

National Medicare Education Program Meeting-September 30, 2020

1. The ESRD services are going to be embedded in the Medicare Advantage plans. How do we find those?
 - a. That is correct. The benefits are there. So, as I mentioned earlier, we did add the cost associated with that benefit into the plan details this year. So, you'd be able to compare those based on cost. So, while we don't have a search for that particular benefit, or a filter, this year, we do reflect those costs in the tool. And so if the user used those services and was sort of doing searches based on the tools, those plans would come up in the results as sort of the most cost effective for them.
 - i. How would you indicate you're looking for that?
 1. Looking for ESRD? We don't have the ability to filter on that particular benefit, but that is something we'd be looking at it as a future enhancement.
2. When I complete the plan comparison for the Medicare Advantage plans and I put three beside each other and all the co-payments come up, I noticed that there's a lot of overlapping and then when I print it off, sometimes I'll have to write in what's been cut off. Is that something you all are working on?
 - a. Yes, so we have made some improvements to the print functionality in the tool for this, so we made some earlier in the year, we will have a few more going out the door with these upcoming releases that I mentioned. I will mention this as an ongoing priority for us, so it is better this year. I don't think it's as good as it could be and so as we go into next year, continuing to improve the print functionality to streamline that to make sure the data all displays, and that we use sort of as little paper as possible, is definitely something we're going to continue to work on and improve into next year as well.
3. You just went over the default sort order for is premium plus drug cost in my understanding is that currently is that that is working correctly, but the secondary sort order, which is supposed to be stars rating, and then a few other things after that is not currently working? is do you guys expect that to be fixed for tomorrow's release some plan finder or is that something down the road?
 - a. If I might ask if you could send the details in either to, to the partnership group or to me. That would be something I would be happy to, to look into and check on the status of that. I'm not exactly familiar with what the issue might be there, but I'd be happy to look into it.
 - i. Sure. I've been in contact with, I think the generic contact email on the Medicare plan finder sites, I think mps@cms.gov, something like that. And so they've been aware of it for a few weeks, but I'll forward that to the partnership mailbox.
4. I am not sure what FFS versus CAHPS is.
 - a. Fee for service star rating, those are the essentially the global star rating reflecting the original Medicare program. So fee for service is what's being referred to there.

CAHPS caps is the user satisfaction the star rating for the Medicare Advantage program. So essentially, that allows you to compare the satisfaction ratings of the original Medicare program with the star ratings for that particular plan that you may be looking at, and just to see how they sort of compare with one another at a high level.

5. I just need to know the maximum number of medications which can be added into the plan finder tool.
 - a. I know that we bump that number up this year, I believe it's 70. I will go back and confirm that with the team. It is a higher number than it was than it was last year.
6. I want to know about beneficiaries that live in institutions like assisted living, and they use pre-packaged companies for their medications like Omnicare, can that be entered into the plan finder tool so that we can learn cost comparison?
 - a. I don't believe so at the moment, although that's definitely a question I could take back to the team or we could look at that at a future enhancement. I think in order to be able to do that, those drugs -- the drugs, the specific sort of drug packaging, would need to be in the plan formularies, but if it was in the formulary, then we would be able to import it. But we'd be happy to take a look at that with the policy team here at CMS.
7. Will these plans show up on a mymedicare.gov search where we're actually inside our beneficiaries logged-in profile and will it show up when we're just doing an anonymous search? Because it seems like they won't - I think there's qualifiers in order to get these plans to show up. Am I correct? And will it happen on both a logged-in My Medicare account search and an anonymous just, hey, I just want to look at these drugs and see what my choices are.
 - a. Yes, the plans would show up in either flow, in the authenticated or the anonymous flow on plan finder. Either way will work to retrieve these plans.
 - i. is there any way that we could accidentally enroll someone in one of these plans where they're not qualified? I'm just wondering - that has happened in the past for special needs plans, but it sounds like you kind of worked it out. Is that - the bugs worked out where we can't accidentally enroll a non-eligible person for one of these plans?
 1. You would have to be able to be eligible for that type of plan.
8. Do you have a sense of the average premium for these enhanced plans or the range of the premiums that folks can be expected to pay should they enroll in one of them?
 - a. I didn't pull those numbers to have right with me but what I can tell you, Leslie, is that the estimates around the sort of (unintelligible) between having the coverage and not having the coverage was about a dollar. So, we're talking about what, to me, is a really good deal for beneficiaries.
9. Is this plan covering insulin alone or is it also covering the other expenses that these drugs and the Januvia's - that type?
 - a. It's an insulin-type drug, so nothing a pharmacist - I'm not sure that I'm familiar with those names. What I can say is, it's insulin drugs and we haven't made any decisions about expanding the model to date.
10. I was just wondering how we are able to receive a copy of the slide show?

- a. We will be posting these when we post the recording, so that will be within a couple of days and you'll get a notification because you registered this particular session. You'll get a notification when those go out.
- 11. I was wondering, is there going to be any provision made for people who may be diagnosed as a diabetic partway through the year and need insulin? Would they have a special enrollment period?
 - a. There is no SEP for mid-year changes in prescription needs or changes in plan formularies.
- 12. I was wondering if there's been any effort to educate the medical provider community about this? So, what happens is that there's a variety of insulins that are on various formularies and a person is signing up for an event (unintelligible) researching late in the enrollment period. They have no time to get to the doctor to say, can I take X instead of Y? So, I was just asking about the education of the medical provider community.
 - a. I'm going to answer that in part, big picture, and then (Susie), I'm also going to turn to you because you have a better picture on all the opportunities for education during the open enrollment season. But in general, I know that we have partnered with a variety of (unintelligible) paper making sure - we are trying to get out information to a variety of sources with the partner tool kit and list serves we have and we are doing a variety of presentations. My speaker docket is full to make sure that we're getting out the information and I'm bringing my team of experts on the model to answer detailed questions and (unintelligible) I think are meeting with clinicians later this week to do a more detailed walk-through related to the clinical aspects of the model. at a high level, we're trying to reach out to as many provider groups as we possibly can at the national level and working with them to get the information to the local level so that we'll have adequate information out there as well as depending on our advocates to make sure that beneficiaries are aware of this new way to get insulin and insulin coverage. And we'll be working a lot with the Medicare Advantage plans and Better Medicare Alliance to make sure we get the word out through them as well.
- 13. For a beneficiary or a plan finder user perspective, I understand that not all of the medications are going to be covered by the plan. Is the plan card going to show an alternate form of that type of medication? So, for example, if they use NovoLog and it's not covered in the model, will it give an alternate type of medication that may be covered on the plan card so that they can reach out to their providers to determine if that's something they may be able to switch to and utilize?
 - a. I think that's where referencing the list of drugs on our website would be - a list of the covered drugs on our website would be a good first step and then any particular plan that an individual is interested in - checking in on that plan's formulary strikes me as the first couple of steps there.
 - i. Within the plan finder tool, when they are comparing plans online, they have access to view what benefits each plan would cover. So, typically they enter their list of medications and I was just wondering if it would give them an alternate version of - even though this particular one is not covered, here's the alternates that are covered by the plan.
 - 1. We don't suggest alternative drugs in the tool. That is something we're looking at as sort of a long-term enhancement but we would

want to be sure that that was really well done and so that's something we're looking at a future enhancement but we do not support that today.