

Centers for Medicare & Medicaid Services

National Medicare Education Program

Moderator: Jill Darling

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2:00 p.m. ET

Operator: Good afternoon. My name is Megan and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services National Medicare Education Program Webinar.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key.

Thank you. Lynne Johnson, Deputy Director of the Partner Relations Group of the Office of Communications, you may begin your conference.

Lynne Johnson: Thank you, Megan, for moderating our call today. Hello, welcome and good afternoon to today's National Medicare Education Program Partnership Call. Again, I'm Lynne Johnson and I'm Deputy Director of the Partner Relations Group at CMS.

I just want to let you know the PowerPoint presentation from today will be posted on the NMEP web page about one week from today. In addition the materials and everything, the recording will be there and that staff will also make sure you get an e-mail link with all of the information you will need to access this webinar.

For the record again, today's call and webinar is being recorded and materials will be posted. This meeting is not intended for the press and remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from asking any questions during the Q&A portion of the

call. If you do have any inquiries, please feel free to our press office at press@cms.hhs.gov.

Again, thank you all for joining the call today. We always recognize valuable partnerships and the trusted organization like yours who are on the frontline working to connect individuals to Medicare information, help resources and services, and we hope today's presentation will be of value to you and supporting your work.

I like to introduce our speakers today. We have Dr. Janet Wright with the Center for Medicare & Medicaid Innovation who will provide an overview of the Million Hearts five-year initiative and explain how partners' actions can help to prevent 1 million heart attack and strokes.

In addition, we'll have Dr. Cara James with CMS Office of Minority Health who will provide an overview of the From Coverage to Care initiative and explain how to use From Coverage to Care when working with Medicare beneficiaries.

Dr. Terri Postma with the Center for Medicare will provide information on the Medicare Shared Savings Program and an overview of the new MyMedicare.gov functionality.

And we have Kayla Renals with Center for Clinical Standards and Quality who will provide an overview of the CMS Person and Family Engagement strategy.

Last but not least is Susan Razik with the Office of Communications, Division of Training who will present information on the CMS National Training Program Workshop and provide an overview of the new Learning Management System currently in development.

We will take your questions after each presentation and now it is my pleasure to welcome Dr. Janet Wright.

Janet Wright: Thank you very much, Lynne, and thanks to the leadership here at NMEP and in the Office of Communications at CMS. My mission today is to acquaint

you with Million Hearts 2022, the new five-year phase of the Million Hearts work to prevent heart attack and strokes but also to lift up those strategies that can help you and the people that you serve help prevent these avoidable – largely avoidable events.

I'm happy to take questions about the final results of the first five years of our work. I don't have those included in today's presentation but again happy to address those if you're interested. So on this slide, what I like to do is just tee-up for you the opportunities that we all have by working together to impact the lives of folks in our country, what the opportunities are to prevent cardiovascular disease.

So first of all, there are 34 million people with uncontrolled high blood pressure. For people with elevated cholesterol, 35 million merit statin treatment and are not yet on medication and about 42 million would benefit from lifestyle modification and are not yet modifying their lifestyle.

When it comes to sodium, about 90 percent of us take in more sodium than is recommended. And when it comes to physical activity, only half of us are achieving the minimal guidelines of 150-minute a week of moderate activity.

And then finally, still there are 36.5 million smokers in the country. So this – some people might call this the burden slide but I happen to be that glass half-full person as are all the folks who have been part of Million Hearts. So, we see this as an opportunity to improve health and outcomes.

And this is the way we're doing this going forward. This is the – really the cartoon or the depiction of what's important and how we can together prevent heart attack, stroke and other major cardiovascular events for citizens.

This is a little different framework than we followed in the first five years and it reflects the lessons that we've learned. One lesson that we learned is we did not focus enough on the public policy and public health aspects of preventing disease by getting upstream and I'll share with you some reasons that we think we need a greater focus on that. So in this framework for the next five years,

the depiction of the community is much larger than it was because we want to reflect the impact that community change can have.

This is captured in that category you see on your left called keeping people healthy. The healthcare-related actions which are also extremely important are under the optimizing care category and depicted here by a medical facility that rests in the community. And of course, even though from a population health standpoint, what happens in the community has a greater impact on the population, if you are the person having a healthcare event, it is – it is large on your personal screen of importance.

So, we want that healthcare encounter to be perfect for the patient, for the family and ideally for the team that's delivering the care, so that's about optimizing care. And then a third leg of the tripod added for our next five years is an intense focus on subsets of the population that have been identified based on data that shows a disparate outcome.

Second criterion is the presence of effective or promising intervention to help close that gap causing the disparate outcome and the third element that helps us choose a priority population is the presence of partnerships. That's why it's so important for those of you on the phone – important for me to introduce this to you in hopes that we can work together to help improve the outcomes for our set of priority population.

So going a little bit deeper, here are those three categories – keeping people healthy, optimizing care and improving outcomes for priority populations. What you see on these slides are the goals that we selected. First under keeping people healthy, reducing sodium, decreasing tobacco use and increasing physical activity.

I tell you that all the goal areas on this slide had been chosen based on extensive modeling that identified the interventions that would result in the greatest number of prevented events over a five-year period. So overall on optimizing care, we are sticking with improving the ABCS, that is aspirin use for whom it's indicated, blood pressure control, cholesterol management and smoking cessation.

We had added an increased focus on cardiac rehabilitation and the final element in optimizing care is trying to help individuals adopt healthy habits – whether that’s monitoring blood pressure at home, managing their diabetes and helping to prevent it through diabetes prevention program participation. And also, actually medication adherence would be considered a heart healthy behavior.

So down below, you see the priority populations we’ve chosen and again the criteria we used were a clearly disparate outcome, effective interventions to address that gap and partnerships. So, we’re focusing on African Americans and blacks with hypertension. We know there’s been a great improvement in awareness and in treatment but the control rates still lag far behind.

In the 35 to 64-year-olds, we’re seeing a frightening increase in the number of event. We’ve seen a good decline in events in those over age 65 but in that younger age group, we’re seeing an increase number of events, increased rate and it’s happening from Maine to California, no longer a stroke belt issue alone. Clearly people who already had a heart attack and stroke are at increased risk and are not yet getting the evidence-based treatment that they deserve.

And our last group, are those with mental illness and substance use disorder, in whom there is a high prevalence of tobacco use and the evidence now shows that tackling both the primary problem, the mental illness or substance use and the tobacco addiction at the same time is more likely to be a successful approach for that individual.

So moving on here, we will look at the strategies attached to these goals that I mentioned and I tell you, you know, you’re not serious about a goal unless you just established a target. And so on the public policy or public health goals, we’re looking for a 20 percent improvement over the five years.

The strategies that you see are all from the literature and from subject matter experts. And we are working with partners and many of you on the call to implement these strategies over the next five years or to implement them more broadly, so they reach more people.

On the next slide are the optimizing care strategies many of which will look familiar to you but again and again we find these are not being implemented systematically across the country. They're not yet reaching all sectors of the population. We've also set targets for these goals. We are now trying to achieve 80 percent performance on the ABC and S measures.

You might say to me, now didn't you set a 70 percent goal in the first five years of Million Hearts and we did. We did not achieve 70 percent across the board in the ABCS but we did encounter high performers around the country who are achieving over 70 percent and many are at the 80 percent level. So, we have set the target high because we know that's the best thing for the health of the American public.

We've set a very high target for the cardiac rehab participation at 70 percent. Currently among Medicare beneficiaries, participation is about 20 percent, so that is an enormous increase but we believe that there are organizations and programs around the country dedicated to this and we believe we have a very good chance of making that happen.

Moving on to the priority populations, what we've done on this slide is highlight the focal areas for the priority populations. Again, looking at the burden of disease and what interventions might have the greatest impact on these priority populations. Now we know there are many other priority populations. We might not have chosen the one that meets – that fits with your organization.

If that is the case, we completely understand that. We love to have you working with us on this subset but if you have a different subset of the population that need intense focus, we encourage you to approach it in a way similar, going where the data lead you, bringing in the effective interventions and then gathering your partnerships.

On this slide is just a screenshot of a recent article that shows a roadmap and contains the evidence-based and promising strategies to help boost participation in cardiac rehab. And one of the takeaway points is that at 70 percent participation, that means if 70 percent of eligible people attended at

least one session, it would – it would save 25,000 lives and prevent 180,000 hospitalizations annually in this country.

On the slide, you see the clinical quality measures that we will be tracking over the next five years. And this slide shows a subset of the places where those measures are currently embedded in quality performance and reporting programs.

I call your attention to the cholesterol column because you see the adoption of the cholesterol measure is not yet as widespread as we like and that's because there were new guidelines in 2013. We quickly created across the federal workgroup a new cholesterol measure that made it into CMS's Quality Payment Program and a number of others but is not yet gotten fully implemented in some of the private sector program.

And with that, I'll just close by showing you some of the resources. These are all available on our Web site. I'll call your attention to just a few. One in the middle of this slide called making the most of health IT, the Office of the National Coordinator created some EHR guides that help clinicians learn how to extract the data from their electronic health records to calculate the clinical quality measures.

But, all of these have been road tested. They've often been developed in collaboration with users, so they should be valuable. These are community resources. Some of these are programs run either by CMS, CDC or some of our other partners. And then finally, we do have some consumer resources and tools, many of which came to us through our partners and we're constantly adding and updating those.

I hope these will be valuable to you and happy to take your questions and always to take your advice. Thank you for those of you who've already been working in the Million Hearts mines this last five years. We look forward to working with you in this next five years. Thank you.

Lynne Johnson: Thank you, Dr. Wright. I have a couple of questions I wanted to ask before I turn over to the moderator to take questions from the audience. Obesity and

diabetes are such a big – are such big problems in the U.S., why aren't one or more or both – or both part of Million Hearts?

Janet Wright: It's a great question and a frequent question. I'll say first we did a series of modeling exercises prior to the first Million Hearts and again we took a fresh look to create the design of the second one. And it turns out in a five-year period, the greatest impact we can have on cardiovascular disease outcomes, so heart attacks, stroke, heart failure, kidney disease is actually to control the aspirin, blood pressure, cholesterol and smoking, even in people with diabetes. So, we've directed our attention there.

With obesity in order to have an impact in a five-year period, the most impactful thing we can do is help people become physically active. They're much less likely to develop diabetes and they're much more likely to have manageable diabetes if they're physically active. So, we're putting our eggs in that basket.

Lynne Johnson: Thank you and one more. What can health systems and community organizations, our partners do to contribute to these initiatives?

Janet Wright: Many things. Health system for example can identify the ABCS measures as priority measures. They can recognize their teams for high-performing on those measures. They can analyze the participation rates and referral rates for patients eligible for cardiac rehab and take away some of those obstacles. And community organizations can help provide blood pressure reading and screening areas as well as help – overcome some of the obstacles for participation in cardiac rehab.

Lynne Johnson: OK, thank you. Moderator, I'll now turn over to you to open up questions.

Operator: Certainly, as a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue.

Again, that's star then one if you would like to ask a question. Our first question is from Akia Dieuseul with CT State Department. Your line is open.

Akia Dieuseul. Your line is open.

We have no further questions at this time.

Lynne Johnson: OK, thank you. It's my pleasure to introduce Dr. Cara James.

Cara James: Thank you, Lynne, and hello to each and every one of you. Thank you so much for joining today and I thank our colleagues for organizing this and inviting me to be part of it. It's been a couple of years since I was here to speak to the National Medicare Education Program and I'm thrilled to be back.

I wanted to talk today to you about an initiative called From Coverage to Care and some of the resources that we have developed and are sharing throughout the country. Some of you may already be doing that and if you are, we thank you in advance for your effort. From Coverage to Care is an initiative that really aims to help individuals understand their coverage and connect to primary care and preventive services.

This could be coverage that individuals have obtained via Medicare, Medicaid, the marketplace, or through their employer. We find that a lot of people have questions about their coverage. They don't understand basic terms like copayment or coinsurance and From Coverage to Care seeks to help them understand how they can use their coverage to stay healthy.

We developed the resources by engaging with stakeholders. Some of you on the phone may have been participants in our discussions. We talked to stakeholders about how they work with consumers, what challenges they may have with regards to understanding their coverage and connecting to care, and what resources would be helpful to bridge the gap.

We then piloted the resources in several states, very geographically diverse states and also demographically diverse in terms of the population of individuals who are uninsured, the strength of the community partnership and

networks that existed as well as the diversity of language. And we made those resources available both online as well as in print through our product ordering warehouse.

What we have in terms of the resources includes our primary document which is the Roadmap to Better Care and a Healthier You. Last year we added 5 Ways to Make The Most of Your Coverage. Our newest tool, just released a couple of months ago, is Manage Your Health Care Costs. We have videos, and we have an enrollment toolkit to help individuals be able to pick plans that best meet their needs.

We have a number of resources around prevention, a partnership toolkit as well as a community presentation. And as I mentioned, all of the resources are available via our Website and you can also order them through the product ordering warehouse for free. Now I'm going to take a little bit of time just to talk about a couple of the resources that we have.

Our first resource, the Roadmap to Better Care and a Healthier You, goes through eight steps of helping you to put your health first all the way through preparing for a visit, having that visit and what you need to do once you leave your provider. Also, it has a number of tools that are available in one pager such an example of an insurance card, a table that talks about some of the differences between primary care and emergency care, and a sample explanation of the benefits. It's available in eight languages and we worked with community partners to make sure that the translations were culturally and linguistically appropriate.

The next slide shows you what those eight steps are, starting with putting your health first. We started there because in talking to a number of stakeholders, we found that a lot of people who didn't have coverage understood the value of how it could be useful when they got sick but didn't really think about it as a tool that they could use to help them stay healthy.

So, we really wanted to emphasize that as well as the prevention, some of the exercising – exercise and healthy foods that Dr. Wright just talked about a few minutes ago to help them stay healthy as much as possible. As I mentioned,

one of our newer tools is the five ways to make the most of your coverage and on the next slide, you'll see the five ways that we talked about.

These are things that everyone should know how to do regardless of their coverage, making sure that they can confirm their coverage, knowing where to go for answers, how to find the provider, what to do to make an appointment and how to fill a prescription. This was developed in response to feedback we received about the roadmap where a lot of partners felt that while it is great information and it's digestible information, but for some consumers it's still too much information.

So, this is a very simple one pager has some really easy information about what steps people can take to make the most of their coverage. We also have videos that are available in English and Spanish. This can be used in waiting rooms or other places as well as incorporated into presentations in the community.

Our next slide show the new Manage Your Health Care Costs. It talks about how we integrate health care costs into our larger household budgets. We know, from talking to partners and stakeholders that a lot of consumers are concerned about using their coverage because they don't know what the financial implications could be. So this helps them to think about how to budget copayment as well as other pieces of their care into their daily household budget.

As you can see on the next slide, it has a little tool to help them track some of their health care costs such as monthly premium, deductibles and copayment, so they know what those look like as well as integrating their prescription drug coverage.

We hope that as you look at these resources, they will be useful to the individuals that you're working with, that you might use them to start a conversation about From Coverage to Care and the importance of getting preventive services.

We really do rely on partners such as you to share the information. You are the trusted resources in the community and that you're going to be there to

help answer those questions. And so we hope that you will do that and help consumers are journeying along their way to better health and well-being.

You can also customize a couple of the tools that we have including the roadmap. There is space where you can add information about your organization or local resources that may be of help. We hope you'll maybe incorporate these into local events and share your stories with us in what works.

From Coverage to Care is an ongoing initiative. We're always looking for ways in which we can help support you and the work you're doing. So if there are resources or things that you think consumers can use or that you could use to help you do your job, please let us know. And please, share your story the CoverageToCare@cms.hhs.gov.

Finally, I just wanted to show a little bit of a picture of the breadth of organizations who have been utilizing our resources. We have as you can see community health centers, libraries, faith-based organizations, Area Agencies on Aging, SHIP counselors, the United Way and universities. Organizations that really running the gamut of social services and support in human services.

Because these messages are really important, we want to reach people regardless of where people are coming from. So, we hope that you will use these resources and again let us know what else would be helpful for you.

So in closing, this is where you can order the resources through our product ordering warehouse and we will send them out to you for free. Please take advantage of that and thank you for the work you do.

Lynne Johnson: Thank you, Dr. James. Just a question from me, could you talk a little bit about resources that are available in various languages? Since we have such a large population racial, ethnic backgrounds that we serve.

Cara James: Yes, so that's a great question. We have the Coverage to Care resources, the roadmap and the step booklets are available in eight different languages. So, we have them available in Spanish, Chinese, Vietnamese, Korean, Russian, Haitian Creole as well as Arabic and we also worked with our Division of

Tribal Affairs and the Tribal Technical Advisory Group here at CMS to develop a version that is for tribal members that speaks to some of the unique services that are available to them.

Lynne Johnson: And could you just briefly highlight how organizations you see them use the materials?

Cara James: So, we've seen organizations using them in a variety of ways. Some of them are what we would call more passive participants where they may just put them out in their waiting room. We have others who have incorporated the resources into local community presentations that they're doing.

Some have actually set up classes where they go through different aspects of the steps of the roadmap such as understanding key insurance term. And we've seen some organizations who really personalized it and customized it to meet the needs and integrated it within other information regarding their for example State Medicaid program or other local resources.

Lynne Johnson: Thank you. Moderator, you can now open the line to questions.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue. We'll pause for just a moment while we compile the roster.

Your first question comes from the line of Adjoa Adofo from Better Medicare Ally. Your line is open.

Adjoa Adofo: Hi, my question is which – what kind of organizations did you target to partner with, with this program? Because, we're just wondering what is the target population for this effort.

Cara James: Yes, thank you very much for the question. We work with any and everybody. So on the previous slide as we mentioned we have libraries, we

have the SHIP counselors, we have State Medicaid Programs, it's really a huge variety that we are engaged with.

Again, these are resources that it does not matter what type of coverage you have, we think the messages of finding a provider, being able to understand insurance terms, and the importance of getting preventive services are important across all types of coverage. So, we welcome anyone to work with us and if there are ways that we can work with you, please let us know at the Web site CoverageToCare@cms.hhs.gov.

Operator: And again to ask a question, it's star one from your telephone keypad.

And there seems to be no further audition questions at this time.

Lynne Johnson: OK, thank you. We got to keep moving with our presentation and I introduce Dr. Terri Postma.

Terri Postma: OK, thank you. Thank you for having me. I'm Terri Postma, I'm the medical officer lead for the Shared Savings Program and I'd like to review a couple of things with you today. One is to share with you the resource of MyMedicare.gov which is a patient portal developed by CMS.

And some of the new functionalities that's been – that have been implemented recently and how that functionality is going to be used by the Shared Savings Program to better associate patients with their primary clinicians. So – and I'll also give a little overview of the Shared Savings Program for those of you who may not be familiar with it and some of the lessons that we've learned.

So, maybe we can go to slide 5. MyMedicare.gov, as I mentioned, it's a free, secure, online service for beneficiaries to access personalized information about their Medicare benefits and services. So, they go in and they register, sign-up for an account.

I did this with my mom. It's really quite easy and once they set up an account, they can – the beneficiary can do things like check their Medicare information claims as soon as they're processed so they can see what services

have been submitted for their care, by what providers. It's quite detailed by accessing Blue Button through that portal.

They can manage medication list and other personal health information and also the – [MyMedicare.gov](https://www.mymedicare.gov) portal links to Physician Compare Web site through which the beneficiary can search on providers and create in their own account a list of their favorite providers. They can also create a printable what's called an "on-the-go report" that they can bring with them to their doctor's offices and visits and share with their health care providers.

So, beginning in June of this year, the new functionality that I want to specifically mention to you today is that in the account, beneficiaries can select their primary clinician. The selection of a primary clinician indicates the practitioner that the beneficiary believes is most responsible for coordinating their overall care.

So, this would be somebody like a primary care provider, their internist, their nurse practitioner, somebody who the beneficiary believes that is responsible for coordinating their overall care. Voluntarily aligning with a particular practitioner through their portal doesn't affect the beneficiary's benefits or restrict their ability to choose a doctor in anyway.

So, it doesn't change any of the benefits that they have under Medicare. It just simply indicates that that is the clinician that the beneficiary believes is responsible for their overall care. And then we're looking at creating a feedback loop to let that clinician know that the beneficiary believes that that clinician is responsible for their overall care.

So, how to create an account in [MyMedicare.gov](https://www.mymedicare.gov)? There – like I said, it's really easy. I did this with my mom recently, and they just have to go to the [MyMedicare.gov](https://www.mymedicare.gov) Web site and click on Create an Account button and then it will give them a secure sign in box. They just complete the form fields and then click Continue and then they registered and they can go in and look at the various tabs and information. And like I said, pull down their claims information from Blue Button that's Part A, B and D claims. So, that's really full of information to see.

Next slide. Now, specifically, this slide shows how a beneficiary can add or remove a primary clinician designation. So, well, they can voluntarily align by logging in and then clicking on the My Health tab and then there's a providers link that expands and shows physicians and other clinicians, and then when they add a clinician or group, it automatically sends them over to Physician Compare to do that and they can select like I mentioned before, create this list of My Favorites.

And then there's a button there that the – that the beneficiary can click on that says make this My Primary Clinician and they click on that button it just simply indicates that clinician is who the beneficiary believes is responsible for coordinating their overall care and then, of course a second button can be deselected at any time too.

Next. So, we're really making a push to let beneficiaries know about not just the portal because a lot of them don't know that they – that the portal is available to them but also this new functionality. And so we're in the process of amending the MyMedicare new handbook to let beneficiaries know that this feature is available and we're also going to be releasing additional resources for use in specific Medicare programs such as the Shared Savings Program that I mentioned.

So, there will be materials in the Shared Savings Program Accountable Care Organizations marketing toolkit for providers that are participating in the Shared Savings Program so that they, at the point of care, can let their patients know about this functionality and then there's also we're creating a voluntarily alignment fact sheet for fee-for-service beneficiaries that might be assigned to Shared Savings Program ACOs, you know, these things are in the work.

All right. Now, I'll give a little bit of background on the Shared Savings Program. This Shared Savings Program is part of CMS' overall strategy to promote delivery of health care and that reducing the fragmentation that is so often a part of fee-for-service Medicare, improving population health and lowering overall growth expenditures by promoting accountability, provider

accountability for the care of Medicare fee-for-service beneficiaries, by improving their coordination of services under Part A and B and encouraging provider investment in infrastructure and redesign care processes.

So, in the Shared Savings Program, eligible providers, hospitals and other suppliers can join together to form what are called Accountable Care Organizations or ACOs. And these ACOs then apply to CMS to participate for at least a three-year agreement period. CMS assigns a patient population to the ACO and assignment is just for purposes of CMS determining what population those providers are most responsible for their care for the year.

It doesn't imply any lock in. It's not a new health plan or anything like that, you know, beneficiaries are enrolled in anything new. It doesn't change their benefits. They're still in traditional Medicare. It's just purely an administrative process for CMS to tell the providers, "Hey, this is the group of fee-for-service beneficiaries that we're going to be assessing you on their – on how well you coordinate their care over the course of the performance year."

And after the end of the performance year then, we look to see how the quality performance was of the – of the practitioners that are participating in the ACO for the care of that patient population that was assigned to them and look at their performance year expenditures compared to a benchmark. And if the ACO at the end of the year has demonstrated that they – that they rendered high quality care at a lower cost compared to their benchmark – then they'll receive an incentive payment from CMS.

OK. Next slide. This just is a map that shows you where ACOs are across the country. I think we have a little – somewhere in the neighborhood of 450 plus ACOs currently participating in the Shared Savings Program representing over 9 million assigned beneficiaries. I'll get into assignment a little bit later.

Yes. So, this just kind of gives you an overview of where most of the, you know, where there's a high percentage of ACO provider participation and likely to be a high number of beneficiaries that those ACOs are responsible for.

OK. So, the most recent performance results we have are from 2015. We're currently working on developing the – or assessing the ACOs for 2016, but in terms of the most recent performance results we have are from 2015. It shows that quality improvement continues over time and the longer that practitioners are in the Shared Savings Program ACOs, the more they generate savings over time.

So, basically, what that says to us is that, you know, care coordination is – it's difficult. It's a challenge. There are a lot of – there are a lot of hurdles to overcome to improved care coordination for beneficiaries to improve their quality of care and what we've seen that from year-to-year-to-year, the longer practitioners are thinking proactively about that patient's journey of care through the fee-for-service system, the better that they do over time. And so we're seeing that both in terms of quality, as well as the cost to fee-for-service Medicare.

All right. Slide 16, please. Good? OK. So, a little bit more about beneficiary assignment under the Shared Savings Program. Like I mentioned before, the purpose of assignment is really just for the program to determine a unique patient population for which we're going to hold the ACO in its practitioner accountable.

And these assignment lists are used for key program operations like developing the quarterly reports that we sent out to ACOs determining their financial and quality performance and then ultimately that tells us whether the ACO is eligible to share in savings or responsible for paying back any losses.

Next slide. And again, when a beneficiary gets assigned to an ACO, then the ACO becomes accountable for their overall care for that performance year but that assignment doesn't diminished or restrict the rights of the beneficiary to exercise free choice in determining where to receive services. So, beneficiaries always have that freedom even if we have determined that ACO set of practitioners are responsible for their overall care.

So because we kind of do this assignment, we do this assignment based on prior year's claim and we looked at where beneficiary has chosen in the past

to receive a plurality of their primary care services and we then assign that beneficiary to an ACO based on that history. That doesn't mean that in the future, they're going to choose to see the same practitioners but we know from experience that often beneficiaries will choose to see those same practitioners.

But because of this, some practitioners and ACOs have suggested that we look at a way to get beneficiary input into who the beneficiary believes is responsible for their overall care and use that to supplement these claims based assignment process. And so that's why, we developed this functionality in [MyMedicare.gov](https://www.mymedicare.gov) so that we could get directly from the beneficiary their input on who they think is responsible for coordinating their overall care and then use that information to hold the practitioners responsible in the coming year.

So, as I mentioned this spring, the beneficiaries can go into [MyMedicare.gov](https://www.mymedicare.gov) account and they can set up an account, they can go into the account and they can select the primary clinician, and then if that clinician is affiliated with an Accountable Care Organization in the Shared Savings Program, then we will let the ACO know that they're responsible for that beneficiary's overall care for the performance year.

So, the goal of developing this and incorporating beneficiary preference into assignment is for several reasons: We want – and we think this is a way that we can increase patient engagement with their primary clinician, to improve their care management, and ultimately achieve better health outcomes.

All right. There are some resources here on the slide to share with you and including some of the things that I mentioned if you're interested in finding out more about the Shared Savings Program assignment methodology for example, there's that first link is there for you or just the Shared Savings Program in general. I have a link to the Web site for you there and there's a link to [MyMedicare.gov](https://www.mymedicare.gov) Web site, so you can check that out, as well as Physician Compare.

All right. Thank you so much for having me.

Lynne Johnson: Thank you. I had an earlier question but you answered it and it was about them, you know, what CMS is doing to promote the MyMedicare.gov portal – patient portal. But one thing I just wanted to note that, you know, going forward if you have any messages that may be more targeted to our advocacy (or) beneficiary-type partners, it could be drop an article of any length. If you send them to us, we will send them out through our LISTSERV.

Terri Postma: Oh, fantastic.

Lynne Johnson: To get the information they need about how they can help and encourage beneficiaries the law going and, you know, choose their primary provider.

Terri Postma: Perfect. Thank you so much.

Lynne Johnson: So, moderator, you can open up for questions.

Operator: Certainly. As a reminder, ladies and gentlemen, if you'd like to ask a question, please press star then one on your telephone keypad. If you'd like to withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for question. If you require any further follow-up, you may press star one, again, to rejoin the queue.

Our first question is from Akia Dieuseul with CT State Department. Your line is open.

Akia Dieuseul: Hi. Can you guys hear me?

Terri Postma: Yes.

Akia Dieuseul: OK. Great. Last time I had my phone on mute. Anyhow, my question is the MyMedicare.gov is that for all Medicare beneficiaries including people with Advantage Plans or it's just for original Medicare?

Terri Postma: Well, my mom is on Medicare Advantage, and she was able to set up an account but she didn't have any, you know, Part A or B claims in there to pull. She didn't find it particularly useful because she told me she actually has a

patient portal that she uses with her insurer and so it wasn't as – she didn't think it was as useful to her.

So, I think the primary folks who would find this the most beneficial are those with fee-for-service Medicare, traditional Medicare.

Akia Dieuseul: OK. Thank you.

Operator: There are no further questions at this time.

I'm sorry. We do have a question from Adjoa Adofo with Better Medicare. Your line is open.

Adjoa Adofo: Hi. I have another question about the [MyMedicare.gov](https://www.mymedicare.gov) Web site.

Terri Postma: Yes.

Adjoa Adofo: So, right now, when you try to create an account and ask you for your Medicare number which is easy enough right now for Medicare Advantage beneficiaries and is just their Social Security number, but when the new Medicare cards are issued, how would Medicare Advantage people register from [MyMedicare.gov](https://www.mymedicare.gov)?

Terri Postma: It would be whatever number Medicare issued to them. So, if, you know, they're going to change that, then they would use that new Medicare number.

Adjoa Adofo: So, would it be the number that they received on their Medicare Advantage card or would it be the new card that's issued through Medicare?

Terri Postma: It would be the Medicare number.

Adjoa Adofo: OK.

Lynne Johnson: Because the Medicare Advantage number would be through that portal for that provider.

Adjoa Adofo: OK. Thank you.

Terri Postma: OK.

Lynne Johnson: And I'm sure, once we get a little bit closer to doing our reach to the beneficiary population around that, that all will be explained via the web and fact sheets.

Terri Postma: And I want to say by the way, it has a really nice demo on it. It walks through what's in it and has a lot of really nice detailed step by step instructions on how to do things. And so lots of – lots of assistance, very beneficiary friendly Web site.

Operator: Your next question comes from the line of Judy May with United Way. Your line is open.

Judy May: Yes. Hi. I was wondering if you could just elaborate the designation of a clinician in MyMedicare.gov in relation to the person who believed that the clinician is responsible. Is that for communication purposes between, you know, a primary? Or I'm kind of a little vague as to that believe who is responsible.

Terri Postma: OK. So, it's just the – when the beneficiary goes into their account ...

Judy May: Yes.

Terri Postma: They have the opportunity to indicate which clinician they believe is most responsible for their overall care. So, they would, you know, like my mom, for example, designated her primary care physician as her – as the one who is responsible – she believes is responsible for her overall care.

And you know, it doesn't change any benefits or anything. It just sort of – it just – is an indicator to us of, you know, it helps us better assign accountability for a beneficiary's overall care for purposes of things like the Shared Savings Program and it also like I said, we're working on functionality so that the clinician is alerted that that beneficiary has indicated that they are responsible for their overall care.

Because even though a beneficiary might assume, you know, they're going to a primary care provider and they might assume that that provider is handling their overall care, that might not be the case or a beneficiary might see, I'm a neurologist and I know a lot of beneficiaries have chronic neurologic diseases that are primarily cared for their neurologist and they believe that their neurologist is really the one that's coordinating their overall care and often that's the case.

So, it's just a nice way for both – for that communication to occur and that beneficiary engagement to occur and then that would be part of the “on-to-go report”. If they printed that out and brought that to their – to their clinician visit, then the clinician would see that, too.

Judy May: Thank you.

Operator: There are no further questions at this time.

Lynne Johnson: OK. Thank you. We're going to move on to Kayla Renals.

Kayla Renals: Yes. Good afternoon. This is Kayla Renals and I'm standing in on behalf of my deputy director Jeneen Iwugo who was unexpectedly called to another meeting this afternoon. So, sends her regrets and apologies. You're stuck with me.

My name is Kayla. I am the CMS co-lead for the Person and Family Engagement Affinity Group and what I'd like to talk you a little bit about today is how person and family engagement is going on at CMS and what kinds of things that we are talking about and working through. And I'm happy to take questions and suggestions at the end.

What you see here on our first slide is sort of our guiding light really. We could talk about definitions all day, but this is where we have chosen to land for the time being on what person and family engagement means to us at CMS as a payer. So, I'd like to read it just very quickly. I tend not to do this but I think it's important.

We defined person and family engagement as patients and families are partners in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice.

And so what we – what we mean when we say patients as well, I also want to emphasize is that we're using that as a broader term to describe the consumer engagement as a whole, to include family members, caregivers, advocates. So, it's not just an inpatient setting that we're looking at. We really are encompassing perspectives from the broader population as a whole.

Next slide, please. The next slide it appears slowly if you could just click through a couple of those so it all appears at once. Thank you. So, what it will show in that, the full pyramid appears as where we see the Centers for Medicare and Medicaid Services sitting in the broader landscape of person and family engagement. That's great. Thank you.

At the bottom there, you see the foundation, the outcomes, the values, and the preferences that matter most to patients, families, and communities. We try to take those, both through listening through our networks and learning as we go from our contractors and partners in the private sector and implement them in a way that makes sense in policymaking from CMS' perspective that includes guidelines, regulations, rule-making, all of the things that you think of as CMS's accountabilities.

We also know that the more direct line of care takes place beyond this, the health care delivery setting in hospitals and ambulatory care and SNF, in the nursing homes. And that's really more where the patient-centered care takes place between the doctor and patient and the family members. What we see ourselves doing is implementing that evidence in a way that makes sense so that the health care delivery can be successful and is really meaningful to the people that experience it directly.

Next slide, please. And so what we've done over the last – I would say several years – it has taken us a little while to get to this plan, and we're very proud of it, is to coalesce our thoughts around the set of foundational principles and they are listed here. There are five of them. We'd like to promote informed decision-making, have patients and physicians share their preferences and values together, and co-create goals.

We'd also like to promote PFE best practices, Person and Family Engagement Best Practices where they exist. And also encourage empowerment, engagement and self-management. And so how we do this is really working through a set of innovation networks. This is not a comprehensive list, but rather just happens to be the ones that Jeneen and I work most closely with in the Quality Improvement Innovation Group.

And they are the Partnership for Patients, Transforming Clinical Practice, the End-Stage Renal Disease Networks, the Quality Improvement Networks and then Care Coordination Connection. Now, I'll talk a little bit more about these in just a second.

Next slide, please. We do also have a set of goals that we are actively working toward. Let us now just run through them very quickly as well. We'd like to actively encourage person and family engagement in a continuum of care, not just in the inpatient setting. So, also out into the communities in which persons and families and consumers live. Our second goal is to promote tools and strategies that really reflect the values and preferences that are meaningful to people and that engage them directly in self-managing their care.

Our third goal is to create an environment where persons and families work in partnership with their health care providers, because obviously, that's a very important relationship that we'd like to foster. And our goal four, is to improve the experience of care to the person's caregivers and families by developing criteria for PFE best practices and techniques that are more ready for widespread integration across the country, and you'll hear a little bit more about how we're doing that in just a moment.

Next slide, please. So, here you'll see the cover page of our person and family engagement strategy which is publicly available there at that link on our Web site. It was published in December of 2016. It took us a little while to get it out, but we are very proud of it, and the purpose is really to create a foundation for all of us, a shared language about how we're going to expand this awareness and practice PFE by providing actionable goals and objectives from our perspective.

And our vision is that this will help to transform the health care system in a way that really proactively engages people in their care, but also transforms the design of care and how we pay for it, which is really what we are accountable here for at CMS as well.

Next slide, please. So, here it's a little bit about the quality networks that do a lot of work on person and family engagement. I'll just give you the high level on a couple of them. Partnerships of Patients is focused mainly on the inpatient setting and has recruited over 4,000 of the acute care medical centers across the United States – all 50 states, rather.

Transforming Clinical Practice Initiative has over 100,000 clinicians in both primary and specialty care enrolled across the country. End-Stage Renal Disease Networks have recruited over 6,000 dialysis facilities to that particular program and our Quality Innovation Networks-Quality Improvement Organizations have a really diverse reach into many communities, nursing homes, home health, hospice, and pharmacy that you see there.

And the newest addition to our little cadre is the MACRA and Quality Payment Program, Small Underserved and Rural Support that you may have heard a little bit about, and that also aiming to recruit up to 200,000 clinicians. So, what I want you to see from this – oops go back. What I want you to see from this side – thank you, is we really have a broad reach here to engage a lot of different settings of care.

And we recognized that the person's experience there is depending on what piece of the health care system that they're experiencing and taking part of.

So, we're really making a concerted effort to try to get as many stakeholder perspectives as possible as a result of this reach and we think it's really valuable to try to engage patients in as many different settings as possible.

Next slide. So, I'd like to walk through a little bit about what each of these programs is doing on person and family engagement. It is at a high level but I think it's a really exciting work that we're very proud of. The Partnership for Patients has been around since 2011 and is designed to reduce harm to patients in the inpatient setting in hospitals.

Part of what they're doing is trying to authentically engage patients in the work and model engagement for the hospitals. Hospitals can thereby mirror success on that front that in their own work. So, trying to identify organizations that have found things to be successful, put them on a stage and that – in that, they can showcase what works to the rest of those 4,000 hospitals, will then can ideally replicate and spread those effective practices.

And we do track progress on person and family engagement across these hospitals through data which I'll talk about in just a second, and that does help to increase transparency and also the business case for why this is really valuable. Our networks also team with us to support others who are leading in this work, including over 236 patient advocates who have volunteered to be involved in this ongoing operation as well as private industry partners like IHI, Leapfrog, and others.

Next slide please. Mobilizing a diverse network on person and family engagement is quite a complicated task, as I'm sure you might imagine. A lot of people have a lot of passion in this area, and a lot of experience that is really valuable. We try to pull from a really diverse perspective, and as many areas as possible including providers, patients and family themselves, non-profit and advocacy organizations, C-Suite Leadership other federal government agencies, quality leaders, Hospital Improvement Innovation Networks, as well as the hospitals that they've recruited. And together we're really getting a good picture, I would say, of what person and family engagement means on a national scale.

Next slide please. Now, I mentioned that we had some data metrics that we track across the Partnership for Patients and this is just a very brief summary of what that looks like. We do ask the hospitals who are contracted with us and under our Hospital Improvement Innovation Networks to report on these five metrics and, I will just to summarize them. First, does the hospital have a planning checklist when that patient is admitted about what's going to happen to them and their care?

Do they do shift change hurdles with their nurses at the bedside in front of a patient or their family or their caregiver? Do they have a designated PFE leader or functional area? Do they have a patient representative on their quality improvement team? Do they have a patient and family advisory council or something of that nature, and do they have a patient and family advisor on their board of directors?

So, it covers all points of care: policy, protocol, and governance. We have what we think is a really distilled, very easy to report data system. Now, obviously that's taken some time to implement and there are still questions about what the denominators are, how we accounts for special circumstances, etc. and we are all working through those sort of as a team to try to make these metrics as the best that they possibly can be.

Next slide please. What I would like to show you now is sort of where we're sitting. So, as we're iterating these metrics together we are still collecting data. So, the blue that you see here on the left, a hospital that says, yes, I have met this metric, I do this so I have a pre-planning checklist. I have a shift change huddle at the bedside. The red is the hospital saying, you know, we haven't done that yet. No, I'm not meeting that. And then green is where we might be missing some data from about 1,300 hospitals as they get up to speed in reporting.

So, you can see the shift change huddles has been doing that rather well. That seems to be a very popular practice. And the area that we are not doing so well on, that we're working on improving, is having that patient representative on the board of directors. And we do recognize that there are many different limitations to implementing this.

For example, I know that certain states have legal considerations that have to be taken into account when they talk about this particular metric, and those are all things that we try to be flexible with and understanding with them. It involves really talking through some alternatives about how you can engage patients in a really meaningful way and still meet that metric.

Next slide please. So, moving on to the Transforming Clinical Practice Initiative which engages, as I said, primary and specialty care providers. They are also developing their six PFE metrics including – Does the practice training staff on shared decision-making? Do they assess patient activation? Do they use patient health literacy surveys? Things of that nature...

These are still very much in development and we don't have the data that we do on the Partnership for Patients side yet; however, we do have about 263 physician practices that are committed to implementing these PFE metrics by the end of April. So, we're starting to receive data now. We're very excited to report out on that in the future.

Next slide please. This is one of the areas that I find to be most interesting and I personally didn't have a whole lot of exposure to before my time at CMS. That's the End-Stage Renal Disease Networks, and their work on patient and family engagement. But first a little background and data. There are about 18 ESRD (End-Stage Renal Disease) networks in over 6,000 dialysis facilities nationwide who helped improved access to care and quality.

Currently, there are over 661,000 ESRD patients in the United States and that number does grow every year by approximately 21,000. This population remains at less than 1 percent of the total Medicare population but it does account for about 7 percent of the annual budget for Medicare Fee For-Service in recent years, so that adds up to about \$30.9 billion. And we really try to engage the patients in this particular population very specifically because it is a higher risk population. They do use the healthcare system in ways that most other patients do not through their regular dialysis visits.

Next slide please. These are some of the most activated and passionate patient advocates that I've experienced in my time at CMS, if we can move to slide

14, please? Thank you. This is just the picture of some of them that have participated with us in the past with their illustrious leader, Renee Dupee there in the middle, she's one of my teammates.

They do participate in an ESRD National Coordinating Center which organizes four Affinity Groups that developed patient-driven goals for what they would like to get out of their experience. And at our annual Quality Conference in the past, we have always had an ESRD patient track that allows them to come in, experience the things that are going on at CMS and participate as part of that discussion from their unique perspective and experiences.

Next slide please. The Quality Improvement Organization program has person and family engagement efforts as well. They have also established a number of patient and family advisory councils. They engaged with their beneficiaries and learning in action networks that support the work of Everyone with Diabetes Counts. There are a number of examples from person and family engagement success on this front.

The Lake Superior (QIN), for example, produced a video for nursing homes on PFE to enhance engagement. The Quality Insight (QIN) had a recent recruitment phase for their Beneficiary and Family Advisory Council where they put out thousands of announcements, inviting applications, and they received 30 of them so they were very excited.

Their council plays a critical role. For example, their advisors actually designed information with their QIO team to debunk the myths about immunizations and flu vaccines. And the team incorporated 90 percent of those advisors' feedback onto the products, which was very exciting.

Next slide please. We do also, as you probably are aware, make a concerted effort lately to solicit as much customer feedback as possible particular on the QPP roll out (the Quality Payment Program roll out) and we receive information from just about any venue that is open to us, including the website media channels, personal emails that get sent to our staff, technical assistance

contractors, and more. We're really very committed to trying to get as much feedback as possible from consumer and other healthcare utilizers.

Next slide. And all of what we hear is aggregated into these sorts of visuals for our team so that we can hear what the top concerns are, what the bottom line is and some of the things that are really bubbling to the surface about what the community and customers are confused about, what we could be doing better, what we could be communicating better, so you see a little bit of that here.

I think this was actually from May or April where what we are hearing was largely individual small practices, weren't really sure how to know if they were eligible for the Quality Payment Program and large group practices that knew they were eligible didn't really understand how to register or how they would be scored. And so those are some of the things that we take back here at the CMS team and that change the way that we communicate about our programs to the public, so it's always very helpful.

With that, I will conclude my remarks but I'm very happy to take any questions or suggestions that you have. I will say if you could go on to the next slide, please, my role as the co-lead of the CMS patient and family engagement group – affinity group is, we'd really like to solicit as much consumer feedback as possible. Both about our PFE strategy and the ways that we're going to operationalize it, so if you have suggestions about what CMS could be doing or thinking about, I'd be very willing to hear them. And thank you very much for your time.

Lynne Johnson: Thank you, Kayla. I just want to ask a quick question just as a review, just in case you missed any type of electronic portals or e-tools, I know you noted publication and a link but is there any other – are there any other resources that you have?

Kayla Renals: Sure. So, the PFE Strategy is a publication that's available for reading. We don't currently have any centralized location for person and family engagement advocates or patients to provide dedicated feedback to the

Affinity Group. We are working on that and we hope to that have out sometime in the next year.

But, I will say there are many ways that the public and patients and families and caregivers can participate in CMS operations both through public comment periods as well as, you know, providing me a direct email. My email is up here. I'm more than happy to serve as that point of contact for the time being, but unfortunately that is sort of a work in progress for us, yes.

Lynne Johnson: OK, that's great, thank you. Moderator, we open it up to questions.

Operator: Certainly, as a reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your questions, please press the pound key. Please limit your questions to one question and one follow up to allow other participant's time for question. If you require any further follow up, you may press star one again to rejoin the queue.

Our first question is from Judy May with United Way. Your line is open.

Judy May: Hi, yes. With the PFE portion, I just had a question, is part of the legal barriers in relation to a HIPAA, I have a lot of family that want to be really engaged and are very proactive but they keep running into those issues of sharing any information with HIPAA, POAs, guardians and the like is that going to be – something that's going to be look into or explored as you go further?

Kayla Renals: Yes, thank you for that question. I would say what I have heard from our quality networks is when they experienced these challenges, particularly, I think you're referring to having patients on the board of directors or in an advisory position or something of that nature. What I've heard from several different networks in different areas of the country is that, yes it is partially HIPAA, depending on if they're talking about patient information and PII during board meetings.

During those meetings, sometimes though it is also sort of the malpractice concern as well, right? You're having patients come in to an area that has

historically been private, discusses safety and quality concerns, and that's part of the concerns that some people have. Now, CMS has no legal authority to mandate any changes to that process nor we would even want to do so.

But, what we have done is through our networks encourage patients and families to engage with their C-Suite and try to find other ways to do so where those legal limitations exist. And we've been successful with that, particularly by forming dedicated patient advisory councils, which are most often separate from the Board of Directors.

Judy May: Thank you.

Operator: Your next question is from Sara Altman with Fresenius Medical. Your line is open.

Sara Altman: Yes, I want to ask you a question about ...

(Multiple Speakers)

Male: You want to prevent...

Sara Altman: ... is to prevent kidney disease?

Kayla Renals: I'm sorry. You broke up a little bit on my phone. Could you repeat your question?

Sara Altman: OK, why don't you ask it?

Male: OK, I'm asking for her. It will be easier to hear my voice. The CMS six months ago said they're covering the Dexcom for diabetics, probably one of the top aids to prevent long-term complications. Yet, the guidelines aren't out. People have been frustrated or anything and they can't upgrade their pumps again for five years. If the hardware is there, hardware isn't the only answer, but it's certainly a big help, what can be done to improve access to this hardware quicker?

Kayla Renals: Thank you. I heard it at that time. Unfortunately, I don't know exactly what that guideline refers to. It's not an area that I work on here at CMS, but what I

can do sir, is if you would like to send me an email, my address is right there kayla.renals@cms.hhs.gov, I'd be happy to try to refer you to the correct person.

Sara Altman: OK, thank you so much.

Operator: Your next question is from Christine Slapik with SHIP. Your line is open.

Christine Slapik: Hi. I just have a clarification question the Shared Savings program, ACO, how did that compare to the QPP Program? Are they similar, the same, or different?

Kayla Renals: So, this is Kayla. I, again, I apologize. Those programs aren't in my area of expertise. I would defer to the previous presenter who was speaking about the ACOs to take that and if not, again, if you would like to send me an email, I'd be happy to try to get you information from the experts rather than give you a very poor answer myself.

Christine Slapik: Thank you.

Operator: We have no further questions at this time. I turn the call back to the presenters.

Lynne Johnson: Thank you, Kayla. I just want to mention to those on the line if you have a question and the presenter is now gone, send your question to the partnership mailbox, partnership@cms.hhs.gov. And we'll get those questions to them to get you an answer. Now, I want to turn it over to Susan Razik.

Susan Razik: All right, thank you very much. We are the national – CMS National Training Program and we are getting ready to hit the road again on our training. So we thought it would be a good time for us to talk to you and remind those of you who are not familiar with us who we are, and for those of you who are familiar with us to let you know what we're going to be doing.

So, for those of you who are unaware we are the National Training Program and we are tasked with training partners and also internal people about Medicare, Medicaid, CHIP and the Marketplace. We try to make sure that all

of our materials provide nationwide consistency because we want to make sure that everybody around the country is getting the same message.

We work with our subject-matter experts to ensure that materials are as accurate as possible. We want you to be able to rely on our materials and we want to be able to meet the needs of a diverse audience. We conduct ongoing training. We have a webinar the first Tuesday of every month at 2:30 pm ET where we talk about new things that we're hearing about that we think our partners might be interested in.

We also have a learning series on the second Thursday of every month at 1:00 pm and what we do there is to delve deeply into a specific topic. And quarterly, we'll do a Getting Started and an understanding Medicare Session for those people who are new to the program or those who are in need of a refresher. We have a number of materials that are available and our URL is there on top of the page.

We have training products on number of the different Medicare topics. There are also some that are available that aren't listed, such as Medicare and the Marketplace, but for someone who wants to learn about a specific piece of the program, going through these training modules can be very helpful. They are also used by our counselors and partners who go out and work with volunteers or others who do counseling to provide training.

They also are sometimes taken and reduced in size to go out and talk to Medicare beneficiaries. The email list that just popped up on the screen there is for you to join our list-serve. We send out very few updates. We'll tell you when we're going to have a training and what's the topic is and how to register and once a month we send an update that includes all of our upcoming training.

But it will also provide you with links to any newer updated materials that we have created in the division of training or that were created by our folks who work on the beneficiary publications and partner publication so that you will know, you know, as soon as possible that something is new or updated. Each summer, we hit the road and we go out and we do training in our regional

offices. We worked very closely with our regional colleagues to make sure that we're covering topics that are important to those people who are in their regions.

This year, we're going to be starting in August and we'll start in Philadelphia. Each of these is a two-day event, so they will be taking place in Philadelphia, Arlington, Texas, Chicago, San Francisco and Portsmouth, New Hampshire. If you're interested in coming, if you have people on your staff that you might want to attend, or if you have other partners yourself that you think would be interested, please share this registration information with them because registration is currently open.

And we are limited to the number of people who will be able to attend and we wouldn't want anyone to miss out. So, for the workshop this year, we have some things that are new. What isn't new is that it is a great opportunity to come out and network with people who are as passionate about Medicare as you are. This year, we have been working on a new Medicare 101 for people who are newer to Medicare that is more interactive, so we're excited to be rolling that out this year.

Based on some feedback that we've received from people, we have training that's going to be on the opioid epidemic, what the agency is doing to help fight it, and information about Medicare and Medicaid and how they cover for services and medications to fight the opioid epidemic. We also have presentation about dually eligible persons who are eligible for Medicare and Medicaid.

And we have a new presentation about ambulance coverage because we have received a lot of questions about payments for ambulance, so we decided to cover that as a specific topic. We also have developed a number of new case work scenarios that you may have participated in the past now that are some of the best ways that you can learn something. You actually kind of get your hands dirty and work through a problem that someone has had.

And so we developed case work that is generally based on real-life scenarios, but sometimes to the more advanced people, we kind of go into the weeds

because it just adds to their learning environment. It's a great opportunity for people sitting at a table who have a varying level of experience to be able to share their knowledge and work through problems.

And new for this year too, we do have a Twitter handle, you can follow us on Twitter and we promise we won't tweet as much as some other people do, but we will tweet about our training and anytime that we have an event, we will let you know that day that the training is about to happen. We also are very excited that in development, we have a learning management system and we're going to be launching it later this year.

It will provide a more comprehensive online experience for our partners. Our new website is going to still allow you to access our PowerPoint modules and job aids and other resources quickly but it's also going to have a learning management component which is going to allow us to have our registration on it for our events. We will be able to actually conduct our webinars through it. We'll be able to post all of our materials and have it available easily.

We'll also be able to provide training transcript after we had an event so that if you're not able to participate you will be able to access it later. And then there is the second piece to this that will be a custom website that's meant to simulate the experience of a live workshop. We know that very often people are unable to attend our workshop and this will allow us to have an environment where people will be able to interact.

It isn't meant to replace our in-person workshops. We really do see the value in that and we know that we learned as much from you as you could possibly learn from us when you attend this. So, on this screen, this is a screenshot, the very first course that we've worked on which is one of the other aspects of this that we're really excited about is that there is going to be online self-paced scenario based training.

So, that if someone is working with somebody and they have a specific question, they'll be able to go through a scenario that will explain what the issue is and walk through with the character how they are counseled. It will help people learn how to better counsel people because it helps you figure out

what the answers are. So, you see here our first character is (Patricia) and Patricia is a woman who is turning 65 next month but she is going to still work.

The reason that we decided to choose this is the scenario is because we know there are a lot of people who are still working and are missing their initial enrollment periods. We wanted to make sure that we covered this first. During the interactive scenario, Patricia is going to be asking counselor questions and you choose whether or not you think she has picked the right answer.

Here you can see that there are knowledge checks as well so that people will be able to determine timing for instance this is helping somebody to realize when a special enrollment period starts and when the SEP finishes. And we'll also provide resources so that people will have a much more rounded ability to research information. Here you see actually the welcome center for our virtual training. So, when somebody is coming to one of our events, there'll be walk-on. There'll have a video that will explain how to – how to work the system.

They'll be able to know what trainings are going to be held and when they're going to be held and to actually be able to enter the training event through this. They'll be able to see the agenda ahead of time, so they'll know what times they really want to participate in and again they'll be able to click on the events and be taken directly into the event if it's live.

There are also auditorium and meeting room so that we'll be able to have multiple sessions going at once. Some of which may be more localized sessions. We'll be able to work closer with our regions and ensure that we're covering the topics that are most valiant to the folks in that area. And again, there'll be a resource center so that people will be able to access all of the materials and any collateral materials that were developed on that topic.

There will also be an exhibit hall which if any of you would want to participate, you can just let us know. The exhibit hall will allow you to post information about your organization. And there are also be networking

lounge which will allow the all participants to communicate with each other during the session and one of the things that we wanted to make sure of is that you can also not chat with someone if you choose not to.

Lynne Johnson: OK, this is the conclusion of the training. If you have any questions again for us just make sure you send them to the partnership mailbox and we'll be sure to get your questions answered. We're not going to take any questions right now, but like I said again just send your questions to the partnership mailbox.

This concludes our presentation. I know we had a full-packed agenda. We appreciate you joining us today and hope that this information presented is very helpful to you. We're interested on learning more about what you want to know about different CMS programs, so just please feel free to submit your suggestions to our [partnership mailbox](#).

If you would like to revisit today's meeting, this webinar, audio portion, we will post materials and we will also update you with the link as to when these materials are available. We want to thank you again for joining us and we look forward to our continued partnership works together. Thank you.

Operator: Thank you for participating in today's National Medicare Education Program Meeting Open Door Forum Conference Call. This call will be available for replay beginning June 28th at 5:30 pm until midnight on July 1st. The conference ID number for the replay is 22226483. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

End