

Centers for Medicare & Medicaid Services
National Medicare Education Program Meeting
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Jonathan Blanar: We will get started in just a few seconds, thank you. I think we have slowed down around 130, so I will get started. Good afternoon and welcome to our National Medicare Education Program Meeting. My name is Jonathan Blanar, the Deputy Director of the Partner Relations Group at CMS Office of Communications. Thank you for joining us this afternoon for presentations on a number of important topics. We will start off with Captain Wanda Finch, the Deputy Director of the CMS Office of Minority Health, who will give an update on our efforts on health equity. Then we will have a series of Medicare updates from the CMS Office of Communications, including Barbara Johnson, Director of the Division Campaign Management, who will wrap up our Medicare open enrollment outreach campaign. Lauren Shaham, Senior Advisor from the Integrated Communications Management staff, will review the latest information on the COVID-19 vaccine booster and over-the-counter testing. Finally, we will hear from Valerie Perkins, Director of the Division of Content Development, in the Creative Services Group at CMS, who will be looking to get your feedback on the 2022 Medicare and You handbook. Walt Gutowski, Senior Advisor in the Partner Relations Group, in the Office of Communications, will moderate a question and answer session after each presentation. Before we begin, I have a few housekeeping tips. For those who need close captioning, instructions and a link are located in the chat function of the webinar. This call is off the record and is for informational and planning purposes only. While members of the press are welcome to attend the calls, we ask that they please refrain from asking questions. All press/media questions can be submitted using our media inquiries form, which may be found at cms.gov/newsroom/media-inquiries. We welcome your questions and engagement today after each presentation. We will only be answering questions related to the presentations provided today. You can ask a question by typing it in the question and answer box at the bottom of your zoom screen. We will do our best to get to as many questions as possible today. With that, I would like to turn it over to our first speaker, Captain Wanda Finch, the Deputy Director of the CMS Office of Minority Health. Captain Finch?

Captain Finch: Thank you Jonathan. Good afternoon and good morning to those of you who may be joining us from the West Coast. I am Captain Wanda Finch, the Deputy Director for the CMS Office of Minority Health, also referred to as CMS OMH. And I am so delighted and pleased to be speaking to you today. Next slide, please. During today's presentation, I will be providing you an overview of the CMS OMH activities talking about the work we do that focuses on disparities, present a few of our resources, as well as tell you how to stay connected with us. Next slide, please. First, I will begin with an overview of the office. Next slide. Since

our inception about 10 years ago, we have held the mission and vision of the office as central to our work. Our mission is to lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS policies, programs and partnerships. Our vision is that all those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in healthcare quality and access. Some of the distinct populations that we serve include racial and ethnic minorities, people living with disabilities, members of the lesbian, gay, bisexual, transgender, and queer community, individuals with limited English proficiency, rural populations, and persons, otherwise adversely affected by persistent poverty or inequality. Next slide, please. So, as you listen to the presentation today, I encourage all of you to think about the real people behind all of our CMS programs. Whether we are talking about someone who is covered by Medicare, who has a Marketplace plan, or any of the many Medicaid and CHIP programs, a health care worker on the front lines, or benefits counselor for a health plan, these are real people whose lives and experiences matter to us. So, we start today by focusing on exactly who we are all working for. All of the many diverse communities and individuals that we support every single day. We are working for a Black mom and her son who has a disability in rural Tennessee, both who qualify for (inaudible) care. We are working for the trans woman looking for an exchange plan in Alaska. We are working for the Middle Eastern woman and her nephew on CHIP in Detroit, and for the two daughters in Albuquerque, New Mexico, helping their mom translate information so she knows how to use her Medicare Advantage plan to help get supplemental benefits. We are working for the single adult in New Britain, Connecticut, who communicates with their health care provider in a video visit through an American sign language interpreter. And for the woman in Santa Monica, California, who has a chronic mental health condition and unstable housing, but has stayed enrolled in Medi-Cal to make sure she can get ongoing treatment. The list goes on and on, but these are real people with real lives. And our work, no matter where in CMS you sit, and what your job entails daily, makes a difference to each of them. You and we as an agency have the tools, levers, and the ability to make changes that impact each of these individuals, their families, their communities, to help them live their healthiest and best lives. Next slide, please. Within our office, here is a list of some of our major initiatives, and for the sake of time, I'm only going to highlight some of them. Several of our initiatives to eliminate health disparities, we are also focusing on improving health for all of the populations that are referenced earlier. In particular, our health equity technical assistance program, we offer personalized coaching and resources to help you embed health equity into your strategic plan. We have resources available on improving care for racial and ethnic minorities, people living with his disabilities, individuals with limited English proficiencies, sexual and gender minorities, as well as rural populations. We also provide guidance on data collection and analysis. In addition to that, we also help in developing language access plans that ensure effective communication with those that we serve. Anyone can connect to our technical assistance team for help, and ask questions about our data tools, the disparities impact statement, as well as developing a language access plan, looking at CMS data, and a variety of other topics. All they have to do is email our health equity TA team at healthequityta@cms.hhs.gov to get started. Another tool that we have is the mapping Medicare disparities tool, which was developed to address chronic conditions with an equity lens. I want to

make sure that I point out to you all that this was assembled here today in case there might be useful for you to work. This tool takes a granular lens into chronic conditions by identifying areas of disparities between subgroups of Medicare beneficiaries and health outcomes, utilization, and spending. It is also a starting point to understand and investigate geographic, racial and ethnic differences in health outcomes. This information may be used to inform policy decisions and to target populations and geographies for potential interventions. The tool is user friendly. It can interface in a way that is visually appealing to the user. It is updated with 2019 Medicare fee for service data. One can download data and maps. It also incorporates disability data, has information available in Spanish, and also provides a population in hospital view. This tool can also be used in combination with other data tools and local datasets to help the user overlay where there are disparities and prevalence of conditions outcomes and costs. It can also be helpful to apply an intersectional lens to visually identify where disparities may be significant, growing, or changing over time. We also have a sexual and gender minority clearinghouse resource, which is also included in one of the later slides, which you will see when we have a list above the resources, and this really has more information on surveys. It asks questions related to gender identity, and this can be a place to start if one is interested at looking at national datasets, state and local government agencies, as well as local partners, and how that local information can be useful. Another program that I want to highlight is our Coverage to Care initiative which helps people to understand their health care coverage and connect the primary care and preventative services. The C2C, as we call it, is able to share a variety of resources, including a roadmap for a better care and healthier you, which really explains to a customer or beneficiary what health care coverage is and how to get primary care and preventative services. And there is also a roadmap to better care, which focuses on behavioral health which focuses on mental health and substance services. We also have a telehealth resource to help patients learn the types of care they can receive through telehealth and how to prepare for an appointment, what to expect during a visit, and more. There is a COVID-19 resource information on how individuals can protect themselves and their families during the pandemic, and where they can get the necessary resources, prevention resources, outline services available at no cost to adults, teens, children, infants, under most health coverage plans, and there is also an enrollment toolkit designed to support community partners, assisters, and others who help consumers enroll in health insurance coverage or to change their health plans. And also, the C2C resources come in multiple languages. Next slide, please. This graphic, we use often to illustrate the differences between equity and equality, because over time, we have learned that many people use these terms interchangeably, and they do not necessarily mean the same. So, the Robert Wood Johnson Foundation provided this graphic which depicts the differences. What you see at the top of the image, equality, which is where everyone has the same resource in the case of the bicycle to travel with. However, if you look at the bottom image, you will see that the bicycle has been right sized to fit the needs of that individual, and so, I hope that you will keep this in mind as we continue to have discussions about equity and what we need to do to ensure that individuals who are seeking support, that they are accessible. And the difference in whether an individual can participate is a disparity between where they can travel and in what way they can travel in using the resources they have, and in this example, the bike, and who cannot ride the bike if they don't

have the resources to get what they are trying to achieve. Next slide. So, CMS OMH is working to ground the agency in a common understanding of social determinants of health as established in the healthy people 2030 framework. We across the agency, we are here to help spread a shared understanding of the distinction between the demographic data elements and social determinants of health information. And on a more granular level, we really want to understand how and what the difference is between these terms and terms like social risk factors and health-related social needs. For CMS, our definitions, again, are rooted in the healthy People 2030. We consider each of the five domains of the social determinants of health model, as well as what levers we have within our CMS programs and policies to ensure health care coverage and the delivery of services is informed and tailored to provide the best of care to all 150 million individuals the agency serves. This is also directly tied to executive order 13985 on advancing racial equity and support for underserved communities through the federal government, and this cause on the federal government and CMS to identify and work on ways to redress inequities, and policies and programs that create barriers to equal opportunity to ensure that individuals in minority and underserved communities can reach their highest potential. To meet this mandate in charge, we must build a shared agency wide understanding of what social determinants of health are, and why this information is important in the context of CMS. For us, this means having a strong focus on data. Next slide, please. Now we are going to talk a little bit about our approach and our focus on disparities among the populations that our agency serves. Next slide. Our data and policy analytics groups work with CMS components to facilitate access to and analysis of CMS data to support research efforts to better understand the causes of and the design of effective programs to reduce health disparities and improve quality of care for vulnerable populations. This work includes researchers and other stakeholders to raise awareness of study findings. In addition, our collaborations with other CMS components are foundational to embedding equity and supporting agency initiatives. For example, we conduct environmental scans to identify data needs to facilitate the measurement of health disparities, and these can be associated with cost, as well as the identification of potential solutions, data needed to evaluate the impact of CMS programs and policies, so that we can understand what the issues are on health and access to care for vulnerable populations as well as health disparities. We also cultivate partnerships and collaborations with individuals and other federal, state, and local government agencies, academic institutions, research institutions, and other CMS components who are working to reduce health disparities and improve minority health. This serves as a feedback channel for research and data concerns. This includes maintaining a presence at national and local conferences, meetings, as well as publishing peer-reviewed journals to foster awareness of research and analytical findings for our internal and external stakeholders. We also facilitate in managing coordinate funding arrangements related to initiatives impacting minority health and health disparities. As you heard me reference the mapping Medicare disparities tool, we are going to focus a little bit on some of our data snapshots that we also produce. The stratified reports and data highlights are also available on our office website. Next slide, please. So, several of our data snapshots focus on different chronic conditions that provide overviews of key data and policy reviews on health services and outcomes for minority groups. There is a link provided to the website, and we can make sure we can put that in the chat. I will try to do that perhaps at close of the presentation.

Just to give some examples of some of the data snapshots, we have some that focus on Alzheimer's disease, asthma, arthritis, and, more recently, we have also been engaged in working with other partners around the flu vaccine and other communications of that nature. The data snapshots are also available, including hypertension, osteoporosis, and prostate cancer. Next slide, please. Our other group in our office is the Program Alignment and Partner Engagement group, and they collaborate across the agency to focus on the development and implementation of a variety of initiatives, demonstrations, and other products and projects to improve health care quality, access to care, and care transitions. Next slide, please. This group develops useful resources and tools to enhance understanding and awareness of health disparities, develop and disseminate solutions to achieve health equity, and assist in implementing sustainable actions across CMS policies and programs. We have a number of products I am going to highlight, one that is frequently requested, and that is the disparities impact statement. We have had numerous requests from many stakeholders, internal and external, to CMS, some of our federal partners have inquired on how we have applied this in various TA requests that we get from various health care stakeholders in understanding how to better serve and address health disparities in looking at opportunities to increase health care quality, as well as reduce disparities for vulnerable populations. The additional resources described here, another one that I will also highlight, is the rural health strategy, which is a framework in understanding what CMS is doing to look at and address disparities in our rural communities. Next slide, please. This additional group, our policy analysis group, also leads the CMS health technical assistance program, which offers personalized technical assistance and consultations to help stakeholders reduce disparities. This is a flexible, technical assistance opportunity, where any organization can email us with a single call for help on a disparities related question. For example, if they are looking for resources, or a guide on how to collect and analyze data, or perhaps they're interested in how to begin to do a quality improvement activity, or exploring interventions for a particular population or a type of provider, or even how to create a health equity governance structure. Our health equity technical assistance program supports our stakeholders in various ways that are based on what each organization needs and requests, and, again, the contact for that team is our healthequityta@cms.hhs.gov, our mailbox. Next slide, please. Another exciting program that we also have underway in our office is the Minority Research Grant Program, which funds health equity research at minority serving institutions. This program has been in existence for about 20 years. MRGP seeks to achieve health equity by improving quality and making care more person centered, affordable, and accessible. CMS awards approximately three grants focused on a range of issues from establishing online data signs-based certificate programs, maternal health within Medicaid programs, the use of computational and clinical strategies to identify opioid-related risk factors. Through this grant program, it may be small compared to some of the larger ones that many of you may be familiar with, either through CMS or other operating divisions in HHS. Our grantees have seen great success being published and using their research to apply for larger grants to either continue their work and other job opportunities that allows them to further advance their research efforts. Initiatives, such as diabetes and eyesight, prenatal care, and the spectrum of health care in populations have been some of the more recent examples. We occasionally get to hear presentations from the grantees, and their work is always very inspiring

to us to continue our efforts in this field, as well as toward equity. We are hopeful that 2022 will be as we have had in the past years for a new announcement. Next slide. If you are looking for ways to connect with our office, you can contact us through our office mailbox. You can visit our website. You can also join up to our listserv. You can review our Coverage to Care materials, contact or connect with our health equity technical assistance program, and also review our rural health webpage, as well. I want to thank you for listening to the presentation, and I think I am to pause now for a few questions that may be coming in from the audience. Thank you so much for your attention. It has been a pleasure.

Walt Gutowski: Thanks so much, Captain Finch, for sharing those very informative insights on how the CMS Office of Minority Health is working to achieve health equity. I am Walt Gutowski, in the CMS Partner Relations Group, and as Jonathan mentioned earlier, I will be moderating the Q and As after each presentation today. Except for our last presentation, where we'll only be looking for your feedback. So, Captain Finch, it looks no questions came in through the Q&A box during your very informative presentation, but if you could add to the chat box that webpage you were talking about for folks to obtain data snapshots, that would be great. Thank you for your presentation today.

Captain Finch: Will do, thank you.

Walt Gutowski: Thank you. Okay, now we'll move on to the second speaker of the afternoon. Barb Johanson. She's the Director of the Division of Campaign Management in the Strategic Marketing group. She'll review our Medicare open enrollment outreach campaign from last fall. Barb?

Barbara: Thank you for having me. My name is Barbara Johanson. I am going to go through the Medicare open enrollment outreach wrap-up from this past open enrollment campaign. Next slide, please. Similar to previous years, our goal for this past year's campaign was to raise awareness about the open enrollment period and encourage people to review and compare Medicare health insurance plans. Another goal was to promote the plan finder tool and we also emphasized the open enrollment dates. And you'll see throughout our creative, open enrollment dates will appear in every single piece of our creative. And new this year, we made a special emphasis to reach harder to reach populations, traditionally that have less access to health care. Such as African-American, low-income and Latinos. Also new this year, we did some extra outreach to inform Medicare beneficiaries about the Medicare savings program that may be available because that program is underutilized. Next slide, please. The key messages this year, and you'll see are similar to what we've had in previous years for open enrollment, the first one is that open enrollment is a time to review your current health and drug plans and make changes if you would like. The second key message was that Medicare plans change every year and so can your health care needs. The third key message is that even if you are happy with your current coverage, you might find a better fit for your budget or health needs. That you might be able to save money, get extra benefits or both. We were trying to make ourselves arbitrary, as the

official information source for getting Medicare information. So, if you go to [Medicare.gov](https://www.Medicare.gov), it makes comparing plans easier.

The message with open enrollment ends December 7. We really stress the end date of open enrollment because that's really what was most important, to let people know time was running out, that they have until December 7 to review and compare the plans and make any changes. And in the last message, the key message we addressed this year was with regards to Medicare savings programs which was if you're having trouble paying for health care costs, Medicare savings programs may help you pay Medicare premiums and other costs. Next slide, please. This year our tactics included national television and print. These are awareness-driving tactics, reminding people that it's open enrollment. Our next tactic was digital outreach, which included paid search, social, digital, video and display ads. These ads took people -- if you clicked on the ads, they took people directly to the plan finder. We also did earned media and for earned media we included drop in articles, also known as (inaudible), radio media tours, satellite media tours, these are interviews with some of our leadership at CMS (inaudible) about Medicare open enrollment. We distributed the handbook nationally to everyone on Medicare. We did some direct marketing, including emails. So, for the folks that we have email addresses for, we sent them emails regarding throughout open enrollment, about the benefits of comparing plans during open enrollment and stressing the deadline. And there was also partner engagement. Next slide, please. Our health equity audience. We did some outreach to reach the African-American community. That's outreach specifically targeted to African-American communities. We developed TV spots specific for the buy that ran on B.E.T., O.W.N., Bounce, TV 1 networks. The videos we created also ran on YouTube and Facebook. We did national radio, and it ran on shows, this is just an example of the shows, the Steve Harvey morning show, Keith Sweat, Rickey Smiley, D.L. Hughley Al Sharpton, and Erica Campbell. We ran local print in black newspapers in 30 states, 77 markets, and in 123 newspapers. Some digital marketing and used demographic targeting to reach the audience. Next slide. We also ran a companion Spanish language campaign where we ran the messages were identical to the English-speaking in Spanish. The creative ran on radio on Univision, national radio on Univision, as well as traditional and digital stations. We did streaming video on Univision, Roku, Sling, A&E, Fox. These are- Roku is playing a (inaudible) for our digital platforms where we ran it. So, streaming television, over the television, which is known as streaming. We ran print in 15 markets and we did some digital outreach as well with digital video, social displays, and search, and these were all paid. Next slide, please. These are just some examples of the creative that we ran. These are display and Facebook posts. Again, this is just a sampling. But you'll see the key messages are throughout the ads. You'll also see we stressed the open enrollment dates in each ad. Again, just a quick -- just a reminder, every time somebody sees an ad, even if it's not as focused as you'll see the second ad is, it's still a reminder in every ad how much time you have left. And then at the bottom is just an example of where the ads were running. Next slide, please. As I mentioned earlier, for earned media, we did the satellite and radio media tours. We had a total of 54 interviews on national syndicated shows in midsized markets and rural radio. We released the Matte Release, also known as the drafting article, that focused on the key messaging points

comparing plans, can save money, the M.S.P. messaging, Medicare savings plan messaging, that help paying Medicare premiums and other costs. And we also- the drop in article mentions reminders on how to avoid Medicare fraud. Next slide. This year during open enrollment, our Medicare and Twitter handles grew. The Medicare Facebook page grew by a little over 2,000 followers and our Twitter handle grew by just under 1,000 followers. Below you'll find some examples of the ads we were running. The ads that got the most clicks to the plan finder page are the ads you'll see below. Next slide, please. To complement the paid outreach campaign, also email outreach. So, this year we expanded our segmentation and sent more tailored emails to beneficiaries, including beneficiaries who plan on leaving the area at the end of the year. We also sent emails highlighting the Medicare savings program where those messages complemented the messages that were seen in other outreach. We did some personalized emails, highlighting the number of plan choices in the area where the beneficiary lives. For the most part, emails were sent once a week. We did send, a little bit, one or two emails a week during the deadline week. Our email list is 14 million unique email recipients. We for the most part don't know if those are all beneficiaries, they could be a combination of beneficiaries and caregivers. So, at the end of the day, we send 160 million emails and we did drive 120 million beneficiaries to compare plans on the plan finder. And those are direct clicks from the email that the beneficiary opened to the plan finder website. And it is possible that people read the email and came back at a later date to go to the plan finder. Next slide. So, thank you very much. That's a very high-level summary of our campaign. But I welcome any questions or comments.

Walt: Thank you very much, Barb. It's great to hear about all the effective outreach during our Medicare open enrollment campaign last fall. We did have several suggestions that came in, but a couple of questions also related to our outreach and promotion during Medicare open enrollment. And there was one suggestion actually, that was kind of interesting. It related to all the TV advertising we do, obviously very effective for the open enrollment efforts, but they asked whether we'd consider doing advertising for the handbook when that comes out which is obviously before open enrollment. But this person was saying they thought it was a great reference guide and TV ads would be a great way to promote that. I think we might have had some advertising referencing the handbook in the past. Can you shed some light on that?

Barbara: Sure. At this time, we don't have -- we have not done outreach to promote the handbook. But that's certainly something we could consider in the future.

Walt: I think in the past we've had ads showing people looking at the handbook as they were considering plans. I think we did do it in the past. Definitely something that I think is a great suggestion and a great way to promote the handbook as a great resource for folks. We've tried to do it I think subtly in the past. Not recently. A number of years ago. Then another question was, have we considered advertising on public television to promote open enrollment?

Barbara: Like Maryland Public TV?

Walt: Yes, exactly.

Barbara: These are usually considered sponsorships and they're pretty strict. We have done NPR in the past. We have not, to my knowledge, done public television. But again, we could look into that.

Walt: Excellent. All right. Very good. Barb, that was very informative. Congratulations on a wonderful campaign again this year. You guys did a great job. Thanks for sharing results with us today. Have a great one.

Barbara: Thanks Walt. Thanks everyone.

Walt: Now we'll move on to our next speaker, that's Lauren Shaham, Senior Advisor for the Integrated Communications Management staff. She'll give an update on the COVID-19 vaccine booster and the over-the-counter test. Lauren?

Lauren: Hi. This is Lauren. Can you all hear me?

Walt: Yes, we can Lauren. Thank you. Go ahead.

Lauren: Sorry. I just had a computer problem so I had to join from my phone, so I'm afraid I won't be able to turn on my camera. But I'm still glad you can hear me and that I can see the slides and let me ask for the next slide. Thank you. So, it might seem odd for me to start a CMS presentation with logos from C.D.C. and an H.H.S. campaign, but I think if we're talking about COVID-19 and outreach, I think it's important to note that C.M.S. is partnering extensively with our federal partners on vaccine outreach and wherever possible encouraging the use of their resources. Links to these and other tools are available on our C.M.S. partner tool kit which is at the bottom of the slide. And we encourage you all to join the H.H.S. COVID community corps which you can find at [wecandothis.hhs.gov](https://www.wecandothis.hhs.gov). Next slide, please. I'd like to start all of my talks reminding people that you should never, ever pay for a COVID-19 vaccination. This is information from [Medicare.gov](https://www.Medicare.gov). Thankfully we've not heard of payment scams since early on in vaccine availability. But I do try to remind at every opportunity. Next slide, please. Over-the-counter tests. On February 3, CMS announced a demonstration to cover over-the-counter COVID tests beginning this spring. Under this initiative, Medicare beneficiaries will be able to access up to eight over-the-counter COVID-19 tests per month for free. Tests will be available through eligible pharmacies and other participating entities. And the supplies for COVID-19 over-the-counter tests are approved or authorized by the F.D.A. Next slide, please. In the meantime, while we're getting that demonstration up and running, people with Medicare have several options for accessing free COVID-19 over-the-counter tests. The first is you can request them at [COVIDtest.gov](https://www.COVIDtest.gov). There are COVID testing distributed at more than 20,000 free testing sites nationwide. People with Medicare can get a lab-based PCR test when ordered by a doctor or other clinician. People with Medicare can also get one lab test performed without an order and without cost sharing during the public health emergency. And Medicare advantage plans may

already be offering coverage for over-the-counter tests and people should check with their Medicare Advantage plans to see if that's the case for them. Next slide, please. In January and February, Medicare wrote to everybody with Medicare coverage to encourage them to get vaccinated or to get their boosters. As I've said you can get a vaccination or booster at no cost, and you can get the vaccine you originally got or two different ones. And booster locations to receive boosters can be found at vaccines.gov. Next slide, please. OK. I think my computer is lagging behind but I'm hoping that you all are looking at a slide called COVID vaccine resources. This is -- OK, great. Sorry. I do apologize, everyone. There we go. This is at cms.gov/COVIDvax. This is our COVID resource hub. On it we have links to our partner tool kits which has extensive resources and links to help you find CMS and other educational materials that I referenced earlier. Next slide, please. This is an example of some of the outreach and education that we've done. Barb's group has done an amazing job with a small paid advertising campaign we have to reach African-American, Latino and other low-income audiences. To promote vaccination, encourage people to get boosted, we try to use the consumer voice as much as possible, and work with partners to help supplement their efforts on the ground. Next slide, please. So, what we know and what we've learned throughout COVID is that we need to do our part to support trusted messengers like you who are out in the community encouraging vaccination and boosters. We have a number of resources available, both our own resources and through the We Can Do This Campaign and they are available in multiple languages. Next slide. So, I did want to point out that we have a section on our office of minority health website that focuses on government resources that are available for vulnerable populations. They did a really nice job categorizing those and you can find them in multiple languages. So, I do encourage that, and lost my zoom entirely so I am sitting in the dark here. Next slide, please, which should say regional outreach. And that is just that our regional offices across the country are working on supporting partners in their outreach efforts. And are available should you be interested in working with them. Next slide, please. These are just some helpful links that I've talked about through this presentation. And that leads us to the last slide which is just me saying thank you for the opportunity to share some of our resources and, more important, thank you for the work you all are doing on the ground to encourage people to be vaccinated and boosted. Thank you. That's it.

Walt: Thanks, Lauren. That was a really helpful review. And now we have two questions for you. Is CMS planning to produce additional partner materials to promote the COVID vaccination? And what about materials in other languages?

Lauren: Sure. Thank you for that question. I would say what I said earlier which is that we are focusing most of our energy on promoting materials from the We Can Do This campaign because they are so well researched and tested. We do have some Medicare-specific materials, and I'm sure we'll be producing more as the need arises, but we want to make sure that we are consistent with our other federal partners and not duplicating efforts.

Walt: Excellent. Other languages, that's going to continue as always?

Lauren: Yes. We have some materials in other languages. We Can Do This and CDC both have materials in many different languages so. If you're looking for multiple languages I would encourage you to look to them.

Walt: Great. That does it for you, I think. You're good to go. Thank you again very much for some really good information there.

Lauren: Thanks for having me.

Walt: Our final presenter of the day is Val Perkins. She's the Director of the Division of Content Development in the Creative Services Group. Val will be talking about the Medicare and You handbook. Instead of taking questions after the presentation as I mentioned earlier, we'll be looking to get your feedback on the handbook. I'll turn it over to Val.

Valerie: Hi, everyone. My name is Valerie Perkins, and I'm the Director for the Division of Content Development in the Office of Communications Creative Services Group. I'd like to give you an overview of the Medicare and You handbook and where we are with the 2023 updates, and also so we can get some feedback from you that will help us in future planning. I know many of you are already very, very familiar with the Medicare and You handbook. The handbook is a trusted source of information that is required by law. Next slide, please. Thank you. The handbook also serves as a basic summary of how Medicare works, like signing up for parts A and B, the benefits covered, and Medicare and health and drug coverage options like original Medicare, Medicare Drug Coverage, Medicare Advantage, and the differences between those options. It also has a detailed plan comparison information specific to each region and state, which includes plan names, phone numbers, premium amounts, cost sharing amounts, quality and satisfaction measures, and specific comparison information by zip code. CMS mails a copy of Medicare & You each September to the households of people with Medicare and posts the national version to [Medicare.gov](https://www.medicare.gov). It also mails a copy of the handbook to all Medicare enrollees that are new on a monthly basis, as well as to anyone who requests a copy through [Medicare.gov](https://www.medicare.gov) or 1-800-Medicare. Also, in addition to Spanish, we're really excited to be able to make the 2022 handbook available in Chinese, Vietnamese and Korean. Next slide, please. Thank you. So, as I mentioned, we're really interested in getting your feedback and thoughts on the handbook as we begin to prepare for 2023. In fact, we're currently working on updates and are preparing for an external partner review, somewhere around April 7, where many of you will have the opportunity to take a look at a draft that we had and provide feedback before it's final. There are three questions that we have specifically for you that we'd like to hear back from you on. The first one is, what information did you find most helpful? Second one is, was there any information you needed but couldn't find? And then, how could we improve awareness and usage of the translated versions, specifically the new Chinese, Vietnamese, and Korean editions? We know that Asian Americans currently represent the fourth largest demographic enrolled in Medicare, so we're really excited to be able to provide many of these consumers along with

many who have not yet enrolled the assistance they need in their preferred languages. So, it would be really helpful for us to know if you have been able to use these new handbook translations, what you think about them, and how you think we can make them more useful and available to our consumers. We're really looking for ways we can expand the usage on those options. And so, we're asking that you please email us your feedback by March 1 at the latest so that we can continue planning in time for our 2023 handbook release. Please email your feedback to CMSmedicareandyou@cms.hhs.gov. Alright, thank you all for your time, and have a great afternoon.

Walt: Thank you Val, and we're certainly looking forward to hearing from everyone. We always get the most helpful insights from many of our partners who are using the handbook often to help beneficiaries with their health care. We'll leave this last slide up on the screen through the closing of this meeting so everyone has some additional time to jot down these questions and the mailbox we'd like to you respond to. And with that, we've concluded our presentations for today's NMEP meeting. If you have information or topic suggestions for future meetings, or questions about Medicare in general, please submit them to our partnership mailbox. That mailbox is partnership@cms.hhs.gov. That's different than the one you want to submit the Medicare handbook feedback to, which is on the screen. We'll get back to you as soon as we can if you have questions to the partnership mailbox. Thanks again to everyone for joining us and we hope you have a great rest of the day.