroll.

Typically, if there are things that are happening in a specific state or a specific set of states, it does not get into the handbook. What find is that sometimes if we give too much information for those populations that are very small, it confuses people where that's not the case in their state. And so, again, we a lot of times will refer to other state materials or state resources for that particular information. And we do have additional publications specifically targeting those low-income populations. I will absolutely check and see what's in there. Off the top of my head, I don't know that we have anything more than just the basics about QMB, SLMB, and low-income programs.

Yesenia Lopez: Yeah, cause with our state it's AHCCCS, which is our Medicaid there. It's not covered there, so – in the – in their information, you know, when people apply for their AHCCCS, which is a department separate, which is SS – SSIMAIIO office, which is a division of AHCCCS, it's not covered there. I just think it's unfair that these clients don't have a choice. Or they're not informed. Because sometimes it would be – I ran into this recently where a client got diagnosed as having End-Stage Renal Disease under their Medicaid AHCCCS plan. So, because he has end-stage renal disease, the good thing about it, is that that AHCCCS plan that he had has an HMO. So he's able to go into that Advantage Plan. But what about those other clients that don't have that option or that opportunity because not all HMO or Advantage Plans offer Special Needs Plans.

And so then you run into this client now that has all this big cost under – for the End-Stage Renal Disease, which is the 20% that Medicare.

Erin Pressley: Right.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

Yesenia Lopez: I guess it's a – and we're talking about low-income clients. How are they supposed to pay for that?

So those are my questions.

Oh, my other question is to the other gentleman. When will you be able to send texts to these Medicare – Medicare clients because you said you do it via email. What about texting because I know some of my seniors, oh my god, their income, and they're very computer savvy and tech savvy. And I was wondering is that something that you'll be looking into in the near future?

Jon Booth: Yeah, that definitely is something we're looking into. And, again, we've done a fair amount of that on – on some of our other programs like the Health Insurance Marketplace. So, yeah, that's a capability that we're looking at. And the idea is collecting, you know, email address and then a mobile number for people or – for both of those, yes.

Yesenia Lopez: Yeah, me being a client of the Marketplace, I thought the technology there was top notch. So I'm so happy to hear that it's finally transitioning into the Medicare side.

Thank you so much. Greatly appreciate it.

Lynn Wartinger: Good afternoon. I'm Lynn Wartinger . I'm with Geisinger Health Plan. And somebody else already touched on my questions, comments, but mainly it's that plan model and standardized materials are completely overwhelming to members. Members don't like them. They don't read them. Even though everybody is very careful to keep simplified language and like a low grade level reading, we get comments all the time that you have to be a lawyer to understand what it says. And this is something that's desperately needed in the plan models.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

When I first started working with the EOCs, which was like 11 years ago, the EOC for a MA-PD plan was 75 pages. It's now upward of 225 pages. It's just got so much extra information that's never read, and isn't needed to convey the information that the members need most. And it really needs and overhaul.

And then my second question is, we've had some difficulties with MBI, the Medicare Beneficiary Identifier, rollout with trying to get crosswalk information and not getting all the information for all of our enrollees that was supposed to come, that sort of thing. Who should we be contacting? Is there a person that – rather than just a mailbox that we can contact because we're not getting good responses when we submit questions to the mailboxes. They're as overwhelmed as everybody else is, and it takes a long time to get any answers.

Erin Pressley: So, let me do the last question first.

Lynn Wartinger: Okay.

Erin Pressley: And I'll try to remember the first question. The Medicare – for the new Medicare card rollout, the long mailbox that you have been using is actually the best point of contact. So the way that it works on the back end is that all of those questions sort of come into that mailbox. It's managed by a contractor. We get questions that are relevant to outreach and those types of things every single day. And they're tracked. And made – and we make sure that every one of them eventually gets an answer. And if it's not a good enough answer, then we know that and can get back to you with some more detailed information.

I mean, certainly, with any kind of rollout to this magnitude, and we're still at the very early stages, we want to know where there are difficulties that you're having. And where your members are having difficulties using that new MBI. So please continue to email. If you're not getting an answer in

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

what you consider to be a timely manner, email again. That will, you know make sure that we do enter it into the tracking. But that has been, from my experience, sort of on the back end, we see all of those emails that are coming into that system. There are hundreds of them. And some of them are, you know, slightly differently worded questions that have been asked before. And so we're trying to be consistent and make sure that where we've answered a question before, we're giving the same answer if that question comes in from a different place.

Lynn Wartinger: Okay.

Erin Pressley: And so all of that takes a little bit of time. But I guaranty you they're not going into some kind of a black box that gets put in the dumpster out back. But that is the best – best source for you.

Lynn Wartinger: Okay.

Erin Pressley: The question – or the comment about plan model materials, and EOCs in particular, is – is very good feedback. And that's something that I haven't been personally involved in for quite a long time, the Center for Medicare has responsibility for developing the plan materials. But we work very closely together and have in the past. And so that's another place where the research that we're doing, we absolutely can make sure that we partner with them and make sure that that's consistent across the board. Those plan model materials are so important to the members and beneficiaries.

And we know that those are resource documents for most folks, right. No one's going to choose to, if they have an hour to spend reading, they're not pulling that off the bookshelf.

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

But the navigation becomes so important. And the ability to find what piece of information they need when they need it. And so that's another place that we can have some influence and give some feedback as well.

Lynn Wartinger: Okay. Thank you very much.

Erin Pressley: Thank you.

Diane Kortsch: Good afternoon. Diane Kortsch Anthem. I've got two questions related to the update to Medicare.gov for the MBI. And I'm asking these because the entitlement notices from SSA don't have the MBI printed on them when they arrive.

So the first question is does the beneficiary need that MBI to create an account at Medicare.gov?

Jon Booth: They do not. So at the mo – so until – until a couple months after the MBI rollout is complete for the entire Medicare population, where we accept MBI we also accept HICN. So that applies to like account creation online Medicare. It also applies to like authenticating in Medicare Plan Finder. We accept both the HICN and MBI. And even if somebody has their MBI and doesn't have it, you know, doesn't have it memorized yet, we'll accept the – the HICN for, again, at least for probably another year if not longer.

Diane Kortsch Okay. And I think that largely answers the second question which was if they – they don't need that, can they locate their MBI on Medicare.gov before they receive their new card. But I'm guessing if they can use the HICN, that won't be as much of an issue.

Jon Booth: That's correct, that would not be an issue. And we are – we're basically showing the MBIs once – once the mailing has gone out. So they may not

Talking to Beneficiaries about their Plan Choices

Erin Pressley, OC

Jon Booth, OC

have received their card in the mail yet, but we know it's been mailed to them, and so at that point we'll show them that functionality online.

Diane Kortsch Thank you very much.

Jon Booth: Sure.

Kaye Rabel: Thank you so much for all of those questions. That concludes the amount of time we have allocated to take questions, but remember we will also have the opportunity to ask our presenters questions during our open Q&A session this afternoon. And for members of our webcast audience, you can also submit your questions via the SurveyMonkey link that you received earlier today.

So I would like to thank Erin and Jon for the information on the upcoming Open Enrollment.

If you would like to evaluate this session, please take out your phones to text your response or go to the poll ev link on your iPad, tablets, computer, and enter A in response to the question, I would like to evaluate this session, and send your response. When you receive the link, click on it and follow the instructions.