Centers for Medicare & Medicaid Services
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Jonathan Blanar: Again, welcome to our National Medicare Education Program (NMEP) meeting today. My name is Jonathan Blanar. I'm the Deputy Director of the Partner Relations Group in the CMS Office of Communications. Thank you again for joining us this afternoon. We have a very full agenda today, and I'd like to walk through it before we get started. So, we're going to start off today with Jon Booth, the Director of the Web & Emerging Technologies Group in the CMS Office of Communications, who will provide the latest information on 2024 enhancements to Medicare Plan Finder. Jon will be followed by Stefanie Costello, the Director of the Partner Relations Group in the CMS Office of Communications, who will present on IRA (Inflation Reduction Act) outreach and education updates related to lower out-of-pocket drug costs in 2025 and the new IRA speakers request form. Next, we'll hear from Chris Koepke, the Director of the Strategic Marketing Group, also in the CMS Office of Communications, who'll review the latest information on the LIS (Low Income Subsidy) direct mail campaign. Next, Maya Owens, a Public Affairs Specialist here in the Office of Communications, will present on the Medicare Fraud Education and Outreach campaign. And then finally, we'll hear from Lauren Shaham, a Senior Advisor in the Integrated Communications Management staff, with the latest information on opioid use disorder and Medicare screening and treatment coverage.

As Tamika mentioned, she will be moderating the call today, and there will be a Q&A after each of the presentations. There are a few housekeeping items to go over before we start. There is closed captioning. The instructions and a link are located in the chat function of this webinar. While members of the press are welcome to attend the call, we ask that they please refrain from asking questions. All press media inquiries can be submitted using our media inquiries form, which can be found at cms.gov/newsroom/media-inquiries. A transcript of today's call will also be available on the CMS NMEP webpage after the meeting.

We do want to note that we will be presenting and answering questions on the topics listed today. We will not be answering any questions on unrelated topics just because we don't have the subject matter experts here potentially for those types of questions. If you do have a question, please feel free to drop it into the Q&A function at the bottom of your screen, and we'll try and get to as many questions as we can today. And with that, I'm delighted to introduce our first speaker, Jon Booth, who's going to provide updates on Medicare Plan Finder. Jon, over to you.

Jon Booth: Yeah, good afternoon. Thanks for having me. So, if we could go to the next slide. I'm going to talk a little bit about what we've done so far this year with the Medicare Plan Finder and some features that are to come this year. So, just to start off with a little bit of background, as people are aware, we did a redesign of Plan Finder several years ago now, and we've been

building on the new framework. Usage has continued to grow year over year, so that's been great to see. The Medicare program, Medicare Advantage, and Part D continue to evolve, especially due to changes resulting from IRA, and I'll talk about some of those changes today. We do continue to collect user feedback both throughout open enrollment and over the course of the year, and we use that feedback to implement improvements to the tool. So, hopefully, you will see some of the things we're launching this year relate to feedback that we've heard in the past. A big focus this year, as I go through some of the improvements that we've launched and improvements that are to come, is really focusing on cost information and transparency, making sure people have all the information they need to pick the best plan for them and that the total costs of the plan can be a big part of that decision for them. Next slide, please.

So, you know, just to highlight a few of the changes that are coming this year. Due to the IRA elimination of the coverage gap, so that will change people's out-of-pocket costs. There will also be some changes to dental benefits and the way we display those benefits in Plan Finder. Then, the Medicare prescription payment plan, and I'll talk a little bit about how we'll be incorporating that into Plan Finder as we get into open enrollment. Next slide, please.

So first, these are changes that went live recently in late May. We are trying to do a better job of promoting the SPAP (State Pharmaceutical Assistance Program) and PAP (Patient Assistance Program) programs. So SPAP, State Pharmaceutical Assistance programs. We've had tools on the website for several years that make these programs available. People could go into those tools and search for them, but they weren't integrated into the experience of the Plan Finder flow. So, where we are now is if a user comes in and they meet the following criteria: they live in a state with an SPAP program, they participate in Extra Help, they are enrolled in a Part D plan, then we will display on this—this is sort of the landing page for Plan Finder. The SPAP card will contain a link to the SPAP program information that will open in a new window. So, we make people aware of those things and provide them a link out to it. If we can go to the next slide. Again, just highlighting here, this is the PAP, Pharmaceutical Assistance Program. These are programs that are specific to maybe a certain drug, and so the criteria for this would be a beneficiary who participates in Extra Help and has added a drug to their drug list for which there is a PAP program available. The PAP card will contain a jump link to your drug list section of the summary page, and there will be a button there highlighting that this program is available and letting them link out to that program information. So again, the goal is to get this more in the context of users who are making decisions about their coverage and their costs rather than being a completely separate section of the website. If we can go to the next slide, please.

These are changes that are coming up. We've rolled a few enhancements out to this, but we have more to come. So, the Pharmacy Finder and the In-network Pharmacy Finder. Pharmacy Finder has been around for quite a while. The In-network Pharmacy Finder is a tool we launched just over the last two years, and we've continued to iterate on. We're trying to make the pharmacy selection process easier for users. And so, here's a highlight of a couple of the changes here. The first is we will display the estimated total drug cost price per pharmacy directly on the In-network Pharmacy Finder Map. So, as you're looking at that map, you will see what the cost would be at the pharmacy. We're also making it easier for users to determine the sort of distance and find the find pharmacies that are close to them. So, we will have some options for capturing the user location. Your browser could ask you to use your current location. You could say yes to

that, and we will pinpoint your location on the map. For logged-in users, we have their home address, and we will use that for them. We can also do auto complete for street addresses. So, if you're manually entering an address, you can just start typing your address, and it will bring up the closest match, and you can just pick from that list. Then, in the results section, we will display the distance to the pharmacy. So, you'll be able to see exactly how far away each pharmacy is from that location that you've entered into the tool. That's on the pharmacy results section of the Pharmacy Finder pages. It's also on the drug coverage section of the plan details page. So, we're putting this in a bunch of different places, and there's not just sort of one place you can find this information; it'll be sprinkled throughout the user interface. Next slide, please. So, highlighting a few changes that have already launched around this goal of managing costs that I mentioned. Early this year, we did launch Medigap household discounts. Our Medigap tool had always displayed price ranges for individual policies. We now have household policies as well. So, if you're looking at a household with multiple members, you'll be able to see those prices in the tool. We also launched the ability to change your drug list on the plan details page. So, it used to be you would've to navigate back several steps in Plan Finder. You can now do that directly from the plan details page. We display the covered drugs on the plan details page. So again, you can see there directly which drugs would be covered by your plan and which ones would not. So that is important information in terms of what's contributing to the cost at a plan level. We also implemented the LIS expansion that went live at the beginning of this year. Again, that was an IRA change, expanding the eligibility for the Extra Help program for people and then the PAP and SPAP nudges that I mentioned earlier. Next slide, please.

So, some things that are upcoming. The Medicare Prescription Payment Plan interactive experience. So, I'll give a high level of this. More information will be coming out over the summer, but the way we'll be handling this inside of Plan Finder is that we're developing a cost preview, and this is tied in with sort of the plan details page that you'd be familiar with today from using the tool. So, it's based on the drug list that the user has entered, the plan or plans they're comparing, as well as the pharmacies they've picked, and those could be retail locations or mail, or their locations are a mix of both of those. Based on that information, we will give users an estimate of the monthly cost with and without the prescription payment plan on their options. So, whether they enrolled in that or not, what their costs would look like. That preview will be available in time for open enrollment this fall. So that will be launching when we launch the 2025 plans, and we do encourage, we would encourage you all to encourage your users, the beneficiaries, to come to Plan Finder this fall and to use Plan Finder. Again, once you go into the tool and enter that information, you'll be able to do that comparison on that. Also, to highlight here, we're again working sort of behind the scenes, not for this open enrollment but for next one, drug pricing negotiation is coming to the Medicare Advantage and Part D program, so we'll be ready for that.

We are launching some search improvements. There will be a coach mark highlighting in-network and preferred pharmacies, just highlighting for people that those options are available and giving them sort of one click to get to find those. Removing the coverage gap, I did mention that already. That's a program change coming, and so the user interface will be updated to reflect that that's no longer a thing in the program. And then some improvements to the filtering in the tool, the way when people get a set of results of plans, ways they can search sort through those, narrow the list of plans down and find the ones that work just right for them. Next slide, please.

So, two things related to plan choice and managing health that we have launched Medigap household policies—that I did mention that change already. We also on the summary page, which for logged-in users is kind of your starting point for use of Medicare plan finder; we display employer coverage if a beneficiary has that. Now, we didn't have that information before, but we do. So, an important point of consideration when you're looking at coverage options is knowing what you currently have, and so we were excited to get that change launched earlier this year. Next slide.

And so, highlighting a few things that will be upcoming, A few of these I've talked about already looking at improving the filtering options. We are specifically looking at some improvements around the way users access the D-SNP (Dual Eligible Special Needs Plans) plans, the way those plans are filtered in. We're also making some improvements to the way that benefits are displayed for D-SNPs in particular. We'll be looking at some improvements to both the new to Medicare and the year-over-year flows. So those people who have never enrolled in coverage before, the tools we have for them. Also, the tools to compare your current year coverage with future year coverage. We'll be updating and improving the original Medicare versus Medicare Advantage descriptions. We will have a more granular display of dental benefits and better messaging for excluded drugs. We will identify branded generic drugs so that those are properly presented in the system as generic drugs and then pharmacy changes. I think I've talked through all of those already but just highlighting those as well here. If we can go to the next slide, I think that may be it. Yeah, so we'll stop there. I'll turn it back to Tamika, and I'm happy to take any questions.

Tamika Williams: Thank you, Jon. So, we actually do have some questions for you. The first one is from Bonnie. The question is M3P (Medicare Prescription Payment Plan) information and cost preview sounds great. Will Plan Finder direct benes where and how to enroll?

Jon Booth: Yeah, that's a great question. We will. So, when the user goes through the enrollment process at the end of that in the online enrollment center, we will provide the plan's contact information and direct the user to contact the plan to complete that enrollment step. They will also get a message in their message center that will highlight for them that that's the next step for them and reinforce that call to action to follow up with the plan.

Tamika Williams: Thanks. So, the next one is from Kendra. With filters, will only SNP plans be displayed if we filter for SNPs?

Jon Booth: I believe the answer to that is yes. We are kind of finishing up the requirements for this yet and doing some consumer testing on that, but at this point that's the anticipated approach there.

Tamika Williams: OK, the next one is from Justin. Thanks for all the updates, Jon. What info are you displaying for employer coverage?

Jon Booth: So, we will display the plan name and plan ID of the plan that they are enrolled in through their employer. I'd have to go back and actually find the source system here, but we do

get that from the CMS source system, where we track additional health care coverage that a person with Medicare might have.

Tamika Williams: Great. And then the last question is from Diana. Currently, PF (Plan Finder) does not reflect the letter of the Medigap policy. Will you update the system to include the letter of the Medigap policy?

Jon Booth: Yeah, that's a great question. I think that change makes sense. I'll take that back to the team, and that's an enhancement we can look into. We do have, there's some additional things we are planning to do next year around the Medigap tool that we'll be happy to come back and talk to this group too as well.

Tamika Williams: All right, so those are all the Q&As for you Jon—thank you so much. With that, we're going to move to our next presenter, Stefanie Costello, who's going to be talking about the lower out-of-pocket drug costs in 2024 and 2025. Stefanie.

Stefanie Costello: Great, thanks Tamika. So, I'm just going to briefly give y'all some updates about the lower out-of-pocket drug costs in 2024 and 2025. We want to make sure that our beneficiaries know about these that they currently are getting and what is coming in 2025. So, next slide. So, Part D improvements for 2024. The Inflation Reduction Act did a lot of things, and one of those was redesigning the Medicare Part D benefit. So, people with very high prescription drug costs will no longer pay once they reach the catastrophic phase, and that started this year in 2024. In addition, the Inflation Reduction Act redesign provides for Part D premium stabilization beginning this year by capping base beneficiary premium increases per year to no more than 6% through 2029. Next slide. So, this one goes into a little bit more detail about that out-of-pocket cost. As I said in the previous slide, it places a cap on the annual out-of-pocket cost on Part D drugs when a beneficiary reaches the catastrophic coverage phase, which begins at a threshold of $8,000 in what's called the true out-of-pocket cost. Now, most people will contribute roughly between $3,330 and $3,800 towards the cap of $8,000 and then pay zero for covered Part D drugs for the rest of the year. And that is for this year. Now, next slide.

Now, beginning in 2025, people with Medicare prescription drug coverage will benefit from a yearly cap of $2,000 in 2025 on what they pay for their out-of-pocket for covered prescription drugs. Now some people may also benefit from an option to pay their prescription cost in monthly amounts spread over the year rather than all at once with the payment option. But I want to say that we want to have y'all's help in getting the word out about the new benefit of the $2,000 out-of-pocket cap. This is going to be very helpful for a lot of people, and knowing that this is going to go into effect in 2025 is going to be helpful, especially for some people where it might make a difference on the plan that they've selected. So, making sure that when they go to Plan Finder this year and they're looking at what plans that they know that no matter what, they have the prescription drug coverage, then they will have that $2,000 out-of-pocket cost cap. Now this is standard for everyone, but some of those same individuals may also benefit from that option to pay their prescription costs in monthly amounts spread over the year. Calls for 2025, drug manufacturers must pay discounts on certain brand name drugs and other types of drugs called biologicals and biosimilars both in the initial coverage phase and in the catastrophic phase

of the Medicare prescription drug benefit. In general, manufacturers must provide a 10% discount in the initial phase and a 20% discount in the catastrophic phase. Next slide.

All right, so I have one more slide just to break it up. I want to make sure all of y'all are aware that CMS is out there trying to spread the word about the Inflation Reduction Act, and we have launched a speaking request form and the ability for our partners to request speakers from CMS experts on the Inflation Reduction Act. So, if y'all are interested in having someone from CMS speak on a webinar, in-person conference, on a Zoom, or at a meeting specifically on IRA and the impact to the Medicare program, please let us know. These can be national events, they can be regional events, they can be state events. We have our speaker request form. The link is here. We'll also put it in the chat for you so you have it, and you can just go on there, fill it out, and there's a dropdown at one of the questions that you will choose Inflation Reduction Act, and that's how it will get routed to us. We also have this speaking request form published on our CMS Inflation Reduction Act resource page. So that is my section. I don't know if y'all have any questions. Great—Tamika.

Tamika Williams: Thank you, Stefanie. We're going to actually turn it over to Chris.

Chris Koepke: Good afternoon, everybody, and thanks to my colleagues in the Partnership Relations Group for giving me the opportunity to talk with you all today about our low-income subsidy, also known as the Extra Help Program, direct mail outreach. We can go on to the next slide. As many of you know, the low-income subsidy was changed as a result of the Inflation Reduction Act, and so this has given us an opportunity to go back out and reach out to people who might be able to get low-income subsidies but aren't currently enrolled. If you've seen ASPE, which is the Assistant Secretary for Policy and Evaluation in the HHS (U.S. Department of Health and Human Services), they released a report earlier this year that showed about three and a half to four million people in the country who are Medicare beneficiaries could benefit from Extra Help and are not getting it at this point. So, we're like, all right, let's take a shot, let's see if we can get more people to apply and enroll. So, the primary goal of this work is to get people to apply for Extra Help and/or MSP (Medicare Savings Program). We have a little MSP side project here that we're doing. As some of, if you understand the programs that well, MSP is a richer benefit because it pays for large parts of, say, Part B premiums and other things, but you have to go to your state for MSP. For LIS, you go to Social Security we thought, so we're kind of doing a little bit of both. Obviously, with the expansion of LIS, we are emphasizing that this year, but we're trying to down the road do some experimenting here to try to figure out is it better to send to the states to get MSP where they get a richer benefit? And by the way, you get LIS. They send the states then send people to SSA (Social Security Association), and they get LIS automatically, or is it better to send people to SSA? We're trying to figure that out, and we're doing this with direct mail. So, we've already actually started a lot of the projects this year. So, we did two pilot mailings. One was very LIS-centric, and we did that through the end of April. And then another one's MSP-centric, and we did them in specific states that we selected for a variety of reasons. We can kind of try to take a look at how well these two mailings do.

Now, in August, we're going to do a very large mailing to several million people based on what we learned from these two mailings. What we're trying to do is we're not mailing everybody in Medicare. We've taken census data and we've done some analysis to try to figure out where

people are most likely and what people are most likely to be able to get it. I mean it's targeting—it's imperfect, but it helps us. We can't mail everyone, we don't have that much money. So, we provide scores based on their census data in the areas where they live and mail them accordingly. Obviously, we take people already on MSP or have the Extra Help already, and we remove them from the mail.

We've done some focus groups to design the letters. We also did an MSP pilot last year, and it kind of told us some of the messaging and what we wanted to have in the actual mailings, and we did some complex mailings last year. We had checklists, we had emphasized the SHIPs (State Health Insurance Assistance Programs) very large and what have you to try to figure out which ones led to more MSP enrollment, and we came down to that. Actually, our most simple letter had just as much impact as any other letter, which is really good because it's cheaper to mail. So, we can do more mailing. So, we have information about the program eligibility. People really want to know who's eligible. Could I be one of the people? How to get to the application, how to contact the SHIP if you would like that support, the local support, which we believe is incredibly valuable. And then, we use special URLs so we can track how people are doing. The example of the letter we're mailing is on the next slide. Next slide, please. This is the example of the letter. We can just hold this up there because Tamika, I believe Q&A is next, and if people want to look at this while doing a Q&A, it's up to you, Tamika, though you can go ahead.

Tamika Williams: Sure. So, I think we did have a question for Stefanie, but Stefanie, you answered it. Rachel says, with the new $2,000 cap in Part D, will there be changes to what is expected in terms of credibility coverage for people who are working past age 65 and delaying enrollment in Medicare? That question may be for Stefanie. I think that's the question for Stefanie.

Chris Koepke: So, I think the question to me is whether or not creditable coverage changes in terms of what's applicable for not having to pay a penalty if they delay after age 65 joining Part D?

Tamika Williams: Yes, I think that was a question for Stefanie.

Stefanie Costello: I'm not sure of the answer, and I apologize. My Zoom was frozen. I could hear you but couldn't get off mute. Yeah, I'm not sure the answer to that, but we can go back and research it and get back to you.

Tamika Williams: OK, thanks. Annette says, "In Maine, people automatically receive LIS once they are approved for MSP. Why not directly reach out about MSP, a richer benefit?"

Chris Koepke: Well, it's part of the test that we're trying to do. Sending people to state websites for MSP isn't always a really clear path. I've done an evaluation of a lot of the state websites, and a lot of them are heavy on Medicaid. They don't really talk about what MSP is. It is a lift for a person. Also, the applications vary considerably from state to state and can be more difficult or more simple from state to state, which is also a lift. So that's one thing. Is that lift, is that variation by state, does that create difficulty for people getting enrolled or not compared to if we just do the low-income subsidy outreach? That's one of the things we're trying to learn. I think

it's a great question, and I think in an ideal world because this is quite honestly a passion project for the staff that worked with me and quite honestly with some of the other groups that are on this because we're doing this together with other folks here, including Jon's team, it's a passion project to try to find people, you know, help people who are making, you know, $20,000 a year, help them pay their medical bills. So, we agree. We like the idea of MSP and we're testing out to see how it does against LIS. A hypothesis being that it might be easier and quicker to get on LIS than it is MSP. I don't know if that's true, by the way. Just hypothesis.

Tamika Williams: Thanks, Chris. We have one more question for you by Carrie. They would like to know, "When will the mail outreach Florida?"

Chris Koepke: Well, that's a great question. Could you go back a slide? All right, August, maybe September, but we're shooting for August.

Tamika Williams: I think the next question was for Bevian: "When would it hit Maryland?"

Chris Koepke: If your state is not on this list, then it's going to be August. That's what we're shooting for, might be September, but we really want it to be August. Some people might get two letters. In these states we're experimenting with, does it do better to have a follow-up letter or not? Just for a small proportion of them, just to see how it works. But we have to see how the budget works in terms of the August mailing, whether we can do any follow-up mailings at that time, and whether that'll be a learning we apply in future years. So that's something we're trying to figure out.

Tamika Williams: Apologies from, this is from Christina, apologies if this was covered, but what distribution list is CMS using for mailing? Does this letter go to all beneficiaries that currently do not have LIS?

Chris Koepke: No, it does not because that is just out of our budget range, quite honestly. So, we are sending, we are developing a targeting algorithm based on census data for people to send out the mailings in that way where people are more likely to be to qualify. So that is the list that we are developing in house, and we're testing to see how that algorithm works as well, quite honestly, in hopes that we can keep the cost per enrollment and efficiently reach a lot of people.

Tamika Williams: Great. So, I believe those were all of the questions that we have for you, Chris. Thank you, Chris and Stefanie.

Chris Koepke: Thank you, and thanks for everybody taking the time to listen.

Tamika Williams: Great. As the meeting goes on, if you guys have any additional questions for Stefanie, Christopher, or Jon, please feel free to drop them in the Q&A box. We will still be able to answer those. With that being said, we're going to move to our next presenter, Maya Owens, who is going to speak on the Medicare fraud education and outreach campaign. Maya.

Maya Owens: Hi. Welcome, everyone. Thanks for having me. I'm excited to talk to you guys about this important fraud education campaign that our team does for CMS. Next slide, please.

Our Medicare fraud campaign typically runs once a year, and our main goal for the campaign is to increase awareness of Medicare fraud among people who have Medicare. So, all of our Medicare beneficiaries making sure that they're aware of the types of fraud that are out there, how to protect themselves, and also how to report fraud, educating the audience on how to prevent, detect, and report fraud and to remind them to guard their Medicare card similar to how they would a credit card and positioning the Medicare brand or Medicare.gov/fraud as the official source for information on spotting and reporting Medicare fraud, which is so important because there's so much information and advertising out there on TV, on social media, and the internet, and it's important for people to know, which is why we have calls like this today to even share more information that Medicare.gov, and the Medicare brand is the official source for all things Medicare, specifically spotting and reporting Medicare fraud.

There are also new ways in which scams are emerging, and scammers and fraudsters are getting very savvy. So, we always want to remind people that Medicare will never contact them first and that we'll never try to sell them anything or visit their home. There has been a new scam out for hospice fraud where people are offering hospice services to beneficiaries when they are not technically needing hospice care. So, we want to really make sure that we are informing seniors and our beneficiaries on how to protect themselves on emerging scams that are happening out there. And we constantly work with our team and our colleagues at the Center for Program Integrity at CMS, which really helps with getting information and understanding what fraud is out there. So, we also work with them to get some of this information out as quickly as we can when these scams do come up. Next slide, please.

Our key target audiences for our fraud campaign again are Medicare beneficiaries, and we really try to deliver a broad approach with reaching them so that we're covering as many beneficiaries as we can. Then we have more specific targeted efforts in reaching the overall general market, and then also with a specific health equity focus on the African American audience and Spanish speaking audiences as well as we know that those people are very vulnerable in some instances to Medicare fraud. Next slide.

Other core messages that we have for our Medicare fraud campaign is really making sure people know that Medicare…regularly checking your Medicare claims to make sure they're right. That's a very simple thing that Medicare beneficiaries can do just to make sure that their claims are right and accurate and that there's nothing on there that's not supposed to be. So, protecting yourself from fraud by reviewing those claims for errors and then reporting anything that's suspicious to Medicare. Also being suspicious of anyone that offers you free medical equipment or free services for your Medicare number. Medicare will never offer you anything for free, saying, here's the equipment you can get give me your Medicare number. That's not something Medicare does. So, people should be very cautious of that and only give their personal information like their Medicare number to trust the doctor's insurers acting on their behalf or trust the people in their community who work with Medicare, like their state SHIP programs, and encouraging people with Medicare to report that fraud. So, there are two main ways you can report fraud, but all the different ways in which you can report fraud and what to actually do. You can visit Medicare.gov/fraud or by calling 1-800-MEDICARE and again stressing that the Medicare.gov is the official source for all Medicare information and also specifically reporting that fraud. Next slide.

As I mentioned, we run this Medicare fraud campaign typically once a year. So, our current campaign is running right now for 10 weeks until July 28. And there are a number of different ways in which we get this information out there to make sure that people are aware of the types of fraud and how to protect themselves. But in a general market, we have broadcast television and cable television, so think your traditional TV networks where we can deliver a broad message to a diverse audience and to a larger audience. And then, we have more specific messaging going across digital platforms such as TV, national streaming, digital video, social media, and display through Google, which is another great way in which we can get a lot of information in real time out to those vulnerable audiences. And in the African American market, we have broadcast television that runs on BET, OWN, TV One, and Aspire, which are pretty popular African American networks. And again, that digital media in the Latino market we have Connected TV, so things like Hulu, Roku, and then digital media on social and display as well. Next slide.

So, I mentioned our TV ad that runs. So here are just some clips from our “Saying No to Medicare Fraud” TV spot. So, this spot really shows a diverse group of seniors the moment they receive a call, text, or email from a scammer, and it really emphasizes what they do next when they receive that call, which is by saying no in their own way. The voiceover really emphasizes that, and it really shows and informs people how they can protect themselves from Medicare fraud just by hanging up, saying no, or deleting that email. And that's exactly what each of these Medicare beneficiaries do. Next slide, please. Here are some other creative examples. As I mentioned, we talked about TV, but here are some of our digital ads that we have as well. These are digital banners that also stress important key information and then a social media advertisement that you'll see to your right that really stresses and explains how you can stop Medicare fraud just by hanging up on scammers. So here are some of the examples of our digital and social media ads that we have, and I think that's the last slide, so I'll open it up to questions.

Tamika Williams: Thanks, Maya. We do have questions, but I don't think that they’re regarding the fraud. These questions are directed actually to Chris. All right, Chris. The first question is from Christina. Would CMS share the number of letters going out in each state with the SHIP to help anticipate call volumes? Thank you for including the SHIP on the letter. We want to be best prepared for the influx of calls.

Chris Koepke: All right, thank you. Yeah, we'll talk to ACL (Administration for Community Living) and figure out how to do that. Appreciate it.

Tamika Williams: The next one is from Sarah. A question about the letter sent out. Can you share with the state SHIPs how many letters went out in their states?

Chris Koepke: Same question. So yeah, we'll take a look at that. Yes.

Tamika Williams: All righty. And then the next one is: In Maine, MSP income guidelines are much higher than the LIS guidelines. Assets are no longer counted, so it appears if a person applies for LIS, they should automatically qualify for MSP. Is there any communication from

CMS to the state DHS (Department of Human Services) office? I'm sorry, she meant to say if a person qualifies for LIS.

Chris Koepke: Yes, so there is a lot of work being done on the policy level and SSA sending anyone who gets Extra Help and sending it to the states, and that just varies how well that works by state to state. I'm not a full expert in how that works, but I do know that there, and I don't know how it's working in Maine. I would imagine that Maine would work very well with that list, and then that state can take the list that they get from SSA and either do outreach and/or put people in a program.

Tamika Williams: Great. And then the last question is from Constance. Will the slides be available? So, Constance, we provide a copy, I mean the copy of the webinar recording and transcript, on our NMEP website, and the link is in the chat once we have completed this meeting, and you'll be able to review them again through the recording.

All right. Any more questions for Maya regarding fraud? If not, we are going to move to our last speaker for today, Lauren Shaham. She's going to present on opioid use disorder, Medicare screening, and treatment coverage. Lauren?

Lauren Shaham: Hi. Thank you very much. Let me just reorganize my screen a little bit here so I can have my notes in front of me. It's an honor to be here with you today to talk a little bit about what Medicare covers for opioid use disorder and particularly what treatments are available or what services are available in opioid treatment programs. Could we go to the next slide? Thank you. So, as I said, we're going to discuss treatment and screening coverage and then let you know where you can find some public education resources to help educate people about this benefit, which is relatively new. Next slide, please.

OK, we have up here a definition of opioid use disorder. According to our Office of Minority Health, overall, 2.8% of Medicare fee-for-service beneficiaries had an opioid use disorder in 2018. So that is a significant number of people who are suffering from this. Several groups based on socio-demographic and chronic health conditions were overrepresented, and that includes beneficiaries who are under age 65 and identified as Black, American Indian, or Alaskan Native or Asian Pacific Islander who were eligible for Medicare due to disability or end-stage renal disease, or were duly eligible for both Medicare and Medicaid and were diagnosed with four or more co-occurring chronic pain related physical health conditions and or behavioral health conditions. Next slide, please.

What Medicare covers, Medicare Part B covers opioid use disorder treatment services in opioid treatment programs (OTP). Next slide. What are opioid treatment programs? These programs provide medications for opioid use disorder, including methadone, buprenorphine, and naltrexone for patients diagnosed with opioid use disorder. OTPs must be SAMHSA (Substance Abuse and Mental Health Services Administration) certified, that's a different part of our HHS family, and accredited by an independent approved accrediting body. This treatment began in January 2020, and you can find a list of Medicare-enrolled OTPs on the website Data.CMS.gov. Next slide, please.

This is a list of the services that opioid treatment programs offer. That list is available on Medicare.gov, so I encourage people to go to Medicare.gov to consult it. Next slide, please. It's important to note that you don't necessarily need to go to a physical location in order to get services from an opioid treatment program. There are some remote and telehealth services that are covered as well, so it's worth checking that out, if that is something that could be useful to people you know who need these services. Next slide, please.

What about Medicare Advantage? Pretty much Medicare Advantage plans have to offer the same services as Medicare fee-for-service. You may be required if you have a Medicare Advantage plan to use an in-network provider—it is focused on public education, and I'm afraid that my Zoom may be frozen.

Stefanie Costello: Lauren, you can just do the slide again. That one slide. That's where you froze, but you're back now.

Lauren Shaham: OK, great. Thank you. I was afraid of that. It’s been happening all day.

Stefanie Costello: Sorry, Lauren, you froze one more time. Can you do this slide and the slide before?

Lauren Shaham: Yeah, I was waiting because I suspected I didn't see the slide change.

Stefanie Costello: Sorry, can you go back, Jill? Two slides. One more. Right there, thanks.

Lauren Shaham: OK, so folks did not hear Medicare Advantage?

Stefanie Costello: Correct.

Lauren Shaham: OK, sorry. Medicare Advantage covers pretty much the same thing as Medicare fee-for-service, but patients may be asked to go to an in-network provider or may need to pay a copay. The best way to find out what is available is to check with your plan. Next slide, please.

Here are some images that we have used in public education. These were used during pain awareness month in September, and so we make those available to try to get the word out. Next slide, please.

How can I help people find OTPs? I'm so glad you asked. This is an important and relatively new provider type for Medicare coverage, so we want everyone who could benefit to be aware of this treatment option. As I said earlier, if you want to find a list of certified OTPs, you can get that at Data.CMS.gov and type in OTP in the search bar. Next slide, please.

We also have some resources on CMS.gov that you can use in public education. They are at the address CMS.gov/about-cms/story-page/opioid-misuse-resources. As we discussed earlier, the slides will be available after the presentation, and maybe we can get that web address dropped into the chat as well. Next slide, please.

If you are looking for beneficiary resources, I would encourage you to go to Medicare.gov and search for, and there's a page for opioid misuse resources. As always, we have 1-800-MEDICARE and encourage people to call in if they have questions. And that is a very nice segue to the next slide, which is about questions. So, I will stop here and hand it back to Tamika to see if we have any questions. Thank you all.

Tamika Williams: Thank you, Lauren. We don't have any questions for you right now, but we do have, Mary said, “Is there free social media that we can use?” Mary, are you referring to the fraud and prevention? And if so, Maya, is there any free social media that's available to be used?

Maya Owens: Yes, we do. We post a ton of social media on our Medicare Facebook page, which you can always use or share. There are also partner resources available on our partner page, toolkits that we provide on a variety of topics.

Tamika Williams: Perfect. Thanks, Maya. Next is Bonnie. It says for Stefanie: “Outside of Plan Finder, what are CMS’ plans to educate beneficiaries about the upcoming changes to the Part D M3P and the OOP (out-of-pocket) cap? Will you produce documents that will explain to the benes and caregivers?”

Stefanie Costello: Yes. So, we have some information now about the prevention, about the Prescription Payment Program. We will have some information, too, maybe like a conference card, a handout that we'll have around the out-of-pocket cost. Most likely we'll be doing something, some additional reach around social media. And then Jon, I don't know if you had, I thought I saw you step off mute, so I didn't want to miss you if I saw that. Maybe not. OK. Zoom's playing tricks on me today. So yeah, so we're going to have that information. All of the new materials that we create, and as we continue to create them throughout 2025, as these new programs begin to take effect for next year, they'll all be placed on that resource page, on the Inflation Reduction Act page for CMS, and that's where we'll have all the information and resources as it gets updated and available.

Tamika Williams: OK. Are there any additional questions that you have for the group here? All right. Seeing no questions added, I want to thank you guys for attending our NMEP meeting. We really appreciate you guys’ participation and taking the time to be with us today. If you have any information or topic suggestions for future meetings and questions about Medicare in general, please submit those questions to our partnership mailbox, which is partnership@cms.hhs.gov. Again, that is partnership@cms.hhs.gov. And again, thank you so much for being with us this afternoon, and I hope you have a great rest of your day.