Centers for Medicare & Medicaid Services
National Medicare Education Program Virtual Meeting
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Stefanie Costello: Good Afternoon and welcome to our National Medicare Education Program meeting today. My name is Stefanie Costello, Director of the Partner Relations Group in the CMS Office of Communications. Thank you for joining us this afternoon for presentations on a number of topics. We'll start off the agenda with Lauren Shaham, the Senior Advisor of the Integrated Communications Management Staff in the Office of Communications, who will review the latest information on the Inflation Reduction Act (IRA). Next, Kelly Dinicolo, from the Integrated Communications Management Staff in the Office of Communications, will provide updates on the end of the Public Health Emergency, which is set on May 11, 2023.

We'll have a few Medicare updates from Laura Salerno, Deputy Director of the Strategic Marketing Group. She will provide a Wrap-up to our Medicare Open Enrollment Outreach Campaign. Finally, we will hear from Major Bullock and Carla Patterson, from Medicare Enrollment and Appeals Group, Center for Medicare, and Kim Glaun, Federal Coordinated Health Care Office, Medicare-Medicaid Coordination Office (MMCO), who will review the latest information on the Medicare Special Enrollment Period, including one related to Medicaid Terminations. Tamika Williams, in the Partner Relations Group, will be moderating the Q&As after each presentation.

Before we begin, I have a few housekeeping items to go over. For those who need closed captioning the instructions and a link are located in the chat function of the webinar. This call is off the record and for informational and planning purposes only. While members of the press are welcome to attend the call 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 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 Q&A box at the bottom of your screen. We will do our best to get to as many questions as possible today. And with that, I'll turn it over to our first speaker, Lauren Shaham. Lauren…

Lauren Shaham: Thanks so much Stefanie and thank you everyone for being here today. It is my honor to talk to you about the Inflation Reduction Act, which we sometimes refer to as the new Prescription Drug Law and some resources that we've developed to help you understand and educate others. So, if you look at this slide, this is all that is in the Inflation Reduction Act that relates to CMS. As you can see it's quite a lot of stuff in a couple of different areas. So let me walk you through some resources we have that I think can help with understanding and education. Next slide, please.

First and best place to start is medicare.gov. Give me one second to catch up to my notes here. There is a link to this page on Medicare.gov that is all about the new Prescription Drug Law directly from the home page of Medicare.gov. So, I suggest that you go there and take a look. There's a lot of very clearly written information to help people with Medicare who can benefit from different pieces of the implementation of the law. Next slide, please. We also have two resources that are more like printable handouts that I would like to point you to. The first is on CMS.gov on the web page that I will talk about in a minute. The second can be found on Medicare.gov and it is "7 Things to Know About Medicare Insulin Costs". I think most of us know that insulin is now capped at $35 per month for any insulin covered on a beneficiary's plan. So, if you go to Medicare.gov and search in the publication section, that's where you can find the "7 things". Next slide, please.

Okay. And then this is our hub on CMS.gov that is your central point for information on any of the policy announcements that we've done. This is a nascent site and going to grow over time, of course. I've put the URL up on the slide and you can find it from the home page of CMS.gov. Any announcements, guidance's, any memos, any letters, that's where you can go to find that information, including the FAQs that I pointed out in the previous slide.

Next slide, please. We have so much to do for IRA that we have done two different timelines that I think can help people understand what's here and what's coming. The first is our full IRA implementation timeline. This came out in the fall, and it goes year by year and explains what people will see as the IRA kind of comes into being. Next slide, please. And then we have a second timeline that we put out in January that goes into detail just about Medicare drug price negotiation. I think again, as we all know, that we will be identifying the first ten drugs and then, more over subsequent years that qualify for drug price negotiation. And this timeline maps out the process for how we are going to identify those drugs and then negotiate and come to an agreed-upon price for them. Next slide, please. And that's it. Thank you very much for this opportunity to share these resources, and I look forward to taking your questions.

Tamika Williams: Okay. It looks like we don't have any questions for you, Lauren. So, we can move to the next presenter. Friendly reminder if you have questions, please put them in the Q&A function. At this time, we're going to bring on Kelly Dinicolo.

Kelly Dinicola: Hi, can you all hear me?

Tamika Williams: Yes.

Kelly Dinicola: Okay good. I had to change my camera real quick. Thank you very much for having me here today. I am just going to give a quick recap of some activities that have been taking place over the past several weeks. But most recently, last week on February 9th, Secretary Basera formally announced the end of the PHE for the COVID-19 Public Health Emergency. That ending is taking place on May 11th of this year. A couple of things that are not going to change, and there are a couple of things that will. First and foremost, access to COVID-19 vaccinations and certain treatments will generally not be affected to help keep communities safe from COVID-19, we are committed to maximizing continued access to COVID-19 vaccines and treatments.

When this transition to traditional healthcare occurs later this year, many Americans will continue to pay nothing out of pocket for the COVID-19 vaccine. For Medicare, COVID-19 vaccines are currently covered under Medicare Part B without any cost sharing, and this will continue. On the Medicaid side, we will continue to cover all COVID-19 vaccinations without a co-pay or cost-sharing through September 30th of, 2024. Out-of-pocket expenses for certain treatments could change depending on an individual's health care coverage. Similar to ones that you might experience for other drugs through traditional coverage.

Medicaid programs will continue to cover COVID-19 treatments without cost-sharing through September 30th, 2024, and after that, coverage and cost-sharing could vary by state as Medicaid is traditionally implemented at the state level. A couple of other things that are not changing. Many of the major telehealth flexibilities that beneficiaries really took advantage of during the pandemic will not be affected. The vast majority of current Medicare telehealth flexibilities, particularly those used by consumers in rural areas and others who struggle to find access to care and really rely on them, will remain in place through December of 2024, and that became a result of the Consolidated Appropriations Act (CAA) passed by Congress in December of 2022. Medicaid telehealth flexibilities will, for the most part, not change. Those were in place before the Public Health Emergency. So pleased to know that they are going to continue.

So many of the COVID-19 Public Health Emergencies and flexibilities that we've already made permanent or otherwise have extended for some time through various rule making and that allowed for broad flexibility for health care providers to provide care. However, ones that were not directly -- Ones that were put in place because of the emergency will begin ending. We've used a broad range of authority to issue these emergency authority waivers, and continue to provide updates on the specifics of each by provider type on our CMS.gov emergency page. So, encourage you to look at that. We did provide a road map for the eventual end of the COVID-19 Public Health Emergency that was published in August 2022, and we will continue to share information on that website about the flexibilities that are both ending and the flexibilities and waivers that will continue. Again, it really varies by dates. I encourage you to resource the CMS.gov website and click on the COVID-19 Public Health Emergency to get the most up to date information.

And with that said I'm going to turn it back over to our fearless leader and happy to take any questions you may have.

Tamika Williams: Okay. So, Kelly we have a few questions. The first question is: What about patients not in rural areas who wish to take advantage of telehealth?

Kelly Dinicola: Many of the telehealth, there are telehealth flexibilities for many of those beyond rural areas. Specifically, I meant to point out rural areas because access for them was of vital use. So that's why they used it. It really kind of begins to depend on some of the coverage that one has, whether it be Medicare, Marketplace, or the type of Medicare plan but in general, telehealth flexibilities were extended thanks to the Consolidated Appropriations Act.

Tamika Williams: The next question we have will cross-state licensing waivers still exist through the end of 2024?

Kelly Dinicolo: That one I will have to tell you I am not an expert. I am confident it is laid out in the provider waiver fact sheets. And I'll put a link in the chat once I'm done speaking to those. Which we are literally in the midst of updating even as I speak. So I don't want to like give you an answer that is false but I'll put a link to where those updates will be provided in the chat.

Tamika Williams: Okay. And this last one may have the same response for SNFs (Skilled Nursing Facilities).When a waiver expires, do we need to take all current waiver residence off Medicare coverage?

Kelly Dinicolo: Again, I don't know. It might be helpful if you send that question to us so Tamika if you could share that with me. I am not confident that that one is covered in the waiver fact sheet and if I can get more specifics we can work on finding an answer to that one.

Tamika Williams: Great. All right. Those are all the questions that we have for you Kelly. Thank you so much.

Kelly Dinicolo: All right. Thank you.

Tamika Williams: All right. Our next speaker will be Laura Salerno.

Laura Salerno: Good afternoon, everyone. I'm Laura Salerno from the Office of Communications. I'm happy to be here with you again today to share a wrap-up from our Medicare Open Enrollment campaign last fall and I'll also be sharing a look ahead at some of our other Medicare outreach coming newspaper 2023. Next slide. Thank you.

So let's get started with the outreach wrap-up for Medicare Open Enrollment by revisiting our education and outreach goals. Overall, our goal was to encourage people with Medicare to review, compare and enroll in coverage that makes the most sense for them. We want to promote the Plan Finder tool that makes it easy to compare coverage options and shop for plans. We know we need to emphasize the October 15th through December 7th dates; our research consistently shows that people need to be reminded of those dates. We want to emphasize the fact that people may find lower costs when they compare. Another important goal is to reach audiences with traditionally lower access to health care. And this year we needed to educate people with Medicare about the applicable IRA provisions effective in 2023, this is specifically insulin savings. And finally, where possible, we wanted to highlight that Medicare Savings Programs are available for people who may be having trouble paying for their Medicare costs.

Our core key messages were as follows: Open Enrollment is the time to review your current health and drug plans and make changes if you want. Medicare plans change every year and so can your healthcare needs. Even if you're happy with your current coverage you might find a better fit for your budget or health needs. You might be able to save money, get extra benefits or both. Medicare.gov makes comparing plans easier. Open Enrollment ends December 7th, really reinforcing that deadline. And starting in 2023, you won't have to pay more than $35 in cost-sharing for a month's supply of each covered insulin. And finally, where appropriate, we included messaging about low-income programs. Medicare Savings Programs run by your state

can lower your Part B premium from $107 to $0 even if you don't think you qualify it could pay to find out.

Now, let's move to an overview of the paid campaign. So, this campaign builds on considerable message testing over many years. We know that major motivators are drivers of Plan Review include the idea that plans change every year. And that people may find a better option, or lower cost. So this year after focus group testing we produced a new general market TV spot which you may have seen in the fall. There's a couple screenshots on the bottom of the screen here. And as you can see in the screenshots when people compare similar everyday objects like apples and shirts, they find it difficult to spot the differences. But then we introduced the idea of comparing plans on Medicare.gov, and it shows how people can compare easily and easily see the plan differences. So, as I said, you may have seen that this year. The campaign aired on national broadcasts including network TV, cable, streaming, and radio. Our national broadcast really delivers a diverse audience of adults 65 plus, and it also is a good way of reaching African Americans. We also had a national presence in digital, including paid search, digital video display, and social. Next slide, please. So, we also conducted a separate campaign to ensure a strong reach among African Americans.

And in addition to producing a new general market ad, we also developed and tested a new TV spot created specifically for the African American audience. We called it Book Club. It really uses a peer-to-peer approach and shows a group of people in a social book club situation. This social group shares information and talks about why people should shop and compare. This ad also ran on a national broadcast. Cable TV and radio. Some of the networks you may have seen it on or BET, OWN, TV1, and on African American radio top-ranked syndicated programming such as Steve Harvey, Ricky Smiley, and others. We also ran an extensive buy-in local African American papers. This buy ran in 30 different states and included 118 newspapers. Print was also a way that we were able to highlight the information about Medicare Savings Programs. And direct people to get more information at their state Medicaid office. And we developed a new suite of creative to reach these audiences through digital, video, social media, and digital display. Next slide, please.

We also had a Latino campaign that ran on muscle platforms in Spanish, including streaming on Univision and Telemundo. We ran on Spanish radio nationally. Both traditional and digital radio. We had a Spanish language print buy that covered fifteen major markets with a high concentration of Spanish-speaking beneficiaries and developed a new suite of creative to reach these audiences through digital, social, and display. Next slide, please.

So, as I mentioned earlier, based on the new IRA provision, we also created a targeted insulin digital outreach campaign. The goal was really to educate people with Medicare who take insulin that starting in 2023, they won't pay more than $35 a month, $35 for a month's supply of each covered insulin, and their deductible won't apply to their covered insulin. We used paid search, targeted digital display, and social ads to generate awareness about this. And we had a national approach, but we also were able to heavy up some advertising in geographic areas with a high prevalence of diabetes. We ran ads in English and Spanish, focusing on engaging the African American community. Ads were also placed on diabetes community websites and within diabetes-focused newsletters delivered from trusted sources. Next slide, please.

So here are just a few highlights of some of our top-performing digital content. You'll see that both straightforward creative executions like you know, have you compared plans, compare at Medicare.gov start here, those tend to work well. And sometimes some more whimsical approaches worked better, as you can see the ad in the middle with the dog on the motorcycle hurry up. And that is really reinforcing that Open Enrollment is ending. Here are just some examples of the media platforms where people saw or heard our ads.

Next slide, please. Okay. We also had an earned media effort. So, we had media tours in English and in Spanish on TV and on radio. We generated more than 1,200 airings of interviews, and we delivered a total of 37 million impressions. So we generated coverage on a combination of nationally syndicated shows and in some also just local spot markets, large markets and smaller markets. We attained coverage on shows with larger reach among minority populations and we continue to say success with a Matte release or drop in article placement. The article was released over 1,500 times. Next slide, please.

We also using our social media channel to say engage with our audiences and deliver or key messages. We really tried to create shareable content to maximize potential reach and engagement. On Medicare Facebook we currently have 477,000 followers and on Twitter we have 53,000. Next slide, please. So, we're continuing to build our email program and using it to share information directly with consumers. And we're now up to about 17.7 million unique subscribers on our email list. So during Open Enrollment we continued our efforts to really personalize emails that are tailored to people's particular situations. For example, we sent segmented emails to people whose plan for example was leaving their service area, we sent to folks who don't have drug coverage to avoid the Part D lifetime late enrollment penalty. We sent an email to folks who use insulin to tell them about the $35 cap for a month's supply of each covered insulin for 2023. And we also communicated with folks who were new to Medicare and experiencing Open Enrollment for the first time. You know, we also do broader email sends about how to use the Plan Finder, about Medicare Savings Programs. And obviously reminders to review and compare before the deadline. Next slide, please.

So, we also conduct research every year to make sure our outreach is working. And this includes a pre and post campaign survey. A couple findings here to note, in the post Open Enrollment survey 95 people said they recently saw, heard or read about Medicare Open Enrollment. 81% said they saw it in an ad, 45 saw it in the news, and TV mail, and internet were the most common sources of information. Awareness the actual Open Enrollment dates increased. And this is an important measure. So, 51% of people were aware of the dates before the campaign. And after the campaign, 78% were aware of the dates. So that's important that we're getting out information out there and moving the needle, you know, with the messages that we're delivering. And those who recalled seeing the Medicare ad were significantly more likely to say that they reviewed our compare plans. That was 75% than those who did not recall seeing the ad. So people that saw the ad were more likely to take that action. Next slide, please.

All right. So next I'm going to share some upcoming Medicare outreach work that we're doing. Which includes Care Compare, new to Medicare and fraud prevention or otherwise known as the guard your card campaign. Next slide, please. So, let's start with Care Compare. In our Care

Compare tool outreach campaign the goal is to drive public awareness and encourage the use of health care quality information that's available on the Care Compare pages of Medicare.gov. And this supports CMS's quality mission that all people receive equitable high quality value-based care. And we can target also specific health equity audiences to empower people with this quality information. Target audiences for this effort include people with Medicare with a special emphasis on Spanish speakers and African Americans. And we also target outreach to caregivers. Next slide. So, the outreach approach includes a mix of awareness and engagement channels in both Spanish and English. We use search display video, radio, drop in articles and social. A whole combination of tactics. We drive people to the overall Care Compare page where they can choose their tools, plus we also have sort of many efforts that drive people directly to specific pages including nursing homes, hospitals, doctors, clinicians and home health.

So a few notes on impact from last year's impact campaign. When the campaign was live and we drove people to the Care Compare tool we really saw increases in web metrics. More people went to the site. They spent more time there and they looked at more pages. Overall, we delivered 969 million impressions which resulted in seven million clicks to the content on the Care Compare pages. And next slide, please. And here are some creative examples that were used including some social media examples, some digital display advertising, and then we also have an example of drop-in article that you know, received excellent pick up from a variety of community newspapers and online outlets as well. So the Care Compare campaign is launching right now in mid-February and will run through June. All right. Next slide, please.

Okay. Onto new to Medicare outreach. So, the goal of this campaign is to reach individuals who are aging into the Medicare program or who are out there searching for information about Medicare and how to enroll. This campaign allows us to position Medicare as an unbiased resource of information to help consumers make important decisions about their coverage. Our target audience includes adults sixty-four plus aging in, or searching for information about how to enroll in Medicare. We're also have an emphasis on Spanish speakers and African Americans. Next slide, please. So, our approach again includes a mix of awareness and engagement channels driving the audience to the Get Started with Medicare landing page or using search. We know a lot of people are out there searching for this information. So we want to make sure that we can reach these people and direct them right to Medicare.gov to the Getting Started with Medicare section. We're also using display, digital video and social. We're doing ads in Spanish and English.

So, some impact from the campaign last year. Our tactics were targeted to ensure equitable reach with African Americans and Spanish-speaking audiences. And we also layered and targeted to reach low-income individuals. And we just want to make sure we are reaching you know, a large group of folks who are all going through this process of aging in and enrolling in Medicare. The campaign itself delivered over 900 million impressions and 10.6 million clicks to the Get Started with Medicare section. Next slide, please. This highlights some of our creative examples, and again, we're really trying to, you know, be the unbiased source of information here. Direct people right to Medicare.gov where they can get the facts about Medicare or they can get up to speed on Medicare. And answer their questions.

And finally next slide, please. We'll be running the Fraud Awareness campaign. So, the goal here is to educate people with Medicare about preventing, detecting, and reporting Medicare fraud through paid and earned media tactics. So paid tactics include a national network telephone buy. You'll also see the ad on streaming services. We run search advertising, display YouTube and Facebook. So it's a broad media mix to generate this awareness and remind people to guard their card. Next slide, please.

Just a note about the impact from the spring 2022 campaign. So in addition to the sort of larger national presence we have out there on television, the campaign also delivered 200 million impressions and over 1.3 million clicks to Medicare.gov content. That content reminds people, and gives them tips about how to spot fraud and how to report it. So here's a storyboard of the TV spot that you might see running on national broadcast. It's hard to see here but I'll do my best to describe it. It shows Medicare beneficiaries in a variety of situations talking about how they didn't fall for fraud. So in the first scene of friends one woman describes how she got a call from someone asking her for her Medicare number. You know, she tells her friends she wasn't born yesterday. In the next scene a softball game a man says when someone asks me for my Medicare number in a text I knew it was a scam. In the next scene a mother tells her daughter she didn't fall for an email. She just deleted it and at the end of the voiceover says if you get a call, text, or email asking for your Medicare number of personal information, shut it down. So this ad reminds people to guard their card and it reminds people that they can get scammed in a variety of ways, phone, email and text. And it reminds them to shut it down and don't fall for it.

I believe that concludes the presentation and I am willing to take questions.

Tamika Williams: Thank you Laura. So the first question that we have for you is, Do you advertise diabetic education programs like Dsmes?

Laura Salerno: We do not have any paid advertising right now for any of the diabetic education programs. I know we do some education on social media channels, and that type of thing. But at this point in time there's no a paid advertising outreach effort.

Tamika Williams: Okay. Those were all the questions actually for you Laura. Thank you so much.

Laura Salerno: You're very welcome.

Tamika Williams: Next we will have Major Bullock and Carla Patterson give us the next presentation.

Carla Patterson: Good afternoon I'm Carla Patterson from the Center for Medicare. My colleague Major Bullock and I will be presenting on new special enrollment periods (SEPs) that were added to original Medicare. So first I'll start with some background. Section 120 of the Consolidated Appropriations Act of 2021 also known as the CAA provided the Secretary with the authority to create new special enrollment periods for individuals who meet exceptional conditions. So these enrollment periods were effective January 1st of this year, 2023 and it's for individuals who were not able to enroll in premium part A or B timely due to an exceptional

condition, they're able to use one of those SEPs if they qualify. The SEP also provides no late enrollment penalties or LEPs if they enrolled during one of the SEPs. Next slide, please. The five new exceptional conditions SEPs are the SEP for individuals impacted by an emergency or disaster, The SEP for misrepresentation by a group health plan or employer, The SEP for termination of Medicaid coverage, the SEP for formally incarcerated individuals and the SEP for other exceptional conditions. So I want to turn it over to Major Bullock, who is going to talk about the first SEP.

Jonathan Blanar: Major, I think you are muted.

Major Bullock: Yes, I was muted. Sorry. Good afternoon. So, the disaster SEP was established to provide relief to individuals who were impacted by weather-related emergencies or disasters and as a result missed their opportunity to enroll in Medicaid. Eligible individuals are those who, during a weather-related emergency or disaster, were in a valid enrollment period and either the individual, the individual's representative payee, legal guardian or person providing care resided in areas for which a federal, state or local government entity declared a disaster or emergency. The SEP begins with either 1) the date or emergency or disaster is declared or 2) the start date as identified in the declaration. The SEP ends 6 months after the emergency or disaster has been determined to have ended. Next slide.

Coverage begins the first day of the month following the month of enrollment. In the example, an individual state makes an emergency declaration on March the 1st, 2023. The emergency declaration ended on June 1st, 2023. In this case the SEP begins March 1st, 2023, and ends December 31st, 2023. Thank you and onto the next slide.

Carla Patterson: So, this is Carla I will be covering the SEP for misrepresentation by group health plans or employers. So, individuals who can demonstrate that they did not enroll in Part B timely because they received information from their employer or their group health plan and the agents or brokers of the health plan or any authorized person acting on behalf of any such organization and that organization materially misrepresented information or provided incorrect information relating to enrollment in Part B. So the duration of the SEP begins when the individual notifies the Social Security Administration of the misrepresentation, and it ends six months later. Next slide, please. The effective date the coverage begins the month after the month of enrollment. So it's the first day of the month following the month that the individual enrolls. For example, an individual discovers they received erroneous information from their group health plan they contact SSA on May 16th, then the individual's SEP begins on May 16th and ends on November 30th. The individual has until November 30th to enroll under the group health plan or employer misrepresentation SEP. Next slide, please.

Major Bullock: This is the SEP for formerly incarcerated individuals. This SEP was established to provide relief to individuals who failed to enroll in Medicare due to being incarcerated. To be eligible they must demonstrate that they are Medicare eligible but due to being incarcerated did not enroll in Medicare during the valid enrollment period. There also must be a record of release that occurred on or after January 1st, 2023, either through discharge documents or data available to SSA. The SEP begins the day of the individual's release. The SEP ends on the last day of the 12th month after the month in which the individual is released. Next slide, please. Coverage will

start for the individual; the individual will have the option to choose a prospective or retroactive entitlement date.

They have the option of requesting entitlement for a retroactive period of up to six months provided the date does not precede their release from incarceration and the individual pays the monthly premiums for the period of retroactive coverage. If prospective entitlements are chosen coverage will begin on the first day of the month following the month of enrollment. If a retroactive entitlement date is chosen, the earliest their coverage could start is the date of their release from incarceration. Next slide, please. In this example, Bob is incarcerated in July of 2016, at the age of fifty-nine. He turns 65 in March of 2022, but did not enroll in Medicare during his IEP. Bob gets released on June 12th, 2023. Bob then signs up for Medicare using the SEP. Bob's SEP begins the day he gets released. And ends June 30th, 2024. He actually enrolls in Medicare on July 22nd, 2023. If Bob chooses prospective coverage, his coverage would be effective August 1st, 2023. However, if Bob chooses retroactive coverage he can choose to have coverage begin retroactively to June 1st, 2023, or the earliest date of eligibility if that date is later than the month of release. Next slide. In this example, we have Carla who has part A and B and is incarcerated February of 2020, at the age of 67. While incarcerated her Part B terminates for non-payment of premiums. Carla was released on April 15th, 2023 and enrolled via the SEP on November 4th, 2023. If Carla chooses prospective coverage her coverage would begin effective December 1st, 2023. If Carla chooses retroactive coverage, her coverage effective date will be May 1st, 2023, since it can only be six months of retroactivity. She would also have to pay any premiums due based on that retroactive coverage. Thank you and next slide.

Carla Patterson: The SEP for other exceptional conditions. So, individuals would be eligible for exceptional conditions SEP if they can demonstrate either by documentation or by written attestation that the conditions were outside of their control and they occurred on or after January 1st, 2023. It also caused them to miss an enrollment period. If they can also prove that the conditions were exceptional in nature. The duration is determined by the Social Security Administration on a case-by-case basis. The SEP begins when SSA is notified by the applicant, and the SEP ends on a case-by-case basis but not less than six months after the month the SSA is notified by the applicant. Next slide, please. Coverage will begin the first day of the month following the month of enrollment. For example, a person was eligible for Medicare is experiencing involuntary restraint and misses their IEP. The person escapes from their abuser on June 12th, 2023, spends some time in recovery, and then contacts SSA in January of 2024 to enroll in Part B and provide documentation. The SEP duration will be determined on a case-by-case basis however, since the applicant contacted SSA on January 3rd, the SEP end date will be no early than July 31st, 2024. Next slide. Now, I will turn this over to Kim Glaun to talk about the SEP for the termination of Medicaid coverage.

Kim Glaun: Thanks, Carla. Good afternoon I'm Kim Glaun from the CMS Medicare Medicaid Coordination Office and thanks for tuning in about the new SEP following loss of Medicaid coverage. Now, many individuals are enrolled in Medicaid when they first qualify for Medicare. And so, while some individuals stay ineligible for Medicaid after qualifying for Medicare, others lose it entirely. This group often includes individuals who are enrolled in what's known as expansion Medicaid or the adult group. So individuals transitioning from Medicaid to Medicare are at risk for gaps in coverage. And administrative delays may keep individuals on Medicaid for

multiple months after they first qualify for Medicare. Also, from the start of the Public Health Emergency due to COVID-19, which started in March 2020 and is ending this spring, states have kept nearly all individuals in Medicaid. And this was a requirement for receiving extra federal funding for Medicaid. It's also known as a continuous enrollment requirement. The process for states to return to normal operations will happen over a year long period known as Unwinding, and it begins in April. But states have already begun reaching out to individuals to reassess their continuing Medicaid eligibility. So since the start of the COVID-19 Public Health Emergency we learned that individuals who stayed in the adult group may not have enrolled in Medicare on time. And this might have been either because they believed they could not afford to do so or they didn't understand the need to do so. So, CMS created a new SEP to help individuals who didn't sign up for Medicare on time and who lose Medicaid entirely once normal operations resume after the end of the continuous enrollment period requirement. And the new SEP is not just for those who missed enrolling in Medicare during the Public Health Emergency, but it's also available on an ongoing basis for individuals who lose all of their Medicaid coverage after the Unwinding period ends.

I just want to emphasize that this SEP is for individuals who lose Medicaid entirely. If an individual keeps any form of Medicaid including a Medicare savings program, states must generally enroll them in Medicare and pay their premiums on their behalf under long-standing agreements with CMS known as state buy-in agreements and under these agreements known as state buy-in states can enroll their MSP beneficiaries or Savings Program beneficiaries anytime throughout the year without regard to enrollment periods and late enrollment penalties. So when does SEP for loss of Medicaid begin? The SEP starts when the individual receives notice of an upcoming termination of Medicaid eligibility. It ends six months after the Medicaid termination. If an individual enrolls under the SEP Medicare coverage will start the first day of the month after the individual enrolls that's unless the individual elect’s retroactive coverage back to the loss of Medicaid. If an individual elects this retroactive coverage they must pay a lump sum amount covering all the premiums for the past period. To apply for the SEP, individuals will use the SEP form that includes all five SEPs, I think Carla and Major is going to talk about that form, on the resource side. There's a link included there, but individuals with select SEP for termination of Medicaid eligibility on that form and they would attach a copy of a document from their state or health plan showing the date that their Medicaid will or has ended.
If the individual isn’t able to provide this documentation, Social Security will reach out to the Medicaid office to obtain that information. Next slide, please.

So here's an example of how the SEP would work: Mr. Smith is enrolled in Medicaid when he turns 65 in February, 2024, but he doesn't sign up for Medicare on time. That's During his IEP. However, he's enrolled in expansion Medicaid or adult group Medicaid which you can have once you have Medicare. Also, he doesn't qualify for any other Medicaid coverage such as a Medicare savings program. Ideally, Mr. Smith would learn from his state that he no longer qualifies for Medicaid right before or soon after he turns sixty-five. But there's a delay. And the state sends out his termination notice on May 15th, telling him that his coverage will end on June 1st. So, when does his SEP occur? From May 15th, 2024, the date of the termination notice through November 30th, 6 months after the Medicaid termination. So, then Mr. Smith files his SEP in September. When can his Medicare start? He has two options: Under Option 1, Medicare will start the month after he enrolls that's October 1st because he enrolled in September. What if he

needs coverage before then? Under Option 2, he can elect to have Medicare start on June 1st, the date of the Medicaid termination. That's provided he agrees to pay a lump sum amount covering all the premiums back to June. This concludes my presentation. I'm happy to take questions later and I'm turning it back to Carla and Major.

Carla Patterson: Next slide, please. Thank you all for allowing us to present this information to you today. We have some additional resources for you. The first resource is a link to the final rule about these SEPs. The second link is going to be to the SEP form which is found on CMS.gov. Next slide. And lastly, we have the SSA program operations manual system also called PALMS, those are available to you on ssa.gov under policy. We're open to questions. Thank you.

Tamika Williams: Great, we have one question for you all. What documentation will be required to prove the misrepresentation?

Carla Patterson: Thank you for that question. So in order to prove misrepresentation an individual can provide tangible documents such as a letter, email, or anything that they have in writing. If they don't have it in writing the SEP form provides a separate sheet where they can write an attestation just claiming what happened and attest to their knowledge that this is the truth. An attestation is accepted.

Tamika Williams: Okay. We have another question. In regard to the retro Medicare coverage under either the former incarceration or Medicaid termination, can QMB (Qualified Medicare Beneficiary) ever be awarded retroactively to cover the cost of Part B premiums?

Kim Glaun: So, this is Kim Glaun from the Dual's office. QMB coverage is never retroactive. The QMB coverage, it's always effective the month following the month of the Medicaid eligibility determination. So, unfortunately, Medicare premiums on a retroactive basis couldn't be covered by the QMB benefit.

Tamika Williams: Okay. Thank you. That actually concludes all the questions that we have at this time. This concludes our presentation for today. We appreciate all of you taking the time to be with us today. If you have information or topic suggestions for future meetings or questions about Medicare in general, please submit them to our Partnership mailbox. That email address is partnership@cms.hhs.gov. Thank you so much and have a great day.