

Centers for Medicare & Medicaid Services
Special Open Door Forum: Part D Senior Savings Model
Moderator: Susie Butler
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2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's call. At that time if you would like to ask a question, please press Star 1. Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn our meeting over to Ms. Susie Butler. Thank you, you may begin.

Susie Butler: Thanks so much (Allison). Welcome everyone. I appreciate you joining us this afternoon for this Special Open Door Forum on the topic of the Part D Senior Savings Model. We also appreciate that some of you did not get the invitation until this morning so the fact that you're joining us this afternoon on short notice is equally appreciated.

If you're a member of the press you're welcome to listen but if you have questions please refrain from asking them during the Q&A session and instead send them to the press office. And you can do that by sending them to press@cms.hhs.gov.

I would like to introduce our two speakers up front. We'll hold questions until the very end but I want to introduce them and then they'll present one after the other. Presenting first is Jon Booth. He's the Director of the Web and New Media Group here in the Office of Communications at CMS. And he'll be talking a little bit about Plan Finder and a little bit about how the model is displayed in Plan Finder or how you can find it.

Following Jon will be Laurie McWright and several of her staff. Laurie is a very busy woman and she is the Deputy Director of the Seamless Care Models Group in the Center for Medicaid - Medicare and Medicaid (Innovations) at CMMI. So without pausing any further from me let me turn it directly over to Jon.

Jon Booth: Hi. Good afternoon. Thank you Susie and thanks everyone for having me here today. So as Susie mentioned I'm going to do a quick run through of the Plan Finder of sort of our OE readiness and highlight the new features surrounding the insulin benefits. So if we could jump to the next slide.

So in terms of readiness for open enrollment all of the major releases of the Medicare Plan Finder have been completed for this year. And the functionality of supportive enrollment will be enabled with three key releases. So the first is the 2021 plan preview that did open on the first, so last week. And we've been in that preview period for a couple of days.

Then next release will be the release of the 2021 star ratings for the 2021 plans. And then on October 15 we will begin open enrollment and open up the open enrollment, the Online Enrollment Center in Medicare Plan Finder so beneficiaries can enroll for 2021 coverage.

Next slide please. So we wanted to highlight a couple of the things that we've accomplished for this year. So the first couple of slides that I will go through are things that are - that have already been completed and released. So earlier this year we did make some changes to the Plan Results page and most notably we changed the default sort in the tool. So we now sort by lowest drug and premium cost. So that's the default sort. There are other options that users can choose from but we heard loud and clear through users that, that was what they wanted the starting sort to be.

At the same time we rolled out a simplified design for the plan cards and highlighted again focusing on that lowest drug and premium cost on the card, sort of making that more visually prominent than it had been. And we updated the visual design both in Plan Finder as well as with some of the supporting tools we have available such as the PACE tool, the Pharmaceutical Assistance Program tool and the State Pharmaceutical Assistance Program tool. So those were aligned to look more to look visually consistent with the Plan Finder itself.

Next slide. We also completed a number of improvements to our Medigap tool. So we relaunched that tool. We visually redesigned it. We did user testing of that redesigned tool and we also launched improved data sources with that tool. So the new Medigap search tool uses updated more accurate plan level data. So for example the various, you know, types -- levels of Medicare coverage that are available for example all Plan G explaining what benefits are included in the Plan G type. We also use updated and more accurate policy level data so for example Humana's Medigap plan offering and those from other issuers as well.

Next slide. We've also made a number of improvements to the pharmacy experience in Medicare Plan Finder. So we've updated the layout of the Pharmacy Selection page based on user feedback. The pharmacies are now listed vertically on the page and we increased the size of the map on the page.

We also added some search improvements. We added the ability to search for pharmacies by name and the ability to search for pharmacies by location. We previously allowed searches from the center of ZIP code but you can now put in an address. And what we found is in areas particularly in areas where there are lots of pharmacies those features have been very helpful.

We've added the ability to select up to five pharmacies. That previously was three last year. And we've enhanced the ability to see and update your pharmacy selections from the Plan Details page. What this means is we've made it an easier flow for a user who gets to a Plan Detailed page and wants to look at some other pharmacies. That process requires far fewer steps than it did last year which was basically navigating to the front of the tool, making your changes and then navigating back to the Plan Details page.

Next slide please. So these are some things that are coming with the launch of OE. And again some of these are actually available during the preview that's open now. So we've made a number of improvements to the benefits data available for each plan.

We are showing the Medicaid medically approved non-opioid pain management benefit. We're showing preventive services sharing, the MMP benefits, a purview at least show limited or unlimited coverage. MMPs, those are sort of the dual eligible Medicaid Medicare plans and we are showing the worldwide emergency services benefit now. We've also added cost sharing for opioid treatment program services and cost sharing for renal dialysis services in the Plan Finder this year.

Next slide. And then on target for OE lunch we have a number of improvements to the plan results. So we've added new filters which will allow users to narrow their results. And those filters are live as of 10-1. So there's a filter for plan type now if the user wants to just be for example HMOs or PPOs or other types of coverage they can do that.

We have a filter for the Part D Senior Savings Model that I will show in just a minute here. And there's a drug coverage filter that can be used to filter just

MA or MA Part D plans. If you just wanted to see MAPD plans that include drug coverage, that filter will allow you to do that.

And then as I mentioned we added the worldwide emergency benefit on the Plan Compare page. And the star ratings now show fee for service. That's original Medicare versus the CAP data. CAP data is the MAPD user satisfaction survey data. So that's where you get sort of the five star and lower plans. And then pharmacy improvements as I mentioned, the ability to search by - for pharmacies by address.

Okay next slide. Drug data and pricing improvements. We have added options to the drug frequency drop-down so that you can now select six months and 12 months as drug frequency options. We've enhanced the user experience around importing your drugs from previous paid drug claims most especially for those users who use the tool last year and have a drug list. They will be able to update that with their most recent drug claims data.

We've added drug data and pricing footnotes where frequency is not covered. We show default pricing so we highlight that in the tool now. And then again highlighting the Part D Senior Savings Model for the insulin savings, which I'll demo that next.

Next slide. So I wanted to highlight a couple of the features around the insulin savings program. As the user is coming through the tool if as they build their drug list if they enter any of the insulin drugs that are part of the Senior Savings Model plans then they will see this - they will see what we call a coach mark that will come up on the page. And it says some plans offer insulin savings that may help lower your costs fee plans with insulin savings.

And if the user selects that if we can go to the next slide, in the tool we will open up the filter drawers and you'll see that we will select that insulin savings. And that will allow the user to see the result of the senior savings demo plans. There's also you'll note there there's a link that says, "What's this?" if the user clicks that they will get what we call a health door that will open up on the right side of the page that explains the program in more detail. So that's how the - that's how the filtering and viewing of these plans will work.

Next slide. I think this is my last one, just wanted to highlight those pharmacy search improvements that I mentioned. So you'll see from this screen right up top we say choose up to five pharmacies. In this example, I've got three selected on the screen here. I have one mail order and two retail. I could add two additional pharmacies here.

You'll see that I can enter my complete address or ZIP Code on this screen. I can enter the name or pharmacy if I want to filter the results. I can filter by distance. I could increase the distance out there if I wanted to. And then if this were a screen that I would scroll down you'll see the larger map is there on the right side of the screen. Again we've redone that to make that a little bit more visually prominent.

So I think those are the things I wanted to run through. So I'll go ahead and turn it over to Laurie now and then I believe we've got some time at the end for questions. Thank you.

Laurie McWright: Thank you Jon so much -- really appreciate it. So as we're waiting for the slides to be loaded just like to thank everyone for their time and attendance today at the special open door forum, focused on upcoming open enrollments and the new Part D Senior Savings Model. It's the -- it's one of those exciting

times at the CMS Innovation Center when we get to roll out a model and it has such direct impact on beneficiaries.

And so with that let's see we've got okay upload in progress. And (Jill) when we get the - when we get to the slides if you want to go ahead and turn to the agenda slide and I'll go ahead and start talking about that, yes. Now to start off, yes great okay - could -perfect. So we put together some slides that we just thought might help us use our time today because it's brief. So what we really want to do is just jump right in and spend some time talking about the model itself and the concept of the broader work we're doing at the Innovation Center in the health plan arena and then really focus on the Part D Senior Savings Model and, you know, what - why does the model matter and how does the model actually work.

And then we want to spend some time focusing on the tools available to help beneficiaries find one of the plans with the reduced cost sharing for insulin. And then adding to what Jon just presented we want to make sure that folks know how to either teach beneficiaries or teach others who will be working with beneficiaries how to take advantage of the model benefits via the Plan Finder and other resources available.

Now we're particularly excited about the model as it allows Medicare beneficiaries living with diabetes, and who use insulin to control their blood sugar, and who do not get extra financial help otherwise, to access plans with the lower out-of-pocket costs through the deductible or I'm sorry from the deductible through the coverage gap of the Part D benefit.

Let's have the next slide. Now before we dive in on the model details let's look bigger picture for a minute. And the Senior Savings Model as we talked about is the part of the Innovation Center's work that gives plans the flexibility to

innovate overall. And, you know, this work began in 2017 and has really evolved significantly since then.

It started, you know, with the Enhanced Medication Therapy Management Model and the Value-Based Insurance Design Model in 2017. And then we've added new models in the Medicare Advantage in Part D space including the Part D Payment Modernization Model and of course now the Part D Senior Savings Model.

And, you know, when we talk about flexibility, it's really the flexibility I guess we say to design, you know, benefit packages in ways that are not allowed in the program because that's, you know, the point of the Innovation Center. And it really, its focus is on the beneficiary to reduce their cost and improve their outcome, you know, by targeting interventions that are innovative to, you know, different sets of beneficiaries with either a specific chronic condition, that are perhaps lower outcomes, and then test those concepts and see whether we're able to improve beneficiaries outcomes and reduce cost.

And really I think the Part D Senior Savings Model is -- it's a great example of exactly what the Innovation Center does and that it allows plans to offer beneficiaries who need insulin, a more stable and reduced cost sharing for that insulin.

And with that let's go ahead to the next slide. And here you can see that the health plan innovation models at CMS have really grown substantially from 2017 from three states and 45 plans in '17 to now for '21 to about 2000 plans and across all 50 states. So very excited about that. And the models also now, you know, include participants that are from big plans, small, in-between and are located definitely, you know, across the country.

And so we also have expanded the types of interventions, which is equally as exciting as just the volume. And, you know, our models at this point are including a variety of innovations, you know, including ones with healthy food allowances, programs targeted at chronic conditions or lower socioeconomic status and carving hospice in '21 into the Medicare Advantage benefit and then finally sharing cash rebates directly with enrollees in the value-based insurance design model. So lots of interesting work is being done and partnership with the plan.

So on the Part D Senior Savings Model that will begin in 2021, we've seen a robust participation where over 1600 plans will be available in all 50 states. So that means that nationwide Medicare beneficiaries who use insulin will have an option for a plan that provides them with that consistent reduced cost sharing.

All right, so now we're going to hand the mic over to Jason Petroski who is a Division Director over all the health plan work. And he is going to talk a little bit about the Part D benefit structure as it currently is and how the Part D Senior Savings Model works. Jason?

Jason Petroski: Yes, thanks Laurie. As Laurie has mentioned, she gave an overview of really like the background and the context for our health plan innovation models...

((Crosstalk))

Laurie McWright: The next slide please.

Jason Petroski: ... yes, where I'm going to take us is to get into the specifics of the Part D Senior Savings Model and how it works and really start the story with this

slide which really for context gives a depiction of the current structure of the Part D benefit.

So this chart is really helpful in presenting the lack of supplemental gap benefits for insulin and other drugs, which often results in beneficiaries paying for expensive drugs, such as insulin, while they are in the coverage gap of the Part D benefit.

What we've also observed is that beneficiaries in the coverage gap are generally paying their 25% coinsurance on a drug where the prices have increased over the years as well. And so what this means is that the cost for important drugs like insulin can be prohibitive for beneficiaries living on fixed incomes and can result in some really unfortunate outcomes such as beneficiaries rationing their insulin drugs to ensure that they have enough to eat and saving money for other necessities instead of getting the drugs they need.

Next slide. So building off the last slide and as noted here, the Part D Senior Savings Model targets the disincentive for plans to offer supplemental benefits in the coverage gap and it aims overall to improve access and affordability of insulin. Just said in other terms, the model specifically waves the operational special rule for supplemental benefits for insulin.

This allows participating insulin manufactures to buy down their portion of the Part D coverage gap first which then affords Part D plans participating in the model the option to offer a supplemental benefit, in this case with a stable predictable beneficiary co-pay, from the deductible to the coverage gap for a month's supply of certain insulin for no greater than \$35.

Again highlighted on this slide the Part D Senior Savings Model is a five year model test that begins in January 2021. It not only offers cheaper insulin but also allows Part D sponsors to offer Part D rewards and incentives for beneficiaries with diabetes and pre-diabetes as part of programs that incentivize health and promote medication adherence.

Next slide please. So this slide builds off the first slide I presented on and it shows a comparison of the insulin cost to beneficiaries under the current Part D benefit which is the left side or the left part of the slide, which I previously presented, versus what will be possible next year as a result of the model. So the right side of this slide is what these costs would look like under the model.

Note that on the right side where an enhanced alternative drug plans the maximum out-of-pocket cost for monthly supply of insulin drugs covered by the model is \$35 throughout the benefit ... so through all phases. This is a substantial difference as you can see from the left side. And note again the consistent - the consistent co-pays as well as predictable co-pays throughout the phases.

Next, slide please. So now let's just shift gears a little bit and turn to how eligible beneficiaries can gain access to their insulin drugs more cheaply. In order to receive benefits there are three criteria that must be met. First beneficiary must be enrolled in a participating plan. The second beneficiaries cannot be receiving extra financial help in their cost sharing to participate.

Third they must use a select insulin, which includes all the insulins from participating manufacturers covered by their plan. And to be clear this may not include all insulin a beneficiary takes or all insulins available. But all model plans have broad access to common types of insulin.

Next slide please. So as Laurie mentioned earlier this model has broad participation. Specifically there's a plan offering model cost-sharing on insulin in every state, the District of Columbia and Puerto Rico for 2021. So if you're on this presentation as a caregiver, a SHIP counselor or provider this model will allow you to support beneficiaries in getting consistent and reduced cost sharing that can help improve their medication adherence and clinical outcomes.

So today, I've asked (Trudel Pare) to include a bit more on Medicare Plan Finder in the model and she's going to add some comments that in addition to what Jon presented on earlier. Some of the screenshots we're showing here are just samples of what's on Plan Finder and you should be able to view them or test it out, you know, at the link that we provided here. So without further ado I'll turn it over to (Trudel) and she'll take the next slides.

(Trudel Pare): Thanks Jason. As Jason said really just going to walk through here a couple of slides and give a little bit of context on the model to add to what Jon presented earlier.

So this slide here shows a screenshot of the next step after the homepage in assisting someone in choosing a plan. And it's choosing the specific type of plan that they want. For the model as Jason mentioned both standalone Part D plans and Medicare Advantage plans with prescription drug coverage are eligible to participate. So a beneficiary could search for either, and potentially find a plan in their area that participates in the model.

Next, slide please. All right so this shows that Medicare Plan Finder includes an option next where you can help beneficiaries enter their prescriptions. You can enter each prescription that a beneficiary takes including the name and dosage and click "Add Drug" to add each one. And once you've entered all

prescriptions it creates the sort of drug list and you can click “Done Adding Drugs” to move onto the next step.

As Jason mentioned not every insulin may be included in the model. It's specific to select insulins for insulins that are both covered by the model and also are covered under the specific plan. This tool can help you see which drugs each plan covers that model cost-sharing. And if you have questions specifically about whether a drug is covered under the model, you can check the drug list that's on our model Web site which is listed in the resources that we'll show at the end.

The next slide please. Okay so as Jon showed earlier this is the Plan Results page which has a filter that can allow you to selectively see plans that specifically offer insulin savings through the model. Prior to this page as Jon showed you'll be able to enter the beneficiary's local pharmacies in order to see (questions) by pharmacies and see plans where their pharmacies are participating.

This is the point where you'd be able to help beneficiaries choose and enroll in a plan. If you click to see the details of the plan you'll be able to look at the cost for a beneficiary's medication. And as Jon mentioned plans show up with the cheapest combined estimated cost first.

So model plans may filter towards the top depending on the beneficiary's situation and drugs. But if you click on the tip here and the filter as Jon showed you'll be able to apply that specific filter to find only the model plans. I think that's it so I'll turn it back over to Laurie.

Laurie McWright: Okay thank you (Trudel) -- really appreciate it. And next we don't have a slide for this so Jill if you maybe want to advance to the next one. Before we

go to make sure you have the tools to help eligible beneficiaries this is where I've asked Judy Geisler who is a - is the Part D Senior Savings Model lead and a long time CMS pharmacist to really come and talk about the sort of clinical I guess aspects of the model and give you her sort of clinical perspective on it. Judy?

Judy Geisler: Great thanks Laurie. I just wanted to take a couple minutes and provide some additional details around the types of insulin that are available under the model and also discuss some of the frequently asked questions we've received around that.

So to begin first I wanted to talk about how to find out which insulins are eligible for coverage under the model. And there's a list posted on the Part D Senior Savings Model Web page that includes additional information on the different types of insulin that are covered. And it's called the National Drug List so you can look there to find additional insulin products. And this has a full list of products that are eligible for coverage under the model.

And from that list of insulins that are eligible to be covered under the model, each participating Part D plan must cover at least one vial and one pen dosage form for each of the different types of model insulins where available. And that includes the rapid acting, short acting intermediate acting and long acting insulin types.

Coordinator: Excuse with this is the operator. Judith Geisler's line has disconnected.

Susie Butler: Thanks (Allison). Let's turn it back to Laurie to see if there's anything you'd like to say next.

Jason Petroski: Hi Susie. This is Jason Petroski. I think I can fill in if Laurie...

Susie Butler: Okay.

Jason Petroski: ...is still on mute or is not available.

Susie Butler: Thanks Jason. Please take it away.

Jason Petroski: Yes so I think we had planned to have Judy kind of go through some more frequently asked questions. But in the meantime I think what I'll do is all just kind of highlight some of the information that's on the slide right here that's presented.

So these are key dates and resources as the slide shows. So what we put out right now that's available for October we've mentioned some of the previous slides that if you would like to see a list of where the participating plans are, that's actually the second bullet on the slide. We have a spreadsheet that provides, by geography - by state, where the participating Medicare Advantage prescription drug plans and standalone PDPs are that are participating in the model.

The first bullet here is again another reference to Medicare Plan Finder which was a huge piece of this overall presentation. So thanks again for Jon and (Trudel) for walking through those aspects.

But we also wanted to highlight here the third bullet under the October heading which is information about our partner toolkit. And this is for providers, beneficiary advocates, and stakeholders. We provide a link here that really has some really great resources.

If you fall into one of those categories [in addition to] frequently asked questions there we have some more screenshots of Plan Finder, really suggest everybody go there if they would like to learn more about the model or if they're trying to communicate the model to their patients or to enrollees, et cetera.

And what's coming next so obviously starting October 15 beneficiaries can enroll in plans as part of open enrollment. And that includes, you know, enrolling or selecting plans that are participating in the model.

And then really our key date is January 1 when, you know, for beneficiaries that have selected participating plans in the model they would start receiving coverage under the model. So I'll just do a quick check to see if we have Judy or Laurie back if they want to add any additional comments.

Laurie McWright: Hey Jason this is Laurie.

Judy Geisler: Hi. This...

Laurie McWright: Okay yes? Go ahead Judy.

Judy Geisler: Hi. It's Judy. I'm very sorry. I got disconnected from the call. Jason I'm not sure if you already covered the other frequently asked questions.

Jason Petroski: No. I did a detour into going through the slide, but if you wanted to pick up on some of your - the other FAQs that'd be great Judy.

Judy Geisler: Sure. I'd be happy to. I apologize to everyone for the disconnect there. But I would like to spend just a couple minutes and go through the insulins to be covered under the model. And since I'm not sure where things dropped off I'll

- I apologize if some of this is repeated information but it is important and I wanted to make sure it was available for everyone.

So I had talked a little bit about the list of insulins that were available on the model Web page. And you can find that list under the Additional Information Section I've called the National Drug Code or NDC list. And that list contains the insulin products that are eligible for coverage under the model.

And then from that full list of insulins eligible to be covered under the model each participating Part D plan must cover at least one vial and one pen dosage form for each of the different types of model insulins where available. And that includes the rapid acting, short acting, intermediate acting and the long acting insulin types.

In addition CMS also encourages plans to follow the same coverage rules for model insulins included on their formulary. And for plan year 2021 many plans are also covering the concentrated insulins and the insulin mixes through the model at a maximum co-pay of \$35 for each month's supply.

We've also received some questions about whether Part D plans that cover model insulins are required to have a full formulary. And all Part D plans that participate in the model are required to meet the Part D formulary requirements and therefore include a range of drugs and a broad distribution of categories and classes. So the model participating plans are Enhanced Alternative Part D plans and they do have a full formulary and cover Part D benefits.

And one final thing I did want to note, plans participating in the Part D Senior Savings Model have the option to offer even lower cost sharing at preferred pharmacies. So you may want to encourage beneficiaries to check with those

specific plans that they're interested in enrolling in to determine if that's an option that may be available to them. And Laurie with that I think I'll turn it back over to you if you have any other things you'd like to cover before we open for questions.

Laurie McWright: No I, you know, technology it's always interesting. Thanks to Jason for helping me and then you're -, you got back in. I think we've covered what we were intending to. And then I think we really just look forward to answering questions, as many as we have time for. If there's things that we need to take back and get answers after we'll do that. But (Jill) if you can help us open up the lines that would be great.

Susie Butler: So (Allison) if you could open up the lines for questions and remind people how to pose a question.

Coordinator: Yes ma'am. Thank you. If you would like to ask a question over the phones please press Star 1 and record your first and last name and to withdraw your question you may press Star 2. Once again to ask a question on the phones please press Star 1 and record your first and last name.

Thank you just a few moments for questions. And our first question is from (John Duvoss). Your line is open.

(John Duvoss): Hi, thank you. Will the copayment maximum and the differential between that and the cost of the drugs act the same way as other medications when it comes to the cost share to take people through the deductible and the other cost - the levels that are available or that are part of programs?

Laurie McWright: Thank you for your question (John). Judy, do you want to answer that one?

Judy Geisler: I might need just a slight bit of clarification. Are you talking specific to the information that's shown on Plan Finder?

(John Duvoss): Actually what I'm referring to is okay so we've got the cost out of pocket at \$35 and then you have the cost of the medication. Is the differential between those two numbers applied to their out-of-pocket for the different levels including the deductible and any other - the three levels thereafter as are the other medications that are commonly on the plan? To phrase it differently...

Judy Geisler: Okay.

(John Duvoss): ...is - the \$35 is not the only cost of the medications if the difference is going to take them through the different levels as well?

Judy Geisler: Right yes. Thank you, that's helpful. There - is additional information that we had put out on a frequently asked questions memo that we did. That's on our Web site from May 21 and there are specific additional information in there about how the different phases and the application of the full cost of the drug versus the deductible that we pay, so the beneficiary would pay. So, you know, I think that would probably be a good resource to help look at the different scenarios that you're asking about and how that works through the different parts of the benefit.

(John Duvoss): Awesome. I'll go to the Web site. Thank you very much.

Judy Geisler: Certainly. And if you have additional questions, you know, you can certainly reach out to us at the mailbox if there's a specific scenario that we would be able to assist you with.

(John Duvoss): I'm looking for information in general. I think your FAQ sheet that I neglected to resource was added. But thank you -- most appreciated.

Judy Geisler: Sure and you'd want to look at the one from May 21.

(John Duvoss): Thank you.

Laurie McWright: Thank you.

Coordinator: And our next...

Laurie McWright: Thank you Judy. That was great because I know we've tried to anticipate the different scenarios and compiling questions that we got. But certainly, you know, there may be ones we didn't think of so, you know, feel free to write in to the mailbox. Operator do we have more questions?

Coordinator: Yes, we do have a couple more in queue. Our next question is from (Nancy Watanavi). Your line is open.

(Nancy Watanavi): Oh I thought I closed it. Okay so but that was my question as well as the previous. When - if the insulin shows as \$1000 and they're purchasing it at \$25 but that 100 percent goes towards limiting charge which puts them in the gap, now they're paying 25% on all their other prescriptions. So is that what we can expect?

Laurie McWright: Yes, so Judy if you feel free to jump in but I think that guidance will take you through that kind of scenario where there's, you know, the different phases of the benefit beginning from deductible to the initial coverage limit and the coverage gap and how it's treated. I don't know Judy would you add anything to that?

Judy Geisler: No, I think that's right Laurie.

Laurie McWright: Okay. So (Nancy) again we'd say the same as we did to John. If you read the May 21 guidance and it - you think of other scenarios or it doesn't hit it, feel free to, you know, to reach out.

(Nancy Watanavi): Thank you so much.

Laurie McWright: You're welcome.

Coordinator: Thank you. And once again as a friendly reminder to ask a question on the phones please press Star 1 and record your first and last name. And to withdraw your question you may press Star 2. Our next question is from (Jennifer Harris). Your line is now open.

(Jennifer Harris): Thank you very much. My question is kind of in the same vein. Can you clarify or specify that the \$35 maximum cost share is only to apply in the deductible ICL and gap? Some of the examples or references still show that, that applies in the catastrophic portion of the benefit as well.

Laurie McWright: (Jennifer) thanks for that question. Yes my understanding is it would be the deductible initial coverage phase or limits and the coverage gap not into the catastrophic. I don't know Judy if you have another way to say that or have an idea of what (Jennifer)'s referencing and where there might be confusion that we could clarify that would be great.

Judy Geisler: Yes, thanks Laurie. Yes, that's correct Jennifer. The \$35 does apply in the deductible the pre-ICL and the gap phase of the benefit, the model doesn't change the catastrophic phase of the benefit.

(Jennifer Harris): Thank you very much.

Judy Geisler: Sure.

Coordinator: Thank you. And once again as a friendly reminder to ask a question on the phones please press Star 1 and record your first and last name. Just a few moments for further questions.

Laurie McWright: You know, operator while were waiting for other questions, there was a question that I got the other day on our open enrollment that we did, presentation we did the other day. So while we're waiting I was just thinking maybe I'd go ahead and ask and answer that one. Someone asked, "Will there be a special enrollment period for people who are prescribed insulin mid-year?" And in fact there is no SEP or Special Enrollment Period for midyear changes in prescription needs or changes in plan formulary.

Coordinator: And this is the operator. I'm showing no further questions at this time.

Susie Butler: Thank you so much (Allison) and thanks to all of our speakers and thanks to all of our participants. We really appreciate you tuning in today. We will be posting a recording of today's session in case you want to share this with some of your colleagues. And it will be up in about a week or so and it will be on our Open Door Forum page.

Again thank you for your participation. If you think of a question after we hang up please send it to partnership@cms.hhs.gov. Thank you all and take care.

Coordinator: Thank you again for everyone's participation. This now concludes today's conference. All lines may disconnect at this time.

End