Centers for Medicare & Medicaid Services
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Jonathan Blanar: I see the numbers starting to level off, Good Afternoon and welcome to our National Medicare Education Program meeting today. My name is Jonathan Blanar, Deputy 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 with Erin Pressley, Director of the Creative Services Group, who will give an update on Hello Medicare! Redesign, followed by a status and overview Medicare & You Handbook, by Valerie Perkins, Director, Division of Content Development, Creative Services Group, Office of Communications. And finally, we'll hear from Barbara Johanson, Director of the Division of Campaign Management, who will provide and update on the Fraud Campaigns, and Christopher Koepke, Director, Strategic Marketing Group, Office of Communications on the Care Compare Campaign. Before we begin, I have a few housekeeping tips. For those who need closed captioning, the instructions and a link are located in the chat function of this 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 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, Erin Pressley.

Erin Pressley: Thanks, so much Jonathan, I appreciate the introduction. Thanks for having me here today. I apologize in advance to our participants, I'm getting over being sick, so, we may have to listen to me cough and clear my throat a little bit more than usual today. So please, bear with me. Right on cue. I am happy to be here today to talk about our Hello Medicare redesign. Those of you who subscribed to our CMS listserv announcements and press releases may have seen that we did a homepage update this morning and a rollout and press release related to that. I will walk through a little bit of the background behind that redesign and also give you a little bit of a peek at some of the things we are working on that are still yet to come related to the Hello Medicare project. Could we move to the next slide? Hello Medicare is really our internal name for a project that we started probably over a year or so ago, looking into redesigning what we call all of the entry points to Medicare.gov. These are the main places

where beneficiaries and those who help them, really interact with the site for the first time. We wanted to make sure that we are creating a really consistent and welcoming experience for them no matter where they started on the website. You see here, these are some of the main places that we know people first interact with Medicare.gov. Whether they are new beneficiaries or they are continuing on their journeys as more experienced members of the Medicare population. So, we started to take a look at things like the homepage, or get started section, which is really geared to people who are coming to Medicare for the first time and are newly eligible. We look at our Medicare account homepage, for people who are looking for a more personalized experience start on the Medicare account homepage. We're also are looking at what we call the tool landing pages, and the tools are things you are familiar with like the Medicare plan finder. We also look for updates to our "Talk to Someone" page. This is the major contacts people would need if they cannot find the answers they are looking for on Medicare.gov. We are approaching all of these updates with a human centered design approach. This is something I'm sure this is something you all have heard a lot about. It is a good framework for us to be able to put some structure around the way that we are looking at making updates and improvements to Medicare.gov. That means that we really focus a lot of on user feedback and consumer testing. We take a lot of that into account as we are building the possibility for changes on the webpages. We take all of the feedback into account and that might come though page level surveys, it may come through focus groups, other kinds of feedback that we received about the site. We are always mining that data and looking through it to analyze and try to understand better the user experience on the site. Especially people's journey through the Medicare program. Where are they getting stuck, where are they getting confused, or can we make the most impact if we are able to make improvements to part of that journey? Excuse me. We take all of that and put in a blender and see where it comes out. It's usually something good. And use that to inspire creative ideas, also looking at what the trends in web design are, what we know to be useful. How people are using websites now, what they are coming for and how they are approaching the information and using it. And then we iterate, we use that to make our prototypes, put them back into user testing, put them again in front of users to get some more feedback, and tweak it over and over again until we get into something that is an improvement and is better. It leads to a better experience. Next slide. This is a little bit of a peek at what the experience was before we started the Hello, Medicare project. What users in particular told us about their experience on some of these pages. The homepage was a little overwhelming, it was not clear for where they should go next. There were a lot of options. It gave them a lot of different buttons and places that were calls to action. The path was not always clear from the homepage to whatever their next step was. Very similarly, the getting started section, which was intended for people as they are getting their first taste of Medicare, getting ready to start the program or have just enrolled. This is giving them the Medicare 101 view. Unfortunately, it was very text heavy. As you can see from the screenshot from a year or two ago, there were a lot of different fonts and font sizes, there were all kinds of different boxes and resources. They did not have a clear roadmap of where they should go next, there were a lot of options. It was easy to click on the wrong thing and get a little bit lost in the site, so we wanted to streamline that as well. For things like the Medicare plan finder, which is one of the primary tools on the medicare.gov site, again, it was

not clear this was part of the same site. If they got here to look at plans, it did not necessarily look consistent. It was something that a lot of people might have linked and gotten directly to the page. It was not necessarily clear that this was part the Medicare.gov site, and they really didn't have a lot of context for the options they were looking at here. Next slide. We started last summer, really focused on with the get started with Medicare section, and again, our entire Hello Medicare project is really a journey for us, and instead of doing a massive redesign of the site we are doing this in pieces -- instead of doing a massive redesign, we are doing this in pieces. This also gives us an opportunity to test the waters and see what the reactions are and kind of course correct as we move along. Get Started with Medicare really introduced a step by step approach for users, so that we solve the problem of them not knowing what to do next. It gave them a clear approach with very clear things to learn and actions to take in a clear order. It also really used simple content. It was easy to take on in bite sized chunks, and we used a lot of white space. We got rid of some of the links to resources, some of the widgets you see on the old site. It gave them a lot more ability to navigate more cleanly, it took away a lot of user anxiety. It wasn't as overwhelming. We got really good feedback from users after we launched this last summer. We built on a lot of the learning from this redesign of the section of the site when we started to approach the homepage and some of the other redesign updates and improvements that we've been planning. Next slide. So, after that re-design was done, we really turned our attention to the homepage, and we started with doing comprehensive audits of the current homepage. We wanted to know what is working on the homepage. If it is working, let us not mess with it. And clearly, if it's not working, what can we do better, what improvements could we make? We found that having all of the top tasks, the reasons that people come to Medicare.gov in the first place, having those available on the homepage was something that people really wanted. They did not want to hunt around for the things we knew that they were coming there to do. And we also had multiple options to be able to promote different initiatives and priorities. We wanted to be able to come up from our own government's perspective, we wanted to be able to maintain those options. Have a way, highlight things like what is happening with COVID-19, very timely. We wanted to keep those. Other types of campaigns, promotions we were doing as an agency. We wanted to maintain space, so we could highlight those as well. At the same time, we found, again, the people were very overwhelmed. We had a lot of CTAs or calls to action, things we want people to do. Generally, in the blue or white buttons that you see on the page. The initial experience for folks was very overwhelming. They were not quite sure what we wanted them to do next. Placement of the top tasks is in this screenshot, the four blocks you see under the green COVID coronavirus form. Those are our top tasks. We were shuffling those and changing them throughout the year. Trying to make them align with a point in time for the year. Open enrollment, we may move to find plans closer to the left-hand side. We drop some and add others. What we found is that it was confusing to people. People came back to the site, if they were repeat users, expecting to find things in the same place. We were shuffling them around. That was creating anxiety and making them confused. They were unsure about what they needed to do next again. Some of the initiatives, although it was good to have a homepage, it was taking priority over the basic local messaging that people were looking for. So, as you can see, in the screenshot, we were putting them in the deep end of the pool. A headline with getting help about Medicare costs. Especially confusing for coming of agers or

people who are newly enrolled in the Medicare program who did not have that foundational understanding of Medicare. They forgot to put out the welcome mat and we threw open the door and welcomed them into the party and that was overwhelming for them too. Next slide. Over multiple rounds of research, we tested the prototypes, the wireframes for the improvements we are looking for, and tweaked and tested again. Overall, by the time we finished the last round of testing we found that people really strongly preferred the new design and layout of the homepage we were proposing. Unprompted, without is asking about it, they started to comment on the design and the layout which is something we were looking for. Also, one of our goals was that people did not confuse this with a commercial site. They thought it was something that was inherently governmental, credible, official. It was something that was reliable and that they could trust for the information that was on it, and we found that as well by the end. We also saw some feedback on some of the key page elements. So, putting a welcome to Medicare message at the top of the page was important for new beneficiaries and for coming of agers, but it was also positively received by other more experienced beneficiaries. They really like feeling like we were welcoming them to the site from the very first thing they saw on the page. They saw our alert messaging which is not quite as prominent as it was on the previous homepage, so we tested that quite a bit to make sure people were not missing it. They did not. They were absolutely seeing that. They were not distracted by it, but they knew it was there which is exactly what we were looking for. They found the four task cards again, without us prompting them, and they reiterated for us and validated that the things that we landed on as if consistent four tasks, were really the top things they were coming to Medicare.gov to do. They appreciated where we landed on those four tasks. They thought those were the right things that they would take care of. Most of the people who are coming to Medicare.gov would be looking to do those kinds of things. They also appreciated that we added a features initiative, but we put it lower on the page. This gives us opportunities to highlight things like the campaigns that our colleagues Barb and Chris are going to talk about a little bit later in the call. There is a way for us to connect those into the Medicare.gov website, but maybe not as high on the page as some of the activities people are really looking to do. They can see the connection and there is a placement for it. It is not prominently overwhelming and distracting. They understood the purpose of the email site up which we changed a little bit to make it more user-friendly as well. Next slide. Here is where we landed, if you've been on Medicare.gov today you have seen this as our homepage now, it was rolled out this morning. I am really proud of where we landed, a lot of the clutter has been reduced. It is a nice, clean, modern looking design. We make great use of white space. The top tasks are going to be there and be consistent. The placement will be consistent. The welcome messaging in the top what we call the hero space, again will stay there and not trip people up if they are return users to the site. People overwhelmingly found this to and calming look and feel, didn't inspire any anxiety. They are coming to Medicare, especially the new folks, with a lot of anxiety and feeling a little bit overwhelmed when they first come to the site. We certainly wanted that calm, feeling for the site itself. We have now a consistent user experience and content strategies that we are implementing throughout the site. The foundation that we will build off of going forward. We have a clear hierarchy of information, it makes a lot more sense to people where they are starting and going next. Next slide. One thing to mention, on top of the homepage is a couple of other things in the works, in the next couple of months, I'd

say. One is the Medicare plan finder landing page. What you see is not necessarily a final, it is being tweaked a bit, and so, do not take this as a scuffle at this point. We are far along as far as it is implementing this across some of the other primary doors into the site. It takes away the large green bar at the top of the plan finder landing page now. Lots of rounds of testing for this to get to a place where we clearly present the two options that people have when they go to the plan finder. Whether it is an anonymous or guest kind of search of those plans. Our priority is to get people to log in and create an account, and see their drug list. That is a bit more prominent among the two choices. We give them really clear expectations. They are using the content to know what to expect next when they are starting a plan search. Whether it is for the Medicare advantage plans for part B plans. We promote the get started link again so that if these are new users, and they have gotten here a little bit before they should, and they are missing the context, so there is an easy way to Get Started with Medicare and get the foundational learning taken care of. Carrying through that warm and consistent welcoming design and those elements as well. Next slide. Very similar to this, we are also working on updates to the Medicare account home screen. And a lot of the goals you will hear me say this over and over again are the same here. We carry through the look and feel and implement the good use of white space, we use very top-task centric hierarchy. So again, we are looking at what are people doing here to do? Let us put that front and center. Let us not make them hunt for it. These are the kinds of things our metrics can tell us about what people need to use the site for, and let us get them there quickly, and without any fuss or muss. Listening to the users that we have to be able to tell us what kinds of things we should be really focused on. This will allow them, when it's implemented, to really easily navigate between a lot of these top tasks while they are remaining in our account, so that they can be doing things like checking their claims or seeing what kinds of enrollment that they already have in place. So again, over the next couple of months, we will implement these changes to the Medicare account home page too. Next slide. One last thing I wanted to point out is another change we made within the Medicare plan finder. We have the option to look at Medigap plans, these are the Medicare supplement policies. We have been hoping for some time to add a next level of detail around pricing. This is something that users have been telling us would be really helpful to them. If you are familiar at all or have used the Medigap tool, you know that we list companies within their state that offers Medigap policies, whatever policy that they are looking for. We are listing a range of prices and that is a pretty broad range depending on the specific characteristics of the people who are searching. It gives us some idea, but it has not been as helpful as we had hoped, so what we did yesterday after much planning was to implement the plan specific level pricing estimate. Go to the next slide, thank you. If you go on plan finder today, what you see if you go down to a specific issuer level of pricing, you will see an estimate that is much more specific. Again, this is an estimate. People will still need to contact the plan itself to be able to get their personalized level of pricing. They cannot enroll from this site because of the way that the Medigap policies are structured. They have to go to the plan to enroll. This estimate gets them a bit closer and gives them other things to compare. We have contracted with a third-party contractor to provide this pricing information to us. It is pretty standard. If it is offered in other tools. We feel confident in the consistency we will see with other kind of tools. The same contractor has been providing the pricing level data for our state health insurance assistant program for the last year

or two. This brings us in line with that as well. Our current contract to pull the pricing information into the tool has been updated on a weekly basis. We are excited about being able to offer this next level of detail to Medicare beneficiaries who are using this site to look for Medigap plants as well. I am pretty sure that is my last slide. Happy to take questions. Thank you for bearing with me through the call. Hopefully I can share a good context and sense of what we've been working on and where we are going.

Tamika Williams: Thank you Erin. We actually have two questions. The first question is are the Medigap plans on the Medigap policy provider listing the same as those on our CSG Medigap plan finder tool that we use at the NC SHIP? Thank you.

Erin Pressley: That is a great question. Yes, it is. It is the same contractor that provides the price level information for your SHIP tool. It is the company we have contracted with. Depending on the timeline for the updates, there may be a day or two where it might be a little out of sync. I am not sure how often the SHIP tool is updated. It is the same sort of core foundational data set we are both pulling from for both of those tools.

Tamika Williams: Thank you. We have one more question. How does the viewer know the cost is an estimate?

Erin Pressley: It does say on that page if you go back, sorry Jill, if you could go back to the last slide before this one. The content does tell you that is an estimate. So, costs and estimates may change, is part of the content we have given a caveat for folks.

Tamika Williams: That's all the questions we have at this time. Thank you so much, Erin. Next, we're going to have Valerie Perkins, Director of the Division of Content Development and Creative Service come and present on Medicare and You handbook.

Valerie Perkins: Thank you so much Tamika, and good afternoon, everyone. I just want to take this time to acknowledge and thank you for the feedback that many of you provided on our latest draft of the 2023 Medicare and You handbook that's currently in development. We really do appreciate you taking the time to look at it, and as you can imagine, we received a lot of comments from various organizations, and so we definitely take care to thoroughly review each one. We have a great team that's doing their very best to make sure that people with Medicare and their caregivers have the information that they need to make the right decisions for themselves and find the information they need. In spite of some of the challenges that we have along the way in trying to balance our approach. Slide two. I'm sure you can understand the magnitude of the work that goes into creating the handbook each year. Here's a flavor of what our development and distribution looks like from when we start drafting the content and making updates until the time the handbook is mailed and uploaded to Medicare.gov. Around the January, February time frame, that's usually when the fun begins, and we start drafting content and going through our first round of internal C.M.S. policy expert reviews. And then in March, we get the handbook in front of our target audience for research and feedback,

and we make the necessary revisions from testing. We found this to be a very effective tool to help us make valuable improvements before we finalize the handbook. And then in April, we send the draft handbook to our external partners for review, and then in May we conduct the final CMS and HHS reviews. And then by the end of June, the handbook is ready to be delivered to the printers. Around the August time frame, we'll get the plan data information for our state-specific handbook versions. And then finally, in September, we'll begin mailing the handbook to people with Medicare prior to open enrollment. We also post it to Medicare.gov and ensure the availability of alternate formats and languages. Next slide. Thanks to many of you and your diligence in reviewing the 2023 draft, we received 250 partner comments representing about 25 unique organizations. Of these comments, 200 were from national and local partner organizations, 10 came from APOE members, and 40 were from SHIP partners. Next slide. Though we received comments that ran across the range of topics, we wanted to give you an idea of what some of the most common themes were from our partner feedback. We received comments on dental benefits, original Medicare versus Medicare advantage, part B immunosuppressive drugs coverage, initial enrollment coverage state dates, accountable care organization information, COVID-19 coverage and the public health emergency, Medigap drug coverage, and Medicare savings program. And that is all I have for you today. Again, we thank you for your feedback on the 2023 Medicare handbook draft, and I'm happy to take any questions if anybody has any.

Tamika Williams: All right, I'm not sure if this is for you, it's more of a comment. Also talk to someone option doesn't give any SHIP programs in state. I'm not sure if that applies to you. Other than that, we don't have any other questions.

Valerie Perkins: All right, thank you so much.

Tamika Williams: Thank you, Valerie. All right, so at this time we're going to have a presentation from Barbara Johnston, the Director of the Division of Campaign Management, Strategic Marketing Group for the Office of Communications, and she's going to give us an update on the fraud campaign.

Barbara Johanson: Hi, everyone. I'm Barbara Johanson. Good afternoon, thank you for having me. Today I'm going to review our fraud prevention campaign that we ran this past year. This has been an ongoing campaign that we ran or been using primarily digital tactics and television. Next slide, please. The goal of the campaign was to raise awareness among beneficiaries on how to prevent, detect, and report Medicare fraud. We also educated consumers on how to protect both their Medicare and personal information from fraudsters. So, their Medicare number and their social security number. Finally, our goal was to also increase awareness of relevant Medicare fraud scams, such as those related to durable medical equipment or COVID-related scams. Next slide. So, we did some both general fraud ads and scam-specific fraud ads. Our general fraud messaging including things you've seen before, since Medicare will never call, text, email, or contact you through social media asking for your Medicare number. So, fraudsters no longer just call you, or they knock on your door. We've seen an uptick in

fraud taking place across texting or social media to reach benes, so that's why we've added these tactics, these points to our messaging. We also mentioned guard your Medicare number like your social security card and credit card. Share your Medicare number only with trusted healthcare providers. Review your Medicare statements or Medicare summary notices. Watch for services like billing that looks suspicious, and ask questions if something looks wrong. And then we also mentioned kind of a more wholesome message, reporting fraud protects not just you, but the other millions of people who also have Medicare. Next slide. In addition to the general fraud, Medicare fraud messaging, we also ran scam-specific messaging and COVID-specific messages. Some of the scam-specific messaging focused on fraud that's been prevalent for years, such as scams on that focus on durable medical equipment, genetic testing, or research studies. So, for example, some of those messaging included be suspicious of anyone who offers you free equipment or devices in exchange for your Medicare number or personal information. And also, be aware of calls or emails or texts that offer free genetic tests in exchange for your Medicare number. And then finally, another example is be suspicious of anyone who asks for your Medicare or financial information to participate in a research study. Next slide, please. So, Medicare fraud related to COVID has been, has evolved throughout this pandemic. Initial scams focused on COVID-19 tests, getting masks, and access to vaccinations. So basically, anything that was a shortage during the pandemic was what fraudsters took advantage of. So as the pandemic has evolved, so has our messaging. We did messaging that focused on you didn't have to pay to get access to get a vaccine, or you didn't have to pay to get on a wait list or get special access to a COVID-19 cure. We said things in exchange for your Medicare number, for your personal information, scammers may claim that you can pay to put your name on a wait list, or if you give them your Medicare number, they can send you a test kit. We said things like being mindful when visiting COVID testing sites, and this is in reaction to when they were doing, back in like December, January, pop-up tents. They come get tested, we just need your Medicare number, but those weren't legitimate sites. They were just stealing your personal information. And finally, we said things like if an unfamiliar provider asked for your Medicare information to schedule a COVID test, or to receive a testing kit, it could be a scam. Next slide. We ran a series of different tactics for the campaign. We did national television, radio, print. These are just where we ran our general fraud messaging. It was a simple call to action we sent people to medicare.gov/fraud. On the website, they can learn how to prevent, detect, and report Medicare fraud. We did digital outreach, including search ads, for those people who are actively looking. So those are Google paid ads. We did video ads, where we ran the TV ad, but on video platforms, social ads on Facebook, and display ads. We ran both general and scam-specific messaging. We did earned media, so we did drop in articles in local newspapers. We included information about general fraud, information, scam-specific information, and here we directed people to both 1800-Medicare and the Medicare.gov/fraud website. For email, we sent email to those who subscribe to our email list. We are direct and trusted source. We sent four emails throughout the year on fraud-related topics. And then finally in the Medicare and You handbook, which is mailed annually, there's a section about how to protect yourself from fraud and other forms of identity theft. Next slide, please. Specifically, the national television spot, so this year we developed, we created a new 30-second TV spot, and cut down the big spots that are 15 and six seconds that we ran on digital platforms. We tested this

concept with Medicare beneficiaries. If you're interested in seeing this spot, you can find it on YouTube, just search Medicare fraud, and you'll be able to find it. This spot for television ran on networks such as CNN, NBC, Fox, BET. It ran on over to the top television, which are streaming platforms that I'm sure many folks are aware of, and we found over the years the usage of streaming platforms has increased significantly, which is why we advertise there, not just for marketplace, but also Medicare beneficiaries. We ran on platforms such as Roku, Hulu, and YouTube TV. And you could find this video also on digital networks such as YouTube and AARP and Facebook. We also ran some digital ads, and these are display ads, social ads, and video, some additional video on AARP, Accuweather, Facebook, and Google Discovery. So, no surprise though, weather apps are one of the most popular apps that folks use, which is why we advertise there. We did specific creatives to target not just the general market, but an African American target audience, and a Spanish language dominant audiences. Next slide, please. So, here's an example of the right of the slide, an example of a COVID-specific fraud ad that we ran. Like I mentioned earlier, we sent out four fraud-related emails throughout the year to our audience of 14 million unique email recipients, and here on the right is just an example of COVID-related ones, but in general we always provided tips on how to prevent, detect, and report Medicare fraud, and we provided information on most relevant scams and included tips to beneficiaries on how to protect their Medicare number and their personal information. And again, as you can see, we directed people to either Medicare.gov/fraud or 1-800-Medicare. I think that is all I have. I'm happy to answer any questions.

Tamika Williams: There are no questions at this time.

Barbara Johanson: Thank you.

Tamika Williams: Thank you. So next up, we will have an update Care Compare Campaign by Christopher Koepke, the Director of Strategic Marketing Group. Chris?

Chris Koepke: Thanks, Tamika. Good afternoon, everyone. If you hung on to the call this long, hopefully I'll have some things of interest to you, if we could go to the next slide, Tamika. Working at CMS is fascinating, and we have this massive Medicare program that we implement, and part of it also is that we have all of this quality information about healthcare providers. Everything hospitals, home health agencies, some doctor clinician information, nursing homes, dialysis facilities, and more. As many of you know, we have actually a good 20-year history of having tools on Medicare.gov, where a person can literally look up providers in their area with a zip code to kind of look at, quality ratings or other information, like types of services that they have, and phone numbers and addresses. Quite honestly, we do a lot of research on this, people want the phone numbers and addresses. You don't think about all the nursing homes in your area until you need one, and this is a great way to find out what even exists in people's areas. So, we've got this beautiful tool. We internally call it Care Compare. If you were on the outside, and you were going to it, I believe it's Find Care home page, find providers. And then you can go to the tool and put in your zip code and choose the type of provider you're looking for and get a lot of information. The question is, we've got this beautiful

site. We know from past campaigns that we've done over the years, and we do them every few years, that it actually, the more we promote the sites, not only do more people actually use them, but the more the industries pay attention and are active in doing quality improvement themselves. If anybody is familiar with the literature, Judith Hibberd has written a lot about this, I've given a few papers on it myself back so many years ago. So anyway, if while we have this wonderfully updated tool, we also were able to say let's promote it, let's go out and tell the public about it. And that's the idea, to let people know that this is information that exists, hopefully let them know when they need it. To that end, as we see nursing homes is an incredibly important part of the tool and frequently used, highly used tool. We do a lot of edits and it's not written into this presentation, but we do a lot of active partnering with hospital discharge planners who create that very much the when people need the information moment. Years ago, I was in a rural hospital where my mother was with pneumonia, and I was just sitting in the waiting room. I'd been sitting with her for hours, and I went to the waiting room to get a soda or something, and there was a young couple of sisters. A discharge planner came out with printouts from our nursing home compare information. And went over them with them, because they had no idea, unfortunately, their father needed a rehabilitation care that would require a nursing home. They had no idea where to turn. It was just so incredibly powerful to see all this work that we've done, and to see in rural Tennessee, a discharge planner with printouts. I was like, wow, this is so cool. It's such a payoff for our work. Anyways, so we're doing advertising in digital campaigns as well. We're doing them on this spring. Next slide, please. Just a few of the tactics. Paid search, searches when you type into Google, looking for something, and then you get the ads at the very top. We are participating in those ads, get people's attention when they're looking for things like nursing homes or hospitals and home health facilities and what have you. We want to drive them to the fact that there are quality ratings that exist for them. Digital videos, they get placed on YouTube and on other web sites where people who are in our target audience might go. Digital social and display, those are box ads that you see in Facebook and what have you, letting people, again, know the value. I'm going to show you some ads. Radio, we're on radio in some markets. We're on NPR. I think we're on NPR this week if you're listening to "morning edition," maybe you heard, brought to you by the Department of Health and Human Services, where on Medicare.gov, you can compare hospitals and nursing homes. Unfortunately, when you got 15 seconds, you can't say everything. I'll also say we do run ads where we say you can compare providers or a wide variety of providers. We know that if we give examples, of hospitals and nursing homes, we'll get more interaction with those ads. We still run the wide ones because it's more of a global feel. If we just say nursing homes, it's a narrow group of people who interact with that ad, so we do a balance between the two. And those are the drop-in articles that we just write the article, and people pick them up and you'll see them often in local newspapers, which are mostly online these days, and we find that we get incredible coverage when we do that. Next slide, please. Also, health equity is important, and we want to make sure that this information is available and people are aware of it in various cultural and race and ethnicities, so we've really done some very specific to African-American and Hispanic part of this outreach campaign, both with the creative that we're doing, as well as with the placement. Next one, please. Just a few examples. Here we have -- and I think one of the things I want to point out about this, one of the

top things that you want to do with an ad is you want to make sure that the ad is talking to a particular person who's looking for the thing you're looking for. In our case, it's really important. And that is why, and we have found this in testing ads over the years, and I'm looking at this, if we just start off with need a hospital, need a nursing home, need a doctor, need home healthcare, that with that type of an introduction, that catches people's attention. It's going to catch the attention of the people for whom that is salient at that time. Next one, please. Again, this is a very similar thing, but now we're talking a little bit about, a little bit more value add to it. What are you going to find here? You can search and compare local providers, whether or not they accept Medicare, looking at the types of services that they cover. Looking at the star ratings. Looking at inspection reports. We know for nursing homes, we really emphasize, and actually we heard from some advocates that they wanted us to, about two years ago in their meetings, they wanted us to emphasize inspection ratings and staffing levels, so we did that. People find that valuable in these ads. These are some of the ads that get the most feedback. Next slide, please. Then we have videos. These are just examples. You can go on our YouTube channel and find them on cms.gov's YouTube channel and see them. They're mostly videos that are animated because they were made, they've been edited lately, but they've been made during COVID and also with certain budget limitations. And the animated ones do very well in a digital atmosphere where they're running. So, during COVID, it's just easier to do animation than get a bunch of actors and cameras and crews and producers and everything all on a set together, when these were made. So that's why they were animated. And you can feel free to, like I said, go to cms.gov's YouTube channel and find them. Next slide, please. I think that might be the last slide, yes. I hope you're as excited about this as I am. I find this a really wonderful part of our agency's mission, and I'm happy to take any questions that you might have.

Tamika Williams: Looks like we don't have any Chris. As of yet.

Chris Koepke: There's one from Barb. I don't know if she's still on.

Tamika Williams: Yes, she's actually off.

Chris Koepke: In which case, I think we can get back to the senior Medicare patrol. Some of the things about these PSAs, I just need to triple check with her, is what we call usage rights. We'll look into that. But if Tamika or somebody from PRG could keep Mickey's contact information, we'll be happy to get back to her.

Tamika Williams: Will do. If you have a question, we want to give you the opportunity to ask it now. You can drop your question in the Q&A box. All right. If there are no questions, we would like to say thank you for joining us today for our NMEP virtual meeting. If you have any questions, please feel free to email us at partnership@cms.hhs.gov with NMEP in the subject line, and we'll be sure to get your questions answered. Again, thank you, guys, so much for participating in today's meeting, and we look forward to seeing you at the next one. Thank you.