

Centers for Medicare & Medicaid Services
Open Enrollment Medicare Kickoff Call
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Stefanie Costello: Good morning. We're going to give it just a minute while folks enter the room. All right. Well, numbers are starting to slow down and we're a few minutes after 10:30 so we'll go ahead and get started. Good morning and welcome to the 2025 Medicare Open Enrollment stakeholder call. I'm Stefanie Costello, Director of Partner Relations Group from the CMS (Center for Medicare and Medicaid Services) Office of Communications. Thank you for joining us this morning for our call. Today I'm joined by several speakers, Dr. Meena Seshamani, Director—excuse me—Deputy Administrator and Director of the Center for Medicare, who will provide opening remarks on behalf of CMS. I will provide an overview of Medicare Open Enrollment messaging and resources, and then Jonathan Blonar, Deputy Director from the Partner Relations Group, will share some additional Medicare resources.

Before we begin, I have a few housekeeping items. The session is being recorded, and the recording and transcript will be posted to the national stakeholder call page following the event. We will email a link once it's been posted. Also, while members of the press are welcome to attend the call, please note that all press and media questions should be submitted using the media inquiry form available at [CMS.gov/newsroom/media-inquiries](https://www.cms.gov/newsroom/media-inquiries). All participants today will be muted. Closed captioning is available. We do not expect to have time for questions and answers (Q&A) but if we do, at the very end we can take some from the Q&A box. It's located at the bottom of your screen. So if you have questions and time allows, you can put them in the box. And with that I will turn it over to Dr. Meena Seshamani, Director of the Center for Medicare, for opening remarks.

Dr. Meena Seshamani: Great. Thank you so much, Stefanie, and thanks to all of you for being here with us today. As Stefanie mentioned, I'm Dr. Meena Seshamani, the Director of the Center for Medicare and the Deputy Administrator of the Centers for Medicare and Medicaid Services. I am so excited to be here with you today as we talk about what will be an incredibly important time of the year, Medicare Open Enrollment. As you all know, Medicare's Open Enrollment period is from October 15 through December 7, 2024, when people with Medicare can compare coverage options for 2025 to make sure that their health care coverage is right for them. Prescription drug and health plans change every year. Even someone's current plan may be changing. And people's health needs can change too. By comparing all options, people can save money, find a coverage option better tailored to them, or both. And people with Medicare should review their coverage to decide if there are better options based on changes to what they are currently in, their personal budget, and health needs.

But this is even more important this year because this year, Medicare prescription drug coverage, also called Part D, is more comprehensive and provides more benefits and productions than ever

before, thanks to the Inflation Reduction Act (IRA), also known as the prescription drug law. For example, starting in January 2025, total out-of-pocket costs for covered prescription drugs under Medicare Part D will be capped at \$2,000 for the year, no matter how expensive your prescription drugs are. So that means you will not pay more than \$2,000 in 2025 on prescription drugs that are covered under Medicare Part D. And that includes expensive prescription drugs, for example, to treat cancer, chronic illnesses, and more. But this cap only applies to those drugs that are covered by your plan. So it's more important than ever to review your plan options to make sure your drugs are covered. This \$2,000 out-of-pocket cap is in addition to improvements that are already in effect due to the lower cost prescription drug law. That includes a \$35 cap on a month's supply of each covered insulin product, and no out-of-pocket cost, \$0, for recommended adult vaccines covered under Part D, including the shingles vaccine. Also, starting in 2025, you can choose to spread out your out-of-pocket drug costs across the calendar year instead of paying all at once at the pharmacy. This is called the Medicare Prescription Payment Plan, and you can opt in with your plan in advance of January 1, and it will be in effect for all of 2025, so you should contact your plan for more details.

Now, comparing drug and health options is easy at [Medicare.gov](https://www.Medicare.gov). You can input the list of prescriptions you are taking and do a side-by-side comparison of plan coverage, costs, and quality ratings. You will see the total cost for all the options in your area, including premiums, deductibles, and other out-of-pocket costs, and how much you will pay for your prescriptions. Now, if you are happy with your current choice, you don't have to do anything further. But if you choose a new option for 2025, you can enroll right there at [Medicare.gov](https://www.Medicare.gov). If you need further assistance, [Medicare.gov](https://www.Medicare.gov) and 1-800-MEDICARE are the official sources for Medicare information. We are here to help 24 hours a day, seven days a week, including weekends. Or you can find free personalized health insurance counseling in your community from your State Health Insurance Assistance Program, or SHIP. You can visit [shiphelp.org](https://www.shiphelp.org) for locations near you.

Now, if someone you know is struggling with your prescription drug costs, Extra Help is a Medicare program that can help pay for your Part D premiums, deductibles, and other costs. And with the new prescription drug law, more people may qualify for even more savings. So, if you make less than \$23,000 a year, or \$31,000 for married couples, it's worth it to apply. And people who qualify for Extra Help generally will pay no more than \$4.50 for each generic drug and \$11.20 for each brand name drug. You can apply through the Social Security Administration at [ssa.gov/extrahelp](https://www.ssa.gov/extrahelp). So thank you again for joining us today. We are looking forward to starting Open Enrollment on Tuesday and really appreciate all of your partnership in getting the word out to all of your communities. So with that, I will turn it back to Stefanie.

Stefanie Costello: Great. Thank you so much. All right, we're going to get started with our presentation, so if we can pull the slides up. And I apologize. We might have a little bit of technical difficulties if you'll give us just a moment. So we're going to talk a little bit about Open Enrollment in our messaging today and some of the resources that we have both for Open Enrollment, and then Jonathan will go over some additional resources. So, next slide.

All right. Our goals for today. We're going to talk a little bit about the Medicare operational enhancements, talk about our outreach and paid campaign, and then some additional outreach strategies. Next slide. All right. So our goals this year for Open Enrollment. We want to

encourage people with Medicare to review and compare their plans. And I know you just heard Dr. Seshamani talk about that. You'll hear me. It's a bit of a broken record. Our main goal is to get people with Medicare into Plan Finder to compare their plans—their health and drug plans, especially against the changing landscape. We want to emphasize that people might be able to find a lower cost plan if they compare, and that we want to promote the Plan Finder tool as an easy way for them to compare. Of course, we want to always promote our Open Enrollment dates, which begin on Tuesday, October 15, and run through December 7. And then we want to remind that help is available through [Medicare.gov](https://www.medicare.gov) or through our SHIP program that Dr. Seshamani spoke about. And that when they're going in and checking their plans, that they make sure all of their drugs are covered in there.

This year, because of the Inflation Reduction Act and the new law, there is a couple of additional things that we want to make sure people with Medicare are aware of. And that's that \$2,000 out-of-pocket cap for Part D for those covered drugs. That's for everyone, which is really great. We want to continue to let people know that they could qualify for the Low Income Subsidy program, that there are the insulin capped at \$35, and that all of the no-cost vaccines are all things to consider this fall. We want to make sure to leverage Open Enrollment as an opportunity to help make sure people understand how Medicare works. We have their attention during Open Enrollment, and it's really important they understand the different parts of Medicare, the different types of Medicare. If somebody might qualify or thinks that the Medicare Prescription Payment Plan might be right for them, we want them to know about that. And we'll talk about that later in the slide. And then, of course, emphasizing [Medicare.gov](https://www.medicare.gov). Again, we know that this landscape can be noisy with lots of ads and information, but we want folks to know that [Medicare.gov](https://www.medicare.gov) and 1-800-MEDICARE is the official source. And if someone with Medicare, someone looking at Medicare, is confused or thinks that they might be experiencing fraud, they can go to 1-800-MEDICARE as that official source. All right. Next slide. All right. Next slide.

All right. Some of the operational enhancements. I'm not going to go through everything, but we have updated Plan Finder as we do every year. This includes a new tool, a wizard for the prescription payment plan. So if someone might think they qualify for the program or it's a good fit for them, they'll be able to go into that wizard to see if they are likely to qualify. We've also updated Plan Finder on covered drugs, household discounts on Medicare gap. We have an employer plan summary page and some additional updates that you can see here. For the new IRA information, again, we talked about the prescription payment plan wizard. We also have content updates about the \$2,000 out-of-pocket cost. I think many of you asked for, and so we have on here improvements to content for people working past 65, and what that means for— for—Medicare for them. And then we have a new mental health landing page where we've consolidated a lot of resources there for people with Medicare who have questions or need a bit more information on mental health services. All right. Next slide. All right. Next slide.

All right. So this year, just like similar years, we're going to be continuing our national TV radio and print. We'll have national TV ads which you'll see, we will have digital advertising. It's important to note that all of our digital advertising will point back to [Medicare.gov](https://www.medicare.gov). So that's what we want is for people to go to [Medicare.gov](https://www.medicare.gov), and then have them go there to start comparing plans and looking at Plan Finder. We will also have some local media earned media around the country, and that might be in newspapers or through radio. We've already sent out our

Medicare & You handbook so hopefully, people with Medicare have that someplace safe. I'm sure they've all read it from cover to cover. It arrived in the mail in September. And then we do have the ability to get an electronic version, and Jonathan will cover that later.

For email, we are going to continue doing emails for people whose email address we have and who have accounts on [Medicare.gov](https://www.Medicare.gov). That's over 20 million emails that we can send information about Medicare and Open Enrollment. We're going to continue the social media campaign, which will be on Facebook and on Twitter. And that's really important because that's the demographic of people with Medicare. They're the top social media vehicles that they use, so we will be running ads there. And the ads, similar to our digital advertising, will be pointing people back to [Medicare.gov](https://www.Medicare.gov), trying to make sure that they are getting there to compare plans for this Open Enrollment. And then we're going to have local and national partner engagement, like today's kickoff call with all of our partners, letting you all know this great information that's going to be happening for Medicare Open Enrollment. Next slide.

All right. So this year, we have three pillars for messaging. Our core messaging is no surprise, that is the dates, that October 15 to December 7 date. And then, letting people know that they again, need to go to [Medicare.gov](https://www.Medicare.gov) to shop and—and—compare plans. One of the phrases that we use is, “your plan can change, and you can change.” And that happens every year. So it's always great to go in and make sure that your plan still fits your needs. And that you can use the Medicare official source on [Medicare.gov](https://www.Medicare.gov) to compare your plans. For our IRA messaging, as we've already talked about, we're continuing to do our Low Income Subsidy, or Extra Help, push. We want folks to know again about the \$35 cap on insulin drugs. And then the no-cost vaccines, and Jonathan is going to talk a little bit about our campaign that we're—the agencies—excuse me—HHS's (Health and Human Services) campaign around some vaccines this fall, so we'll give you information in just a bit. And then the \$2,000 out-of-pocket cap is new messaging this year. So Low Income Subsidy, insulins and vaccines were also around last year, but new this year is the \$2,000 out-of-pocket cap for covered drugs. All right. Next slide.

All right. So, core messaging. The dates again, October 15 through December 7. We really want to make sure we're emphasizing going to 1-800-MEDICARE for the official source as well as [Medicare.gov](https://www.Medicare.gov). And we want folks to know that it's easy to compare drugs and health plans on [Medicare.gov](https://www.Medicare.gov). The Plan Finder tool allows them to enter a list of the prescriptions that they are taking. They can do a side-by-side comparison of planned coverage, of cost, of quality ratings, and if they are happy with the current choice, they don't have to do anything. But if they see a plan that might fit them better for 2025, they can enroll right there on [Medicare.gov](https://www.Medicare.gov). So it's super easy, and if they have questions they can, of course, call our 1-800-MEDICARE call center. Again, the same messaging I talked about on the last slide. The plans can change, you can change, and your health needs can change, and by comparing all the options you can save money or find better coverage, or maybe both. Help is available. We talked about again, the call center. Just want to note that it is open 24 hours a day, including weekends, and we have some language assistance lines as well. And then of course the State Health Insurance Assistance Program. You can find your local SHIP near you, and they will help people with Medicare, you know, look through and—and—have assistance with—with—Medicare enrollment.

Understanding Medicare coverage. As I said earlier, it's important that we have people with Medicare understand their coverage, and that includes what original Medicare is and Medicare Advantage—what the difference is between them and how it might impact their coverage and different options. And so this is a great opportunity just to refresh folks, and make sure they understand the difference—different options. And then, also making sure that people understand everything that—that—that—they should be considering when they are comparing their plans. And that could be if providers are in network, what their formularies are, what the star ratings are for their plans, all the costs that would be included, which could be premiums, deductibles, and other out-of-pocket expenses. That they are thinking about selecting their plans. All right. Next slide.

All right. Our IRA messaging. We're going to continue promoting the Low Income Subsidy, and that's also known as Extra Help. And folks can go to Social Security, ssa.gov/extrahelp, to enroll and get some more information there. If someone is taking insulin, we want to remind them that they don't pay more than \$35 a month for their supply and that they can enter these drugs when they—when they go into Plan Finder. The vaccines again, we talked about, and I just want to note this also includes shingles, which was—the price of that was potentially cost—the cost prohibitive for someone to get the shingles vaccine. And now that it's covered, we want folks to know so that they can go and get the shingles vaccine if they have not had one yet, and they can talk to their doctors about the right vaccines for them. And then the \$2,000 out-of-pocket cost. Again, as Dr. Seshamani said, this is new for this year. They won't—individuals won't pay any more than \$2,000 out-of-pocket for prescription drugs, but these are for prescription drugs that are covered, so it's just the covered ones. And when you go into Plan Finder, you'll be able to look at what of your—which of your drugs are covered and which ones are not. We have added kind of—it's like a new little oval pill shape if it's not covered, and it says “not covered.” It's very clear in Plan Finder this year, so you'll be able to go in, look at your—the drugs and see which ones are covered and not covered by each plan. Right. Next slide.

All right. So we talked a little bit about the Low Income Subsidy program. We're continuing to do outreach on that as we've done since January. We've done some paid advertising campaigns and some direct mail outreach on that. And then during Open Enrollment, we're going to continue with some promotion in newspapers, some African American newspapers and major market Spanish newspapers, which will go on through Open Enrollment. We're going to do some earned media and continue our social media and email throughout Open Enrollment for those who might qualify for Extra Help on their Part D drug coverage premiums and deductibles. All right. Next slide. All right. One more.

So additional outreach strategies. We talked a little bit about the handbook. Again, it's already been mailed out. Jonathan is going to talk about a new initiative to get a bigger uptick on the electronic take up, which right now is around three million. And then, our social media, we're going to continue pushing that throughout Open Enrollment and really hoping to get people to go into Plan Finder to compare their plans. We'll also be reminding them about the dates, and so we'll put some fraud messaging in throughout our social media. We encourage you to share our social media posts and take them and use them, and get the word out throughout Open Enrollment. Again partner engagement, which we're doing now, we will continue through Open Enrollment as well. Next slide.

All right. So we're going to continue our emailing as we do throughout the year, but we're going to target a couple of emails around making sure people know how Medicare works. Making sure that they will go in and understand the benefits of comparing their options on [Medicare.gov](https://www.Medicare.gov). We'll be reminding people of the deadline. We all know deadlines are highly motivational. So especially around that December 7 deadline. We will be sending some emails out around Extra Help, around the \$2,000 out-of-pocket cap as well. And then 1-800-MEDICARE, as I said, that's going to be available 24 hours a day, seven days a week. And we have support in over 200 languages. All right. Next slide.

All right. So here are some extra resources for you all. We have a couple of resources here. Our electronic Open Enrollment toolkit. So you can go to this webpage, and we'll put it in the chat for you, but on that webpage, you're going to find general outreach materials. No, go back. Sorry. You're going to find general outreach materials. We have some videos on there, including our television and radio ads. A brand new video was posted yesterday from the Administrator, Chiquita Brooks-LaSure, providing some remarks and information about this new—this Open Enrollment, 2025 Open Enrollment, so you can grab that from the webpage. And then we have all of our social media content there as well for you. And then our general outreach materials, our postcards and some other helpful resources. We also have our Inflation Reduction Act resources, and those are found on the Inflation Reduction Act page. And that includes postcards, some toolkits, and we have specific information about insulin vaccine benefits and Extra Help. And then for general other Medicare publications, you can order those for free. And those can be from our public—our—excuse me—our publication ordering site, and those—you can create an account and order those for free throughout the Medicare Open Enrollment. Thank you, Tamika. All right. Next slide.

And then, just as an FYI, on the next slide, these are two trainings we've already done. If you want a little bit more high level for Medicare Open Enrollment, you can visit our National Medicare Education Program recording. And then, if you want some in-depth information about Open Enrollment and about in-depth Plan Finder, and just, you know, immerse yourself in this, you can do the National Training Program Medicare Open Enrollment boot camp. We have both days, day one and day two. Those recording transcripts are available here. And then, I will flip it to Jonathan to go through the rest of our Medicare resources that can be used during Open Enrollment. Jonathan?

Jonathan Blonar: Thanks, Stef. And Tamika, if you could bring up the other slide deck, that would be great. All right. So there's—so thanks. So good morning, everyone. I want to walk through three new toolkits that CMS recently released. Our ask for these toolkits is that you help amplify the messaging in these toolkits through your social media or other means. Tamika is going to be dropping the links into the chat for each of these toolkits that I discuss today. So I ask that you grab the link, bookmark it, and again, help share the materials. Next slide, please.

So the first toolkit I would like to highlight—and I'm going to go quickly because I know we're running short on time—is the Medicare Electronic Adoption toolkit. We released this toolkit yesterday. It's posted on our partner page. And the purpose of the toolkit is to make—to make—beneficiaries aware that they can opt in through [Medicare.gov](https://www.Medicare.gov) through a secure online account to

receive their *Medicare & You* handbook and their health care claims information all electronically. This has several benefits for people with Medicare. One, it's going to cut down on the amount of paper that's printed, it's faster than receiving information in the mail, and it allows access to the most current information. The toolkit includes social media graphics and text, a drop-in article, a beneficiary-facing postcard, and a few other beneficiary-facing materials. Again, we ask that you share these resources with people via listservs, newsletters, social media, or any other sources that you use to educate people on Medicare information. And Tamika is going to drop the link to that toolkit in the chat. Next slide, please.

Great. The next toolkit I want to highlight relates to the HHS respiratory virus campaign. It's called "Risk Less. Do More." HHS's "Risk Less. Do More." campaign, again it's a respiratory virus campaign. The goal is to increase awareness of and confidence in an uptake of vaccines that reduce illness from the flu, COVID-19, and RSV (respiratory syncytial virus). The campaign targets those people that are high risk, such as adults 60 and over and their caregivers, long-term care residents, and pregnant people. The campaign runs from August 2024 through March 2025 and aims to help limit the spread of these viruses through vaccination. Next slide, please.

This slide includes key messaging for the campaign and messaging that we want our partners to help share. One, viruses cause most respiratory illnesses, prevention is the best option, older adults are at higher risk, vaccines protect pregnant people and newborns, and vaccines are tested. And you can visit www.risklessdomore.hhs.gov for HHS's campaign materials. Next slide, please. There is additional materials for partners to use as well on our CMS partner page. There is also resources from the CDC (Centers for Disease Control and Prevention) as well. The resources on the slide, along with HHS campaign resources, are all available for partners at the national, state, and local level to help amplify and extend the reach of the campaign messages and activities among priority audiences. Next slide, please.

And the last toolkit I want to highlight today is the Hospice Fraud Prevention toolkit. Next slide, please, Tamika. This toolkit was made available to partners back in September, and it's really to help combat hospice-related fraud. The key messaging from this effort is on the slide: People with Medicare should be aware of scammers offering older Americans in-home perks, like free cooking, cleaning, and home health services, while they're unknowingly being signed up for hospice services. Then the scammers are then unlawfully billing Medicare for these services in the beneficiary's name. Criminals are using every avenue they can to sign people up, including door-to-door visits, false advertising, phone, text, and email. And this last sentence is important to remind people that hospice care is for people who are terminally ill. And only the patient and the doctor should be making these serious decisions about end-of-life care, not someone that is knocking on their door or calling them or sending them text messages. Next slide, please. And again, use this toolkit to spread messaging about preventing hospice fraud. We ask you to bookmark all of these toolkits, and help spread the messaging for them, and we thank you. So with that—I know we're short on time—I'm going to turn it back over to Stefanie. Stefanie?

Stefanie Costello: Great. Thank you so much, Jonathan. I know we gave you a lot of information. We will be following up after the call with our resources for you, and then a link to the recording once it's available. We appreciate you all joining us today, and we appreciate all of the effort that you're going to use over the next couple months sharing this information with

people with Medicare and their families. We are excited about Open Enrollment beginning on Tuesday and all of the help that you all have. So thank you so much. Thank you again for joining today. We hope you have a happy Open Enrollment next week. And that concludes our call. Thank you.