

## NHPF Forum Session

### Meeting Announcement

**NATIONAL  
HEALTH  
POLICY  
FORUM**

## How Will They Know? Where Will They Go? Education and Outreach for the Medicare Drug Benefit

### A FORUM DISCUSSION FEATURING:

**Michael McMullan**

*Deputy Director, Beneficiary Services*

Center for Beneficiary Choices  
Centers for Medicare & Medicaid Services

**Marisa Scala-Foley**

*Associate Director*

Access to Benefits Coalition  
National Council on Aging

**Tom Tobin**

*Associate Commissioner*

Office of Communications  
Planning and Technology  
Social Security Administration

**Friday,  
June 10, 2005**

11:30 am–Noon — *Lunch*

Noon–2:00 pm — *Discussion*

**Reserve Officers Association  
of the United States**

One Constitution Avenue, NE  
Congressional Hall of Honor —  
Fifth Floor  
(Across from the Dirksen Senate  
Office Building)

**To register:**

Please send your contact information to [nhpfmeet@gwu.edu](mailto:nhpfmeet@gwu.edu) as soon as possible. Space is limited.

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WASHINGTON  
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# How Will They Know? Where Will They Go? Education and Outreach for the Medicare Drug Benefit

Beginning in January 2006, Medicare's 42 million beneficiaries will be eligible for prescription drug coverage. As the start date for the new Medicare drug benefit grows closer, these beneficiaries, along with their families, friends, caregivers, and advocates, need to learn about the benefit. Most beneficiaries will need to take action by choosing and enrolling in a plan through which they will receive the prescription drugs. This Forum session will take a look at the first steps in implementing national communication strategies about the new benefit.

The new prescription drug program, passed as part of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, is a significant change to Medicare and will be a complicated benefit to administer. As a result of the MMA, different beneficiaries will face different circumstances and choices, depending on whether they fall into certain low-income categories, whether they currently receive a drug benefit as a dually eligible Medicare and Medicaid enrollee, or whether they have drug coverage under a retiree health

## SESSION OVERVIEW

This Forum Session presents speakers who will describe efforts to educate and inform Medicare beneficiaries and other interested citizens about the new Medicare Prescription Drug program. Created as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the benefit is available to Medicare beneficiaries beginning January 1, 2006. Because of the complexity of Medicare and the new benefit, education and outreach activities by both government and private sector groups are underway and will be described. Speakers will address the short time frames involved in these activities and the need to target messages and information to different groups of beneficiaries, providers, and others. Efforts to ensure assistance to low-income beneficiaries will be highlighted, because a large subsidy is available to many of the more vulnerable beneficiaries under the drug benefit program.

### Forum Session Manager

**Judith D. Moore**  
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### National Health Policy Forum

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plan. Their need for drugs, based on their health status and conditions, may also influence their choices. Congressional decisions to insert consumer choice into the Medicare program through MMA provisions represent a fundamental shift in the program, requiring beneficiaries to take action and make choices, with penalties if they initially forego coverage and subsequently change their minds. Because the beneficiaries' choices are so important, education and information programs will be critical in helping seniors and people with disabilities to make sound and appropriate decisions about whether to participate and how to choose among the available options.

The choices required of Medicare beneficiaries are quite complicated because everything about this Prescription Drug program is new. Furthermore, while timely education and information is essential, full information about the specific plans will not be available until October 2005. This allows only a short window of time for Medicare to provide information and for beneficiaries to make decisions. This summer, low-income beneficiaries will be contacted and urged to apply for the subsidy for which they may be eligible; on October 1, Medicare will make available the *Medicare & You* handbook, which includes drug plan information and allows plans to begin marketing to potential beneficiaries; enrollment begins on November 15 (and extends to May 15, 2006); and the program will begin on January 1, 2006. There are so many decisions to be made that one almost needs a matrix or decision-tree to follow the time line and the various paths available. And such great complication requires government and others interested in making the program work to sequence their information carefully and methodically.

Special outreach efforts will be needed to reach some groups of beneficiaries. For example, information will need to be targeted to those who work with people who are cognitively impaired (said to number nearly 25 percent), those with limited language ability or proficiency, and frail individuals, including nursing home residents. People with disabilities, many of whom rely heavily on prescription drugs, must be educated and informed. Many of these more vulnerable groups of potential beneficiaries of the drug benefit are unable to understand and take appropriate action to enroll in this benefit and, therefore, will need considerable assistance.

A critical element in this educational period leading to full initiation of the drug benefit relates to the generous subsidies for certain low-income Medicare beneficiaries and the termination of Medicaid drug benefits for those dually eligible for Medicare and Medicaid. Dual eligibles will begin receiving drugs through the Medicare program. The MMA statute directs both the Social Security Administration (SSA) and the states to take applications from low-income beneficiaries for the subsidy, and dual eligibles will be automatically enrolled into plans in fall 2005.

SSA has mounted an extensive and intensive developmental effort to produce programs of outreach, education, and enrollment aimed at a target group of about 5 million beneficiaries who may be eligible for the subsidy. This SSA program has been developed in conjunction with CMS education efforts, and will continue through the coming months. Likewise, states are beginning to define their own programs, but their programs may or may not be well coordinated with SSA and CMS, given difficult state budget situations and competing state priorities. (The Forum will consider problems that states may encounter with the MMA provisions and initiatives at a future meeting.)

Many groups outside the government are also involved in education and outreach efforts. Perhaps the largest is the Access to Benefits Coalition (ABC), formed after passage of the MMA and dedicated to ensuring that low-income Medicare beneficiaries know about and can make the best use of prescription drug programs. The Coalition, chaired by the National Council on Aging, has 100 national voluntary organization members. It combines a commitment to massive public education programs with localized outreach and enrollment by supporting and engaging hundreds of state and local organizations throughout the country. ABC and the many other organizations committed to helping educate and inform beneficiaries are critical adjuncts to government communication activities.

All of the communications challenges—targeting and tailoring many messages; creating a synergy among groups of national, state, and local organizations; working within compressed and complicated time frames; and reaching new audiences (not just beneficiaries but others who will need to understand and help them)—present a daunting task. Efforts to rise to the challenge will be played out in coming months.

## SPEAKERS

A group of knowledgeable and experienced leaders who are responsible for national programs will help session participants understand the first steps in enrolling beneficiaries in the new Medicare prescription drug benefit. Speakers are as follows:

**Michael McMullan**, deputy director for beneficiary services in the Center for Beneficiary Choices (CBC) at the Centers for Medicare & Medicaid Services (CMS), will describe the agency's national drug benefit education and information plan aimed at Medicare beneficiaries and the family, friends, caregivers, providers, and advocates who will help them make decisions about coverage under the Medicare drug benefit. CBC is the focal point for innovation in the Medicare program; it is responsible for policy and operations for the Medicare Prescription Drug program, Medicare Advantage program, and private health insurance programs, and for ensuring that all people with Medicare understand and receive their benefits and

protections. A long-time federal employee, Ms. McMullan is a key health policy and operations advisor to the CMS administrator and other officials in the Department of Health and Human Services.

**Tom Tobin**, associate commissioner for Communications Planning and Technology with the Social Security Administration (SSA), has major responsibility for Medicare Outreach products and materials in the Office of Communications Planning and Technology. He has previously served as acting press officer and regional communications director at SSA in Philadelphia and worked in local Social Security field offices.

**Marisa Scala-Foley** is associate director of the Access to Benefits Coalition (ABC) at the National Council on Aging, a national public-private partnership dedicated to ensuring optimum use of the Medicare drug benefit by low-income Medicare beneficiaries. Ms. Scala-Foley oversees training, technical assistance, and research activities for the Coalition. Previously, she was director of the Center for Medicare Education at the Institute for the Future of Aging Services. Much of Ms. Scala-Foley's career has been devoted to developing educational materials in aging and long-term care.

## KEY QUESTIONS

- How has CMS approached education and outreach for the new Medicare drug benefit? What is the timetable for the educational efforts? Is it possible to reach over 40 million Medicare beneficiaries with information that will allow them to understand the benefit and make appropriate decisions to enroll?
- Does CMS have priorities among the groups of beneficiaries it targets, or a sequence of its education and outreach activities? How will the agency proceed in an orderly fashion with so little time? Will the different messages for different groups overlap and conflict with one another?
- Has CMS prioritized the types of informational materials and the vehicles to deliver this information? For example, what emphasis will be placed on television, radio, Internet, or printed material? What role will the Medicare handbook *Medicare & You* play in the educational activities sponsored by CMS?
- How will SSA approach outreach and education for low-income beneficiaries who are potentially eligible for the subsidy? What does the application look like? What is the time frame for SSA activities? How will local offices of SSA be involved?
- How are SSA and the states working together to enroll low-income beneficiaries in the subsidy program? What are some of the challenges of this shared statutory responsibility?
- What is ABC? Are the Coalition's priorities primarily educa-

tional? Does it target individuals or grassroots organizations? Is the Coalition developing its own materials, or will it rely on government or other sources?

■ Will CMS, SSA, or ABC provide personalized, one-on-one consultations? How many people can national organizations reach in such a personal way? What role will State Health Insurance Counseling Programs (SHIPs) play in information and outreach activities?

■ How will providers, especially physicians and pharmacists, be educated and informed? Are these providers likely to be one of the first places that beneficiaries will go for information?

■ What has been learned from the Prescription Drug Discount Card experience, and how will that be factored into CMS, SSA, and ABC plans?

■ In targeting an educational message, how can groups provide information that will assist not only beneficiaries, but family members, friends, advocates, and other helpers? What examples exist of past efforts that were similarly complicated?

■ Will government efforts be coordinated with private plan outreach and marketing? How will beneficiaries find their way through competing messages in the fall of 2005, when private plans begin marketing? Is there any concern about potential for fraudulent activities that might take advantage of potential confusion and misunderstanding among beneficiaries?