National Medicare Education Program Meeting
Moderator: Susie Butler
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2:00 pm ET

Coordinator: All lines have been placed in a listen only mode until the question and answer session. The call is being recorded. If you have any objections, you may disconnect at this time. I will now introduce your conference host, Ms. Susie Butler, you may begin.

Susie Butler: Thanks so much, (Catherine). Good afternoon, everyone. I'm Susie Butler. I direct the Partner Relations Group in the Office of Communications here at the Centers for Medicare and Medicaid Services and I want to welcome you to today's National Medicare Education Program Meeting.

I'm delighted that you've joined us to listen to our updates. We know that trusted organizations such as yours are on the front lines with our beneficiaries, working to connect them to Medicare information, health resources and services. We really hope that today's discussion will assist you with your important work.

I'd like to mention that this call is open to everyone, but if you're a member of the press, please refrain from asking questions during the Q&A portions of the call. And please direct your press inquiries to press@cms.hhs.gov. As always, we welcome the opportunity to open the dialogue and to hear from you.

We'll be taking questions after each presentation, but I'll be mining the schedule. So to keep us on time. And so we may have to cut some of you off in order to stick to that schedule. For questions, please wait for the operator to inform you on how to ask a question.

If for some reason you don't get the opportunity to ask the question that's in the forefront of your mind, please send that to our partnership mailbox that's partnership@CMS.hhs.gov. That's also listed on the agenda that Jill sent around prior to the meeting.

Put in NMEP in the subject line because we get a lot of mail in that box and we'll be able to sort of quickly and get a response back to you. So, I just want to give you the list of our speakers for today. So I don't do those introductions and slow us down as we get started in the meeting.

First, you'll hear from Mary Wallace. She's the Deputy Center Director in the Office of Communications who will provide updates on Medicare open enrollment. Next will be Jon Booth. He's the Director of Web and New Media Group in the Office of Communication. He will provide us with updates on Medicare Plan Finder.

Next will be Maggie Flowers from SHIP/MIPPA, Program Director, sorry, Program Manager in the Administration for Community Living and she will provide SHIP updates on Medicare open enrollment.

Next, also from CMS, Chris Koepke, Director of the Strategic Marketing Group, he will provide updates on the CMS flu campaign. Following Chris will be Laurie McWright. She's the Deputy Director of the Seamless Care Models Group in the Center for Medicare and Medicaid Innovation. We will talk with her about the Medicare Part D senior savings model.

And then, rounding out the program for today will be Kathleen McGinty. She's the Acting Deputy Director for the Center for Program Integrity and she

will discuss initiatives and policies regarding program integrity and Medicare Advantage and COVID-19.

As I said, we will take questions after each full presentation. So now it's my pleasure to introduce Mary Wallace. Mary.

Mary Wallace: Thanks, Susie. So yeah, we have a really jam packed agenda today. So I will be quick. I just wanted to give this a little bit of framing and level setting as we head into this year's open enrollment.

So as you can imagine this year, we've gotten questions about what is going to be the same, and what might be different due to COVID and with everything going on?

In some ways open enrollment is going to be the same as it is in every other year and then of course, this year, there are some pieces that aren't going to be quite normal. And we'll talk more about those.

So, in terms of our outreach just to start there, as we started planning for this year, one of the first things we thought about was about how COVID might impact our overarching strategy, realizing of course, for Medicare, in particular as a high risk group.

Many of the tactics we use to reach out to beneficiaries with enrollment messaging each year on the national level such as television ads, social media tactics, like Facebook, emails, are still well suited and optimal for engagement during this time.

So the main focus of our outreach is going to be the same as always, ensuring that people with Medicare know that it's open enrollment, they know what the

dates are, and promoting the value of reviewing and comparing plans and options.

In addition, this year, and you're going to hear a little bit more about this later in the agenda, another effort we're going to be highlighting in our messaging is that some plans are offering cost savings on insulin at $35 a month for prescription.

One message that we typically use and we'll be adjusting just slightly this year from a COVID perspective, we always talk to people about all the different ways that you can enroll. This year we'll also be adjusting that slightly to remind them that there are many ways they can enroll from the safety of their homes, and make sure, to promote things like the website and the call center and virtual visits for this year.

And then, also you'll hear about later running in parallel to open enrollment, from an outreach perspective, we will be doing a flu campaign during and beyond open enrollment.

From a customer service perspective, again, same as usual handbooks are out the door, so that is not impacted by anything going on. A couple of differences for this year, we are not planning to do in person events, with our regional offices as we typically would and there are some updates on how the SHIPS will perform their one on one counseling. ACL is a little bit further in the presentation, you'll hear more about that.

From a CMS perspective, we have ensured that our call center is ready and staffed up this year to potentially answer a higher number of questions, and that we're ready to kick off open enrollment. And then thanks to all the work we've done over the past two years on the Medicare plan finder, we're actually

in a really great place in terms of the system being ready and able to support the volumes we might expect to see for this year.

And again, you'll hear Jon talk about that in just a few minutes. So one thing just to close out, I just wanted to mention, you may have seen or heard in the news that the President mentioned sending a $200 card to some Medicare beneficiaries. I just wanted to say we are working on this. We don't have any information to share with you today, but we will have information soon and we'll make sure to reach out to all of you with those details as we have them. And I think with that, I will turn it back to Susie. Thank you.

Susie Butler: Sure. Thank you, Mary, very helpful. Let me start our session today with Jon Booth. So Jon's going to talk a little bit about plan finder and show you some interesting slides. So, Jon, it's all yours.

Jon Booth: All right. Good afternoon. Thanks, everyone. Yeah, so I'd like to take you through where we are with Medicare plan finder for the upcoming open enrollment. That will kick off tomorrow actually. If we could jump to the next slide.

So all of the major releases of the plan finder of this for this year have been completed. And the functionality remaining functionality for open enrollment will be with three key upcoming milestones, beginning with the 2021 plan preview, that will begin on October 1st, followed by the release of the star ratings for 2021 plans, and then the beginning of open enrollment on October 15th. Next slide.

So we did want to highlight a number of the things that we have already completed for this year, that are done. Again, all of the functionality in place for this year is out the door. So in terms of user experience changes that we

have made.

Beginning we made changes earlier this year to the plan results page. The default source in the tool now is lowest drug and premium cost and we simplified the design for the plan cards. We updated the visual design throughout the tool from the fonts and layout adjustments.

We've also redesigned a number of the other supporting tools that are used in conjunction with the plan binder. So the pace tool, the Pharmaceutical Assistance Program and the State Pharmaceutical Assistance Program, the PAP and SPAP tools have all been redesigned from last year and look consistent with the new redesigned Medicare plan Finder. Next slide.

We also completed a number of changes and improvements to the Medigap tool. So the Medigap tool has been visually redesigned. It also utilizes new data sources behind the scenes. The new Medigap search tool does use updated and more accurate plan level data and it also uses updated and more accurate policy level data.

So for example, plan or policy types of faith at group G, and then Humana as a sample issuer. Okay, next slide.

In addition, the yeah, we've made a number of changes to the pharmacy, search and interface in the tool and we'll actually show a few of these at the end of the slide deck here. So we've updated the layout of the page. based on user feedback, pharmacies are listed vertically, and we've increased the size of the map from last year.

We have added the ability to search for pharmacy by name, on that page. We've added the ability to search by pharmacy by location, and previously we

were just showing the results from a center of the zip code but there's much more granularity in there now.

We've added the ability to select up to five pharmacies and that was three last year and we've enhanced the ability to see and update the pharmacy selections from the plan Details page. So previously, you would have to go back and edit the drug selections then go to pharmacy, but there is a flow in the tool to jump directly and edit modify a pharmacy selection from a plan details page. Okay, next slide.

So, there's a number of plan detail improvements. These have been part of our plan preview process, when the issuers are validating their data at CMS, these will be visible to the public for OE so they'll be going live with the 2021 data.

We've made a number of improvements to the benefit data. We are displaying medically approved non-opioid pain management as a benefit, preventive services cost sharing, and (MNP) benefits to appropriately show limited or unlimited coverage and those are Medicare/Medicaid plans, so plans for dual eligibles.

We are showing the worldwide emergency services benefit and we're also showing cost sharing for two additional benefits for the opioid treatment program services and for renal dialysis services this year. Next slide.

And a number of other things that are on target for the OE launch plan results improvements. There are a number of new filters in the tool again, I've got a screenshot of the filter changes at the end of this deck, but we've added plan type. So you could filter down and just see HMOs, PPOs, PFFs, MSAs, etc. We will have a filter for the Part D senior savings which is that insulin savings in the in the tool and a drug coverage filter.

So this will allow people to look at MA versus MA Part D plans if you want to see just see one or the other you'll be able to sell to those out this year. As we mentioned earlier, we are adding the worldwide emergency benefits the planning compare page and the star ratings will show fee for service versus capsule level data and then pharmacy improvements as I mentioned the ability to search for pharmacies by address, that's new this year. Okay, next slide.

A number of improvements to the to the drug data and the drug pricing, we are adding options to the drug frequency drop down to add 6 and 12 month options that can be selected. We are enhancing the user experience around importing your drugs from previously paid drug claims. So if the user had a drug list from last year, there would be an easy way for them to add in new drugs that they may have taken this year that weren't on the list last year.

We've added a number of drug pricing footnotes, where frequency may not be covered and in those cases, we are showing the default pricing for the drug and indicating that with a footnote. And then as mentioned earlier, we've got the Part D user savings model pricing. And what that will do is allow it will show users the savings that they would get by enrolling in those plans on certain diabetes drugs and the types of insulin that they might be taking. Okay, next slide.

So a couple of screenshots here, just to show you first, this is what we call a coach mark, which is a helpful tip that will pop up on screen for the users.

What this shows us that if a user would add an insulin drug to their drug list as they're going through the tool, we will detect that and we would highlight for them that there may be plans that offer insulin savings that would lower their

costs, making click seek plans with insulin savings and be sort of taken right to a list of those particular plans participating in that demo. Next slide.

So this just highlights some of the new the new filters that are available. So specifically, you'll see over on the right there, insulin savings, there is a checkbox there that would filter down to just those just those demo plans. The link that says what this will bring up help door that explains that program and the options there.

And again, you'll see on the -- in the middle of the screen here are some of those plan filters that I mentioned, so a user could use those to just look at, say for example, PPO organizations if they wanted to see only those. And then if we go to the next slide, I think this is the last one.

This is the pharmacy selection screen and just to highlight a couple of things here, new from last year, you will see the ability to enter a complete address or zip code and so you could base a pharmacy off of that. You could also use the name of pharmacy box to search there and then you can also filter based on the distance there.

And then going down that page, if we were to scroll down a little bit more, that's where you see the redesigned map. And at the bottom of the screen there, you'll see in this particular example, we've got two retail pharmacies selected and one mail order with the ability to add two more to that selection and compare up to up to five against one another. And I believe that's the end of my slides for today. Thank you.

Susie Butler: Thanks so much, Jon. (Catherine), can we open it up for questions for Jon?

Coordinator: Certainly. If you would like to ask your question at this time, please press Star 1 on your telephone keypad. Only record your first and last name. To withdraw your question, you may press Star 2. But to ask your question, please press Star 1 on your telephone keypad. One moment for the first question. The first question is coming from (Ray Hemphill), your line is open.

(Ray Hemphill): Yes, I know this year, the ESRD services are going to be embedded in the Medicare Advantage plans. How do we find those?

Jon Booth: Yeah, so 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.

(Ray Hemphill): How would you indicate you're looking for that?

Jon Booth: Looking for ESRD? Yeah, so that we could, as I said, at the moment, 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.

(Ray Hemphill): So, the only way you're gonna find it is by reading the details of every plan that's out there.

Jon Booth: Yeah, so it's in the plan details page. That's correct. Yes.

(Ray Hemphill): That's it.

Susie Butler: (Catherine) are there any other questions in the queue for Jon?

Coordinator: Yes, we do have another question coming from (Joan Adler), your line is open.

(Joan Adler): Hi, this isn't exactly a question. But I cannot access the webinar, it would be helpful if you sent out the slides.

Susie Butler: Yes, we'll see about what can we can do about that? Yes.

(Joan Adler): I couldn't access it from computer or phone. I downloaded all the things, nothing, nothing allowed me to answer. And you know, I want to also say that it would be helpful to figure out for ESRD patients, how to hone in on those benefits in the different plans.

Susie Butler: Thanks so much for your comments. (Catherine), is there any -- are there any other questions?

Coordinator: Yes, we do have another question coming from (Nicole). Your line is open.

(Nicole): Yes. 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?

Jon Booth: 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.

(Nicole): Thank you.

Coordinator: Next question is coming from (Brad Parcells), your line is open.

(Brad Parcells): Hi, thank you. Jon, 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?

Jon Booth: 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.

(Brad Parcells): 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.

Jon Booth: Okay, we will take a look at that.

(Brad Parcells): Thank you.

Coordinator: The next question is coming from (Linda Ship), your line is open.

(Linda Ship): Yes, I am not sure what FFS versus CAHPS is.

Jon Booth: Sure, yeah, sorry, that's a little a little jargony. 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.

Coordinator: The next question is coming from (Janine Larson), your line is open.

(Janine Larson): Hi, thank you. I just have a question about the maximum number of medications which can be entered into the plan finder tool.

Jon Booth: Sorry, could you repeat the question? I want to make sure I understood it correctly.

(Janine Larson): I just need to know the maximum number of medications which can be added into the plan finder tool.

Jon Booth: Yeah, so 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.

(Janine Larson): Thank you.

Coordinator: The next question is coming from (Shirley Thomas), your line is open.

(Shirley Thomas): Yes. (Shirley Thomas). 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?

Jon Booth: 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.

(Shirley Thomas): Thank you.

Susie Butler: Thank you, Jon. And with that we're going to conclude the questions for Jon, so that we can stay on track with the rest of our presenters. So if you had a question that you did not get to ask, please send it to the partnership mailbox and we'll follow up with Jon and his team to make sure that an answer is obtained.

With that I want to introduce Maggie Flowers and have her talk a little bit about the ship program and what's going on during open enrollment with the ship. Maggie.

Maggie Flowers: Yes. Hi, thank you all. I'm happy to be here today to share with you what's, what's the shifts are doing, we can go ahead and go to the next slide. Thank you.

So just some background for folks who may not be familiar and I didn't want to make any assumptions. I wanted to share with you what the SHIPs are. It's the State Health Insurance Assistance Program and the mission of this program is to empower, educate and assist Medicare eligible individuals, families, and caregivers, their objective outreach, counseling and training, make informed health insurance decisions that optimize access to care and benefits.

So you can imagine the shift network is gearing up and has been spending a lot of time thinking about what will this look like, given the current environment and making sure that all beneficiaries can access the services safely, either through remote services or in person if necessary, using the appropriate protections as we move into the open enrollment period. The next slide please.

So just a snapshot. The SHIPs program provides one on one assistance to Medicare beneficiaries, who prefer or need information counseling and enrollment assistance beyond what they're able to receive on their own through other sources such as going to Medicare plan finder on their own, or working with other folks.

ACL the Administration for Community Living provides grants to 54 grantees across the country. All states have a SHIP program, as well as Puerto Rico, Guam, the District of Columbia and the U.S. Virgin Islands.

This network oversees more than 3,300 local SHIP programs and over 15,000 counselors, 57% of which are volunteers. So, you can imagine, this is presenting quite a unique challenge given the COVID-19 pandemic to make sure that everyone is prepared to serve beneficiaries.

And on average, about 3 million one-on one contacts happen annually with Medicare beneficiaries, with about 40% of those contacts happening during the three-month open enrollment period. Next slide, please.

So we've also partnered with an organization to provide technical assistance to the SHIP network, the SHIP Technical Assistance Center or the SHIP TA Center for short. If you're unfamiliar with who your local SHIP is, you can go to their website, shiptacenter.org, or call the number here on the slide and 877-839-2675 to find out who the local ship agency is for you. This is a great resource to help you get a feel for what's going on across the country and the agencies are that are working to provide these services. Next slide, please.

So what is happening now, given the changes that have happened to make sure we're providing services safely, many or most all pretty much at this point, state SHIPs are ready to handle open enrollment virtually.

They have been training volunteers virtually throughout the summer months and getting people prepared to be able to provide counseling via technology such as Zoom and other web based services or telephonically using the phone. Some limited agencies are providing in person assistance, it all really depends on what is allowable for that community or that state, then it goes down to the

local jurisdiction as you all know what the restrictions are when it comes to COVID-19.

So I would encourage you to reach out if you don't know to find out what your local SHIPs are doing during this time. And we anticipate that capacity may be reached earlier than usual given these limitations and additionally, most of the outreach and education events will be happening virtually as you can imagine.

We also anticipate that the outreach events will be limited because typically these are done in person. There are large health fairs or other types of our education and enrollment events where people can meet one-on-one with a counselor or educator and that that type of event is not going to be possible right now.

One last note. We do have a toolkit for professionals. I would encourage everybody to go take a look at it. It's on the SHIP TA Center website. It is available for any community based partners to you and it has a variety of resources in it to really think through. How do we handle this safely? How do we best safeguard beneficiary information and provide quality counseling and education in this environment? So check it out and feel free to use those resources as it makes sense for your work.

I think I have one more slide, which is my contact information. So folks, feel free to reach out if you have questions about the toolkit or other information related to the SHIP.

Susie Butler: Great. Thank you, Maggie. And let's leave that slide up, just in case we don't get through all the questions that are there for you. So if we could open the lines for questions, (Catherine), that'd be great.

Coordinator: Certainly. So once again, if you do have a question, please press Star 1 on your telephone keypad. Only record your first and last name. To withdraw your question, you may press Star 2. Once again, to ask your question, please press Star 1 on your telephone keypad. One moment for the first question. The first question is coming from (Mandy Ryan) your line is open.

(Maggie Flowers): Hi, Maggie, I apologize. But I actually just wanted to give a quick data point that to the last caller from the presentation on the plan finder, you can actually find those bubble pack pharmacies by zip code, they come up and I just did print screen and putting it in a Word document to send to you guys so that all the other ship counselors can see that too.

So if you use Omnicare, you use their 45202 zip code, and it will come up in the plan slider as a choice. Thank you.

Coordinator: Once again, to ask your question, please press Star 1 on your telephone keypad.

Susie Butler: And let's try to keep those questions for our current speaker. Although I appreciate the clarification we just got, we'll make sure that we share that with everyone over in our plan finder group.

Coordinator: At this time, we have no questions in queue.

Susie Butler: Okay, great. Well, (Maggie) thank you so much for sharing. I appreciate it and the information is quite valuable. So thank you so much.

(Maggie Flowers): Thank you.

Susie Butler: So now let's move to our next speaker. And it is my pleasure to introduce (Chris Koepke), a colleague of mine in OC. (Chris), you're going to talk to us about flu, I understand.

(Chris Koepke): Yes, thank you very much. Looks like Jill is bringing up the slides right now. Good afternoon, everybody. Just as the slides come up, I wish I had a joke or two to tell. But I'm just going to go over some of the tactics and goals of what we're doing around through flu outreach for people with Medicare this year.

We're putting together a little bit larger program than usual, in part because obviously, and then go to the next slide, Jill, thank you.

You know, in part because of the pandemic and how important it is to reduce just the virus burden on our health system and the people that we serve. So we're going to go, this is just a little overview. So let's go to the next one and I can get into it. It's a pretty short, short presentation. Jill if we go, thank you.

So this is a slide that CDC puts out and I just think it's kind of like, why is it important to get a flu shot? And I think especially this year, when you're looking at that middle column, the number of illnesses, they got they experienced two years ago, with 4.4 million and the number of flu hospitalizations at 58,000. I think that it's just very important now to try to reduce -- all the more important to try to reduce the burden of flu on the people we serve and on our health care system in part.

Because you know, the symptoms are so similar to what we see with the pandemic as well and we would like to reduce that confusion and reduce this burden on the health system. We can go to the next slide, please.

But this year is kind of interesting also because of the pandemic, one of the things that we've seen although this is picking up, but and I think a lot of us have seen this in various reports, but a decreased use of routine health care services, due to a large extent people's hesitancy to go out into the community, hesitancy to go to the doctor had sudden to just even go shopping and a lot of people are ordering their groceries online and having them delivered or delivered directly to their car as well as a prescription drugs. So these are some of the important considerations.

So that raises the question as to how should people how will people access flu vaccines this year? One thing I can say about flu vaccine access is that and you know, from the CDC is that they, you started distributing flu vaccine in September, early in September, I realize it's still September, but actually a couple of weeks ago, a few weeks ago.

And as we can see a lot of pharmacies and a lot of places do have the vaccine now and the word that I've heard anyway, is that they actually plan to have more vaccines distributed this year than they did last year to a considerable number more. If we can go to the next slide, please.

So the goal this year is to promote flu vaccinations particularly among people with Medicare, with vulnerable demographics within the group. So people obviously 65-plus, as well as, you know, people with disabilities, low income, dual eligibles, racial and ethnic minorities, especially African Americans and Hispanics, and underserved and vulnerable populations are a particular focus for our community- based and our direct to beneficiary outreach.

In part because we poured over immunization rate data over the last 5 and even 15 years and these groups kind of come up over and over again, as having, you know, considerably lower vaccine rates, a good 10% lower.

Obviously, another audience is the health care providers, and partners and information intermediaries. Indeed, you all are a major partner, and a major audience for us in hopes that we just believe that an extra important year to increase people's trust and excitement in in getting a flu vaccine and trusting in the flu vaccine itself. Next slide, please.

So one of the things we did this summer, is that we actually did some considerable message testing. We had a survey of 1,400 people, English speaking people, we did qualitative research, following up with Spanish speaking people. We had 10 different messages that kind of ran the gamut that we that we wrote out for people, we asked a lot of knowledge information as well, in an effort to make sure that the messaging that we did use a sheer struck common with most motivational people.

And interestingly, the number one motivating message across all groups, by the way, the 1,400 included super samples of African -- people who are African American, as well as people who are dually eligible both on the Medicaid/Medicare programs, so we could look at the results for those groups as well, and compare them to the general population.

So the number one message that came across was actually the one that talked about risk that people are 65 years or older, are at high risk of serious health complications from the flu. And as you will see our campaign roll out, you will see that message used in many places.

And that also, so now more than ever, everyone needs to do their part to prevent the spread of illness like the flu. What we saw from CDC is they kind of shortened that themselves to this year more important than ever, or this is an extra important year, as people kind of understand what that means.

So you'll see in our outreach materials, we've shortened that to pretty much you know, this is an extra important year this year is more important than ever to get a flu shot. In that then the flu shot protects you from getting the flu. I don't know how many of you have studied health behavior, but if you've looked at the belief models that they've been publishing about 50 years now, the research really just laid out beautifully for those of you at risk.

And by the way, there's a way to prevent the risk and that's the shot. And it helps protect you and your family and when the results played out this nicely. I was just very excited to see that we could you know, you utilize that messaging in our outreach.

An additional message, which of course makes sense because we're Medicare, what do we do we pay for stuff and so we're going to tell people that it's covered by Medicare. But for the people who said they were the least likely to get a vaccine in the upcoming year, we made a little algorithm people have gotten them in the past and people who would get them this year, versus people have never gotten in the past and said there's no way to get them this year.

So we were able to make different categories of people and look at the results. But for the people the least likely to get the vaccine, they were the ones who didn't know Medicare covered it, and they were the ones who found it the most motivated, highly motivating message. So that made us feel good about using that message from people who already find it important to get a flu shot that wasn't that important.

My assumption is they either already know it, or they're willing to pay the 20 bucks for it. So the fact that Medicare covers it is, of course, something we

should be saying anyway and it's something that tested extremely well. So thank you, if we could get the next slide, please.

So we're running a regular tactics, you guys have all heard from me on these tactics on other campaigns, we are targeting the groups that I've talked about earlier, African Americans, Spanish speakers and people who are likely to be dual eligibles and people who are low income, sometimes we just have to go with considerably low income, and people have shown interest in Medicare. So you can target that way, in some areas such as Facebook.

So digital display, some videos that will run on YouTube. We will be doing some radio, some print ads, both on African American newspapers as well as AARP. Facebook ads, which we continue to find an excellent way to reach a nice segment of our audience, working with Univision, and then earned media as well.

So (RMT), mat features, articles, as you'll see, there's, we do have, as always, our blue net Susie's team puts together our blue partnership page, and a lot of materials will be available there as well, which there'll be a link towards at the at the last at the end of this presentation. Next slide, please Jill.

There will be beneficiary emails, which we've already sent out, I don't know if you've all signed up for our emails, but if you do, you get to see them and it's an overlay on medicare.gov. And we actually get really good response from our email campaigns, so we'll be emailing regularly people to remember to remind them to get a flu shot.

And then we have a lot of different products, again, that we say will be on the partner website, tip sheets, drop in articles, social media kit, if people just want to, you know, take some of the social media posts that we've made,

obviously, look at the messaging we have, develop your own, feel free to like us on social media and just share the stuff that we've done if it fits your organization's purposes as well.

Making updates to the website, a tactic we've done for a few years, is sending out a postcard to some dually eligible people on Medicare and Medicaid. And then obviously working really hard both through our regional offices and through our national partnership group with partners to carry the message, which includes pharmacies. Next, next page, please.

Just a quick example, on a couple of things here and one in Spanish, but as you can see here, one digital ads going to emphasize that the flu shots are covered another one that protects you from serious illness. So carrying those messages that we talked about, through these manners. Next slide, please.

And then here's way too many resources if you're pulling out your iPhone right now to take a picture, that's a great idea. Of course, these slides will be posted as well with all of these links that include links to data from the Office of Minority Health, they have a very interesting mapping disparities page, which includes flu shots, then it gets down to the county level, information coverage and billing information, tools for our partners to use for their outreach.

And then as well as at the top I worked from the bottom up on this slide. If we go to the top of the slide, you'll see some of the things we're doing projected beneficiary resources as well. And feel free to obviously, any content that we make for beneficiaries, feel free to repurpose yourself. And I believe that is the end of my presentation. Thank you very much.

And you might want to leave this slide up, Jill, if there are any questions because it's one of those questions is really not that useful of a slide. So if people want to look at the links they can.

Susie Butler: Thank you, (Chris), educational and entertaining. So (Catherine), why don't we open up the lines to see if anyone has any questions for (Chris)?

Coordinator: Certainly, once again, if you do have a question, please press Star 1 on your telephone keypad. Only record your first and last name. To withdraw your question. You may press Star 2, one moment for the next question. And we have no questions in queue?

(Chris Koepke): Thank you, everybody go out there and get the people we serve on some immunizations, protect them from disease. I really appreciate your time today. Thank you.

Susie Butler: Thank you, (Chris). We always enjoy hearing from you. Let me see if our next speaker is on in the queue yet, Laurie McWright has joined us.

Laurie McWright: I have.

Susie Butler: Awesome. Let me turn -- I introduced you earlier, and you probably didn't hear it, but I will turn the floor over to you to give your presentation.

Laurie McWright: Excellent. All right. Well, thank you for inviting me here. I am excited to share with you information about the Part D Senior Savings Model and we are going to talk a lot of details about the model. But what's most important today really is the focus on how to make sure that we get our beneficiaries enrolled.

So with that, Jill thank you in advance for, for advancing my -- putting up and advancing my slides. If we want to go ahead and go to slide two, I'd appreciate it.

So, I just put together with the -- with in mind doing a really having a focused presentation on the how to enroll beneficiaries. I put together a few slides that I thought it might be the time and so from an agenda perspective, just want to spend a little, a little time on the model itself and sort of the context I think might be helpful for you all to understand about the work we're doing at the Innovation Center and how the Part D senior savings model fits in that.

And then we want to focus some time on what's problems are we actually trying to solve with the info model and how it works and then spend the remainder of my time with you all on how to walk through how the benefits to find one of these plans and adding really to what my colleague Jon Booth presented earlier and decided to focus on the info model advantages.

And just as a primer, you absolutely want to make sure folks have the key dates, many of them talking about and resources to move forward and I say, you know, we're just particularly excited to be introducing this model and allowing it to move forward on the plan finder. It allows Medicare beneficiaries living with diabetes and those who use insulin to control their blood sugar, and if you do not get help otherwise to access the Part D plan with lower out-of-pocket costs from the deductible through the coverage app of the Part D benefits.

So, with that, why don't we go ahead and advance to the next slide and we want to - as I said, before we dive in on the info model, I want to go to little big picture. And really the Part D senior savings model is a part of the innovation center's work on health plan innovation overall. And this work started in, I guess, 2017 with the enhanced medication therapy management

model and the value-based insurance design model. And that one was really limited to just targeted clinical innovation based on certain conditions.

And our work is really evolved significantly, I guess, since 2017 and we've added a number of new models as this slide requests, the Part D payment modernization model and of course, now the Part D senior savings model.

And I guess when I think about the work we've been doing, it's really allowed health plan models the flexibility to identify as a few ways to improve value and with these costs for, of course, the beneficiaries which is why we're here.

And being able to give the flexibility to the plan to innovate has really afforded them the opportunity to design benefits packages that are not allowed to be offered in the regular Medicare advantage and Part B programs, but it keeps the focus on the beneficiaries to reduce those beneficiary costs and improve outcomes.

And, really it's by targeting the intervention to particular sets of beneficiaries to specific conditions or perhaps lower income. And we're able to see some results that we wouldn't otherwise perhaps miss the more structured Part B benefit or an (A) program.

And a (new expedition) is a great example of what I mean which is the Part D senior savings model.

So, with that, why don't we move on to the next slide. And so we see (unintelligible) that the health plan innovation models have grown substantially from three states and 45 plans in 2017 to, I guess, now 2,000 plans and covering all 50 states for (unintelligible) for next year.

And our models are really in a big picture way included (unintelligible) from larger, smaller, medium-size plans and at this point located across the country. They include innovations in MA and (unintelligible) space. They made things like healthy food allowances for (unintelligible) chronic conditions, socio-economic status and carving hospice into the MA benefit. And then last but not least sharing past rebates directly with enrollees.

So, with that, we want to now focus on the Part D senior savings model, and starting on 2021, we had an amazing response to our request for applications from plans. And starting in January 1st, 2021, we will have over 1,500 plans across all 50 states and Medicare benefits is basically nationwide who use insulin will have an option for a plan that provides them with the reduced cost sharing for a variety of insulin types.

Okay, so we want to go to slide - the next slide, slide five. Excellent. Okay, so, now that we've reviewed - sort of covered the big picture of the Part D Senior Savings model, let's look at what problem we're trying to solve. Why is it needed and how the model works?

And as this slide shows, the current structure of the Part D benefits and the last of the supplemental benefits offered in the coverage gap for insulin and other drugs is actually often results in beneficiaries paying for extensive drugs - not just insulin - and while we're still in the coverage gap. There's not typically help there.

So, we've also seen the beneficiaries in the coverage gap are also generally paying their full 25% co-insurance on a drug where the prices have increased over the years. And, so it's kind of a double whammy, I guess, is one way to think about it.

And those (unintelligible) nothing anything novel here but it can prohibited for beneficiaries and living on fixed incomes can result in a lot of unfortunate outcomes where the beneficiaries end up rationing their drugs and they're balancing between not to eat and other necessities and purchasing their insulin. So, in that way we've identified the problem.

So, let's move on to slide six, or the next slide and put simply, the model allows participating insulin manufacturers to buy down their portion of the coverage gap first. And then it allows the plan, the Part D plan participating in the model to offer supplemental benefits with a more stable predictable co-pay all the way from the deductible to the coverage gap. For a month supply of insulin, they are offering it no greater than $35 for certain insulins.

And so it's a five-year model that begins in January and it not only offers the cheaper insulin but it also offers the Part D sponsors the opportunity to offer Part D awards and incentives for beneficiaries with diabetes and are pre-diabetic as a part of programs that incentivize health and promote medication adherence. So, not only the people informed but very excited about the other programs as well.

Okay, so, let's go ahead to the next slide. And this one I like because it really shows the comparison now of where we've been and the extensive insulin and access - to potentially affecting access to where we're headed in January for five years with this model. And that gets me to work every day when I see this graphic.

So, in that sense, an enhanced plan with the insulin offering is basically - beneficiaries can access a month's supply of insulin drugs for no more than $35 throughout the entire benefit.

Okay, so, go ahead to the next slide. Great. So, now I want to turn to eligibility. Who can this exactly help and how do we help people get there? So, basically, beneficiaries using insulin can gain access to their insulin drugs more cheaply for certain types of beneficiaries. This model is not designed to focus on all Medicare beneficiaries because some don't need the help in the same way because they're receiving help otherwise.

So, the eligibility requirements really are the beneficiary must enroll in a plan that is participating in the model and the variety of plan type, but basically the plan finder as we'll go over in a minute will have beneficiaries select these types of plans through clicking on a series of buttons. And as I described, beneficiaries cannot be receiving extra financial help otherwise such as cost-sharing support.

The third piece -- I want to make sure that folks are clear on this -- they must use a select insulin, which includes all the insulins from participating manufacturers covered by the plan that they're enrolling in.

So, this may not include all insulins (unintelligible) that they take, so are all insulins available. But rest assured, all model plans have broad access to common types of insulin.

Okay, can we go to the next slide? Okay, so finding a plan and what's this talking to (unintelligible) about? The model availability has concrete terms. So, as I mentioned earlier, this model has very broad participation. It is a plan offering, basically in every state, the District of Columbia and Florida resales for next year. The model will basically in a nutshell, allow you to support beneficiaries in getting consistent or reduced cost-sharing that can help improve their medication adherence in clinical outcomes.

So, I want to now focus on the details on the Medicare plan finder to really just help you guys, Medicare beneficiaries, in choosing their plans with this insulin benefit. One, it emphasized that what we're showing today on the screen - you won't be able to access this in real time today because the marketing season doesn't begin - the plan marketing season doesn't begin till tomorrow so the plan finder will go live tomorrow, October 1st.

So, just be mindful that we're trying to give you a preview and get you ready but you have to wait till tomorrow to actually - to see this.

So, okay, next slide. And really this slide just shows, I believe, what John talked about. It's the next step after the plan finder or home page in assisting someone who is choosing a plan. And really just the goal of the plan finder is to know, is to find plans that (unintelligible) speak to beneficiary needs.

And in this situation, for the model, both the insulin benefit we're talking about is available not only in standalone Part D plans but also in the Medicare Advantage, participating drug plan.

And so, bottom line, beneficiaries could search for this coverage - either the Part D plan or the (unintelligible) plans.

So, let's go to the next slide. So, again, a little more concrete and I think Tom went over this (unintelligible) four. The Medicare Plan Finder includes an option where you can help beneficiaries enter their prescriptions and here you see where you can enter each prescription so that beneficiaries take and including the name and the dosage and keep adding the numbers that you need to, and then when they're all entered you click on the done adding drugs and that will take you to the list of the drugs.

Now, recall important point. Not every insulin is included in the model for every participating plan but this is where entering the drugs and the dosages, etcetera, are very important because that way you can see - you can make sure that the beneficiary - whether the plan has what they're exactly taking. And with more specifics, you can check the drug list on the model website - on our model website and certainly on the plan website.

Okay, why don't we go to the next slide? And as you saw in the presentation before by John, the filter - there's a filter now that's been built in that you can selectively see the plans that offer the insulin savings through the model and that's a key element obviously to getting them access to the savings.

So, okay. Why don't we go to the next slide? Okay, so I feel a little inadequate with Chris's list of resources. But feel free to take a picture of this slide and really a great slide to take with you. With the next steps on open enrollment around the corner, we just want to make sure that you do have information resources to help beneficiaries take advantage of the new model. We have just quick key dates that you want to focus on.

On our model website, we post a list of all the participating plans and you can see who's participating, for example, in each state. We have a partner tool kit which includes a variety of materials to help you do your jobs and support your loved ones. The screenshot that we just went through. Also, there's an epic (unintelligible) document that I think folks are finding really helpful. This is really questions that we received from advocates and other stakeholders just to make sure we're helping as much as possible and certainly we'll continue to answer questions - post answers to questions that we receive frequently.

And certainly the open enrollment period - annual enrollment period is the key time for changing plans, enrolling initially and to take advantage of the full savings for the insulin model.

So, with that, I agree with Chris, why don't we stay on the key dates and resources slide? And we'll go from there. Take questions if there are any.

Susie Butler: Fabulous. Thank you so much, (Lori). (Catherine), can you open us up one more time for questions?

Coordinator: Certainly. And once again, if you do have a question, please press star one on your telephone keypad. Only record your first and last name. To withdraw your question, you may press star two. One moment for the first question.

And the first question is coming from (Sandy Leece). Your line is open.

(Sandy Leece): Thank you. Yes, my question is, 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. I hope that's clear enough.

Laurie McWright: Those are excellent questions and all I can tell you is that I have done - I don't know specifically for the insulin drugs and being able to filter because I haven't tried it that way but if there are other folks that are more expert on the plan finder, I have done just general searches and been able to connect in putting in a list of drugs and being able to identify the insulin drugs. But I

haven't been able to do it in having done what you're asking. So, I don't want to say that.

But I'm going to take that back and absolutely do that. Are there any other folks on the line that would know the answer? Or I can take that back and we'll definitely make sure we post an answer to that.

John: Yes, this is John. I can address that. 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.

Laurie McWright: Oh, that's great.

Woman: John, am I still live?

Laurie McWright: Yes.

Woman: Okay, yes, yes. Well, I just wondering, 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?

Laurie McWright: Well, John, you may have more experience coming from the model program side. I haven't been in this situation exactly but I do know that there are only enhanced alternative plans that offer this type of coverage. And, so I would assume it would be basically, you would have to be able to be eligible for that type of plan. But John, you may know more about the specifics.

John: Yes, I would agree with that. And, yes, I think that's fair.

Woman: Yes, just looking at behind the scenes. We all don't know. Usually what happens with it - just looking out ahead to see if there's going to be a cleanup later if we accidentally do something like that. So, great information. Thanks, guys.

Laurie McWright: Okay, good questions.

Coordinator: The next question is coming from (Leslie Fried). Your line is open.

(Leslie Fried): Hi, thank you so much for your presentation. I really learned quite a bit. My one question is 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?

Laurie McWright: That's…

(Leslie Fried): If it's an enhanced plan, it might be more expensive.

Laurie McWright: Yes. That's a great question. And 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 (unintelligible).

(Leslie Fried): Okay, thank you so much.

Laurie McWright: Sure.

Coordinator: The next question is coming from (Pat Gippel). Your line is open.

(Pat Gippel): Thank you. I am - just wondering - is this plan covering insulin alone or is it also covering the other expenses that these drugs like the (unintelligible) and the Januvia's - that type?

Laurie McWright: It's - when you say - 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.

(Pat Gippel): Okay, thank you.

Jill Darling: Sure.

Coordinator: The next question is coming from Donna Adams. Your line is open.

Donna Adams: Yes, I was just wondering how we are able to receive a copy of the slide show?

Laurie McWright: So, are you - are you talking about the - are you talking about my presentation in particular or are you talking about the whole thing…

Donna Adams: Well, the whole thing.

Laurie McWright: …the whole - yes, today. So, (Susie), can you address that one?

(Susie Butler): Sure thing. Thanks, (Lori). 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.

Donna Adams: Great, thank you.

Coordinator: The next question is coming from (Erin Wood). Your line is open.

(Erin Wood): Thank you. 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?

Laurie McWright: That is a great question. I'll take that back on track and definitely will post any information we can share on that.

(Erin Wood): Thank you.

Laurie McWright: Okay.

Coordinator: Once again, if you do have a question, please press star one on your telephone keypad. The next question is coming from (Wendy Router). Your line is open.

(Wendy Router): Yes, thank you. 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.

Laurie McWright: So, I'm going to answer that. That's another great question. 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.

(Susie), do you want to fill in anywhere I (unintelligible)?

(Susie Butler): Sure, sure. Just to - 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. (Catherine), we have time for one more question on this topic and then we need to scoot to the next one.

Coordinator: Certainly. And the next question is from (Lindsey Pennelton). Your line is open.

(Lindsey Pennelton): Hi. 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?

Laurie McWright: So, that's another great question. 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. When you say plan card, I'm not sure - you're saying the enrollment card? I'm not sure what you mean when you say card.

(Lindsey Pennelton): 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…

Laurie McWright: Yes.

(Lindsey Pennelton): …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.

Laurie McWright: So, you're saying that within plan finders. Thank you for the clarification. So, I'm going to turn to my colleague, John, to determine - we have that level of sophistication available at this point?

John: We don't.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.

(Lindsey Pennelton): Thank you.

Susie Butler: Okay. We need to move on to our next speaker so, (Laurie), thank you so much. This is really important information and very current, so thank you for your time today.

(Lori): (Unintelligible)…

Susie Butler: Next, it's my pleasure - yes, go ahead.

(Lori): Just saying totally my pleasure. Thank you.

Susie Butler: Okay, thanks (Lori). Now, it's my pleasure to introduce (Kathleen McGinty). (Kathleen)?

(Kathleen McGinty): Hi, there. Hi, everyone. Thank you so much for inviting me to speak today. I am going to be adjusting my presentation so we can stay within our time limits today.

So, again, my name is (Kathleen McGinty) and I am the acting director of the investigations group at the Center of Program Integrity. I am pleased to be able to provide you with an overview of our mission and our function and also, more importantly, to let you know a little bit about our response to Covid, our program integrity activities during the Covid public health emergency.

And, so I'll get started now. CMS, CPI is the focal point for all national and statewide Medicare and Medicaid program integrity functions and the establishment of integrated and coordinated national framework for program-integrity related policies and procedures.

We define program integrity very simply. We say, pay it right. Program integrity must focus on paying the right amount to a legitimate provider for covered, reasonable and necessary services provided to eligible beneficiaries while taking aggressive actions to eliminate fraud, waste and abuse.

This over-arching approach helps us to hold the healthcare system accountable, protect beneficiaries from harm and safeguard taxpayer dollars while minimizing unnecessary burdens.

Could you please go to the next slide? All right, so our CPI functions allow us to achieve our mission. What CPI does primarily is promote the integrity of the Medicare and Medicaid program and CHIP through provider contractor investigations, audits, policy reviews through our identification and monitoring of program vulnerabilities and through providing support and assistance to the state. We obviously will continuously recommend modifications to programs, policies and operations in order to ensure that we address, eliminate fraud, waste and abuse.

Perhaps one of our critical functions is to collaborate closely with key stakeholders relating to program integrity work. And that includes the United States Department of Justice, our Office of Inspector General, the State Law Enforcement Agency, and other federal agencies in order to more effectively address fraud, waste and abuse.

We have several components within the Center of Program Integrity that allow us to carry out (unintelligible) mission. Our Provider Compliance Group works across CMS to identify and monitor program vulnerabilities that affect changes and policies related to contractor medical review. Electronic transfer of Medicare fee for service, medical records and recovery auditing techniques and prior authorization activities.

Our provider enrollment group and (unintelligible) is the provider enrollment and oversight group, served as CMS's primary focal point for all Medicare provider, supplier and (unintelligible) compliance functions. They provide guidance and support to state Medicaid agencies on all provider enrollment (unintelligible) including Medicaid provider enrollment (unintelligible).

We also have the data analytics and systems group. This group serves as CMS's focal point for all data analytics and systems related to the identification of fraud, waste and abuse in Medicaid, Medicare, Medicare Advantage and prescription drug plans. It allows us - the cutting edge data analytics that we use allow us to identify not just existing fraud terms but emerging fraud terms through data mining predicted analytics modeling concepts and other advanced analytics test (unintelligible).

The investigations group that I'm a part of developed the integrated and coordinated national framework for PI investigations in audit policy and procedures across Medicare and Medicaid programs and throughout the country. We also have a contract management group that serves as the primary CMS point of contact for procurement and functional administration of the oversight of Medicare and Medicaid program (unintelligible) contractor.

Next slide, please. We have several priorities and of course, our priorities have dramatically shifted because of Covid 19. But most of the priorities have remain unchanged. So, we primarily prevent and deter fraud, waste and abuse and we identify vulnerabilities and create mitigation plans to address the risks where we see the vulnerabilities in the programs.

We also use several tools, investigations, audits, demonstrations to target high-risk areas to be able to identify the true fraud while at the same time reducing provider burdens. Those are all key to our strategy.

Medicare and Medicaid fraud, waste and abuse affect every American by draining critical resources from our health system and contributing to the rising cost of healthcare. Taxpayer dollars lost to fraud, waste and abuse harm most of our vulnerable citizens.

And of course, unfortunately during the public health crisis we identified rapidly evolving Covid-19 (unintelligible) which thought to exploit the global Covid-19 pandemic. The fraud seems - prove to be pervasive and sophisticated and pose considerable risk of harm to the beneficiary, to the trust fund and to the public at large.

The Centers for Program Integrity has moved very quickly to engage multiple efforts to combat the Covid-19 threat. We had several key strategies. The first and most important was to identify the emerging fraud scene and the (unintelligible) of providers. We wanted to and did increase our collaboration with our law enforcement partners and other key stakeholders.

And very importantly, we needed to streamline and expedite the referral of Covid-19 fraud scene to our law enforcement partners for criminal investigations and to our enforcement components so that administrative actions could take place to immediately shut down the problematic providers.

Throughout the public health emergency, all components of our CPI have worked to counter the fraud scene and head off the emerging teams that will be seen on a daily basis.

Excuse me. We work very closely alongside of federal state, law enforcement partner in order to address the fraud schemes that we're developing and those collaborative efforts were key to helping us reduce the Covid-19 fraud schemes.

In order to address the Covid-19 fraud list, we had to adjust however, our investigative strategies based on several (unintelligible) challenges that we faced during the Covid-19 crisis.

First, we had to address the rapidly emerging fraud schemes that were coupled by thousands of high-volume complaints that needed to be evaluated and prioritized. There was seemingly no end to the number of unscrupulous providers that were willing to commit fraud.

And we saw several different types of fraud during the crisis but the most prominent fraud scheme centered around (unintelligible) identity theft, Medicare beneficiaries receiving fraudulent calls, text and emails seeking to have the recipients disclose their personally identifiable information under the auspices of confirming eligibility for a Covid-19 task.

And then, of course, then using that personal identifiable information to build federal health programs and other insurance programs for medically and necessary services and equipment and often for services that were never rendered and never provided.

In some instances the providers -- excuse me, the (unintelligible) -- were particularly aggressive in their solicitation of the beneficiaries. Sometimes they would go door to door. Sometimes nursing home beds, nursing home beds, and other times they would approach beneficiaries at a Walmart while the beneficiary was shopping.

Obviously, the fraudsters, in those cases were not complying with the social distancing standards that have been set for us.

Another very prevalent fraud scheme that we saw was the bundling of Covid-19 testing with other medically unnecessary testing such as respiratory panels, also extensive genetic testing and cardiac testing as well.

We've seen the - the (unintelligible) test that's (unintelligible) Covid-19 test, the home test. We've seen pop-ups, drive-by Covid testing centers where beneficiaries went in attempting to receive a test and sometimes they never received the results.

In other instances, they were billed not just for the Covid-19 but for other extensive tests, as I mentioned - genetic testing and cardiac tests as well. We met the challenges by establishing workgroups with the Department of Justice three times a week to go over all of the critical fraud schemes that were going on and developed a very special workgroup that coincided with that that would take the fraud (unintelligible), come back in, research the fraud that they were seeing and share back those results.

During the course of this crisis, we had over 700 investigations that went through a major case coordination. We referred over 535 law enforcement referrals for criminal investigation and we 158 media advisements to law enforcement.

And it was incredibly successful given the fact that we had to move all of our operations to a virtual office. That's thousands of investigators nationwide. And also because we had to and importantly needed to allow certain flexibility such that we didn't have the same tools that we had (unintelligible) so we

didn't have the ability to have direct contact with our providers in terms of investigations. We limited that.

And so we had to come up with more creative and strategies that were not as traditional as our medical review and we're able to use Medicare complaint data and data analytics as well as beneficiary interviews to very successfully identify (unintelligible) fraud and referred over.

There is one thing that I'd like to mention. If you could please go to slide eight. So, one of the key success stories that we've had over the last couple of years is our implementation of the major case coordination in April 2018. This was created so that we could increase and in some ways repair and build and strengthen the relationship we have with law enforcement. And it is a forum where we can discuss all of the investigative cases and make determinations on whether or not there should be a law enforcement referral and what appropriate administrative action should take place.

As you can see, we want to make sure that we're never too heavy that we only go after through (unintelligible) fraud and as a result of this we have had several successful healthcare fraud takedowns, and we've also had, as you can see, over 2,000 cases that have gone through with 1,400 law enforcement referrals and 1,141 payment extensions.

And you can see all of the key fraud takedowns that we have been honored to be a part of and that have actually impacted by substantial saving for CMS so that those monies can then go to the actual care that's needed for our beneficiaries.

I'd love to close by just telling you about some incredibly exciting news that we had today. Today CFPI and law enforcement - DOJ, OIG, FBI -- had a

press conference where they announced the national law enforcement takedown that involved approximately 77 criminal indictments of individuals involved in durable medical equipment telemedicine fraud scheme.

This action was a follow-up to DOJ's and OIG's and our 2019 national DME takedown (unintelligible) operation brace yourself. Operation Brace Yourself targeted 130 DME suppliers and a fraud scheme involving $1.2 billion in lawsuits in Medicare.

Operation Brace Yourself involved dozens of unscrupulous DME suppliers who submitted claims for vast amounts of unwanted and unnecessary durable medical equipment.

However, Medicare beneficiaries will refer to these DME suppliers by referring providers that had never met or valuated or known the beneficiary previously. As part of the 2019 Operation Brace Yourself action, CPI identified the referring providers who participated in the scene by ordering DME supplies for at least one of the 130 Operation Brace Yourself DME suppliers.

CPI's have initiated what we call the referring provider project to address those that acting - during providers who actually cause this scheme to take place. Without that order, this scheme could never have taken place.

As a result of the referring provider project, and any conjunction with today's DOJ and OIG takedown, CPI has announced the (unintelligible) 320 revocation actions it has taken against 256 referring providers. The revocations are based on the referring providers failure to maintain and produce required records supporting the ordering of the DME supplies where

those providers lose their Medicare billing privileges and now can no longer be paid by the program for the items and services.

It's important to note that each of these 256 revoked providers were responsible for individually ordering more than $100,000 in total payments for DME supplies, and also failing to maintain the required documentation. Collectively, the 256 providers were responsible for ordering over $279 million in DME supplies from the Operation Brace Yourself takedown.

So, it was a very exciting day for our team to be able to have such a large impact. We have been able to understand what the initial OBY takedown meant and (unintelligible) benefits in reducing medically unnecessary DME supplies from being ordered and we're all just very happy with the result we had today.

And that's what I'll end with and I'll open it up for any questions that anyone would have, and I thank you for the time today.

Susie Butler: Hi (Catherine). So, we'll open it up for questions. We are over our time so I am cognizant of that and I know some of my people need to be on a different call, but we'll take one or two questions.

Coordinator: Certainly. So, once again, if you do have a question, please press star one on your telephone keypad. One moment for the next question. At this time, we have no questions.

Susie Butler: Okay. Well, I…

Woman: (Unintelligible).

Susie Butler: …yes, thank you. And I want to thank all of our speakers as well as all of you who dialed in today. I know you have many things to do and we're all on meetings and zoom calls all day long. So, thank you for taking an hour and a half of your time today to be with us.

Take care. We'll talk to you next quarter.

Coordinator: This will conclude today's conference. All parties may disconnect at this time.

End