

March 15, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

Via PartDPaymentPolicy@cms.hhs.gov

On behalf of the undersigned patient and healthcare provider organizations, we appreciate the opportunity to provide feedback on CMS's Medicare Prescription Payment Plan (MPPP) Part 2 Guidance issued February 15, 2024.

We greatly appreciate that CMS has been open to meeting with patient groups over the past several months about MPPP. We welcome the opportunity to continue to work with CMS to not only shape MPPP guidance implementation to best meet the needs of enrollees, but also look forward to working with CMS to better educate enrollees, their families, and other stakeholders about this important option.

We would like to underscore that the Medicare Part D cap of \$2,000, combined with the MPPP, provides significant opportunities for Medicare beneficiaries to lower and better predict their out-of-pocket prescription medication costs. These are impactful changes to the Medicare program for beneficiaries and therefore the smooth roll out of MPPP along with education about the program is critical, especially for those who will benefit the most from participation.

Please find our comments on the MPPP Guidance below:

Section 30: Outreach, Education, and Communications Requirements for Part D Sponsors

Section 30.1 General Education and Outreach

We support that the guidance requires Part D plans to provide education and information about the MPPP to enrollees via membership ID cards, the Annual Notice of Change (ANOC), the Evidence of Coverage (EOC), the Explanation of Benefits (EOB), and plan sponsor websites. All communications should be easy-to-understand and in multiple languages. It will be important for those enrolled in prescription drug plans (PDP) to be informed through a variety of communications about MPPP and the need to opt into the program should they determine it will be beneficial for them. As CMS notes proactive notification of Part D enrollees prior to their interaction at the point of sale (POS) will streamline the program election process and help to prevent drug dispensing delays. It will be important to make clear that this is a new government-mandated program that will help enrollees manage their monthly OOP costs.

- ***Section 30.1.1 Required Mailings with Membership ID Card Issuance***

We support the requirement that Part D sponsors must include with the membership ID information regarding the MPPP along with the MPPP election request form. We look forward to reviewing the CMS-developed educational products that plans have the option of using or developing their own materials that are compliant with CMS requirements. We urge CMS to be as prescriptive with plans as possible, rather than allowing flexibility.

- ***Section 30.1.5 Part D Sponsor Websites***

We support the requirement that plan websites must have robust information about MPPP. This information should be in an easy and obvious place to find on plan websites. CMS should consider specifying where on the plan website these educational resources must appear to promote consistency for PDP enrollees. CMS should also consider providing model language for websites that incorporates the CMS-developed education products on MPPP and other CMS-developed resources. The website should also have the ability for Part D participants to easily verify if they have been enrolled in MPPP.

Information about how to elect into the program should be front and center on the plan websites and the mechanism used to enroll into MPPP must be easy to use. Enrollment should be via online form, and not through a PDF submitted to plans. Additionally, websites should have mechanisms in place so that patients can easily verify if they have enrolled into MPPP.

Further the plan websites should make clear that is a free Medicare program, not a new plan. The websites should also prominently display low-income subsidy (LIS) eligibility information as prospective LIS enrollees will benefit more in LIS than MPPP.

Section 30.2 Targeted Outreach and Education Requirements for Part D Sponsors

- ***Section 30.2.1 Notice for Part D Enrollees Likely to Benefit***

The guidance requires that Part D plan sponsors provide the “Medicare Prescription Payment Plan Likely to Benefit Notice” to Part D enrollees likely to benefit via mail or electronically (based on individual enrollee’s preferred and authorized communication methods). We support sending the notice based on enrollee’s preferred communication methods when outreach occurs outside of the pharmacy POS notification process. Targeted enrollment outreach is important; however, we support broad outreach and education to all Part D beneficiaries regardless of their previous OOP experience. Outreach is particularly critical for the year-one roll out and must coincide with education about the \$2,000 cap in OOP expenses.

- ***Section 30.2.2 Requirements for Identifying Part D Enrollees Likely to Benefit Prior to and During the Plan Year***

The guidance defines those “likely to benefit” Part D enrollees as those who would have to incur some level of substantial OOP costs meaning that their highest monthly OOP cost is greater than their monthly OOP cost under the MPPP. In the final guidance Part 1, CMS sets an OOP threshold of \$600 for a single prescription to identify enrollees that are likely to benefit from MPPP and therefore must receive the “MPPP Likely to Benefit Notice.” We believe the threshold should be based on cumulative costs rather than a single prescription. For the PDP enrollee, the \$600 OOP expense is the same regardless of it being one prescription copay or a combination of five drug copays. This may inadvertently exclude those who

would benefit from the program. Approaching costs from a cumulative perspective we believe, is more aligned with Congressional intent when the law was passed.

- **Section 30.2.2.1 Identifying Part D Enrollees Likely to Benefit Prior to the Plan Year**

The guidance requires Part D plans to assess current enrollees' costs and conduct outreach prior to the plan year if that enrollee has costs greater than \$2,000 through September of the previous year. Outreach by the plan must occur in October, November, or early December (no later than December 7, 2024). We urge outreach with Part D enrollees to occur a few months prior to open enrollment so prospective participants have time to determine if they will benefit and are prepared to opt into MPPP at the earliest opportunity.

- **Section 30.2.2.2 Identifying Part D Enrollees Likely to Benefit During the Plan Year**

The guidance requires plans to do outreach during the 2025 plan year if the plan becomes aware of a new high-cost prescription that would trigger the pharmacy POS notification process and if they're likely to benefit from opting into the program. We support continued outreach during the 2025 plan year and believe plans should be required to continually send information on MPPP to beneficiaries, even if beneficiaries initially opt against enrollment.

- **Section 30.2.2.3 Requirements for Identifying Part D Enrollees Likely to Benefit at POS**

The guidance requires plans to notify the pharmacy when an enrollee incurs OOP costs exceeding a set threshold. Pharmacists must inform enrollees they may benefit from the MPPP and provide the CMS-drafted notice. As noted above, we believe the single prescription \$600 OOP threshold is too limiting and could be potentially burdensome for the pharmacist.

Pharmacies are encouraged but not required to provide additional counseling or education. To make this education as burdenless as possible, we encourage CMS to provide model language for pharmacists to use when educating or counselling. We understand that CMS has no authority to require plans to reimburse pharmacists for such services but we support such reimbursement. Additionally, CMS should provide educational collateral to display at pharmacies, including QR codes for patients to enroll/learn more, and encourage pharmacists to direct patients to contact plans based on the contact information on membership ID card for more information or to opt into MPPP.

- **Section 30.2.3 Communications with Contracted Providers and Pharmacies**

The guidance encourages Part D sponsors to communicate MPPP information with providers and network pharmacies as they "play a key role in cost-of-care conversations with their patients that can include discussions about potential prescription drug costs." We believe this should be a requirement to increase beneficiary engagement at the pharmacy POS and help create an additional access point for beneficiaries to evaluate the benefits of enrolling in the MPPP.

The guidance also encourages Part D sponsors to target communication to subgroups of providers based on provider specialty and likelihood of prescribing high cost covered drugs. While this is important, we believe this could leave out providers that Part D enrollees trust for drug related information. Therefore, we encourage CMS to consider communication about MPPP to the broad healthcare provider community.

Section 30.3 Communications with Program Participants and Model Materials Requirements for Part D Sponsors

- ***Section 30.3.1 Overview of Election Requirements***

- ***Section 30.3.1.1 Request to Participate in the Medicare Prescription Payment Plan***

The guidance requires Part D sponsors to allow enrollees to opt into the MPPP during Part D plan annual enrollment periods, initial Part D enrollment periods, and special Part D enrollment periods. We support this requirement. The plans must also offer a toll-free telephone number, website application, fax or mail option. Plans should also include an ability to enroll on the plan's smart phone applications.

We also support the requirement that Part D plans must send the "Medicare Prescription Payment Plan Participation Request Form" with the membership ID card provided to new Part D enrollees and that Part D sponsors must accept election requests they receive regardless of the format of the request.

The guidance requires that when a Part D sponsor receives an election request in an alternate format and required information is missing, they must contact the Part D enrollee telephonically or electronically to collect all necessary information and document the Part D enrollee's and/or their legal representative's agreement to the Part D sponsor's terms and conditions. We support this requirement and urge a 72-hour timeframe for seeking such information. Further, plans should be required to submit enrollment data to pharmacies following enrollment and correspondingly termination status.

- ***Section 30.3.1.2 Paper Election Requests***

We also support the guidance directive that Part D sponsors ensure that paper election requests sent to enrollees include all the information, including terms and conditions, needed to enroll the patient. If the request is incomplete or missing information, the sponsor must contact the enrollee by phone or email to collect the missing information. Again, we urge a 72-hour timeframe for seeking such information. We also support that paper election requests can either be filled out electronically and printed or filled out by hand by a Part D enrollee or their representative and that there will be an option for either a signed or electronic signature.

- ***Section 30.3.1.3 Telephonic Election Requests***

We support that the guidance requires calls received by the plan sponsor be recorded and follow a script previously approved by the Part D sponsor to ensure the information listed in the CMS model request form is obtained during the phone call with the enrollee. We urge CMS to draft and provide a model script to plans for such calls. CMS should also require plans to conduct outreach several times before giving up in contacting the beneficiary.

We support CMS' expectation that Part D sponsors complete the entire MPPP election process in that single telephone interaction if the Part D enrollee wishes to participate in the program. We recommend that compliance with this expectation should be a factor in MPPP audits of plan sponsors.

- ***Section 30.3.1.4 Website Election Requests***

The guidance notes that enrollees should be able to complete the entire election request process,

including documenting the individual's agreement to the Part D sponsor's terms and conditions, through the website. Further, the guidance requires that the election request systems must include a distinct step that requires the Part D enrollee to read and agree with the Part D sponsor's terms and conditions.

We support the requirement that Part D plans have an election request mechanism so prospective participants can enroll online. The election mechanism must be front and center on a plan sponsor's Medicare pages. The mechanism for enrollment into MPPP must be easy to use, similar to enrollment into the prescription drug plan itself. We also urge CMS to require an online election option to "pop-up" following online plan enrollment. It is also imperative that plan websites have real online enrollment, not simply completing a printable PDF that is then submitted to the plan. This could potentially delay enrollment in MPPP.

- ***Section 30.3.2 Notice of Acceptance of Election***

We support the requirement that the Part D sponsor must communicate that the request to participate in the payment plan has been accepted and effectuated via written notice. The plan sponsor must inform the enrollee by phone of their acceptance and follow up within 3 days via email or mail with a written notification.

- ***Section 30.3.3 Notice of Failure to Pay***

We support the guidance requirement that plan sponsors send enrollees notification of a failed payment within 15 days of the payment due date. We recommend aligning the timing notification on missed premium payment in Part D. There must be more than just one notice from the plan. Further, after notification the plan should send a link to the beneficiary via email to facilitate prompt payment and once paid send a verification of acceptance of payment.

- ***Section 30.3.4 Notice of Termination of Election Following End of Grace Period***

We support the requirement that Part D sponsors must provide a notice of termination within three calendar days after the end of the two-month grace period.

- ***Section 30.3.5 Notice of Voluntary Termination***

We support the requirement that Part D sponsors work with enrollees voluntarily terminating their participation in MPPP to determine how they will pay their outstanding balance. We agree that sponsors cannot require full and immediate payment and that the plan sponsor must process the voluntary termination request and send notification confirming the termination within 10 calendar days of receipt of the request. We urge that the termination forms be very clear and state that termination does not affect an enrollee's Part D status, just their MPPP status. The forms should also highlight how termination does not inhibit eligibility and participation in MPPP in future plan years. In terms of the payment plan, we urge CMS require plan sponsors to follow a calculation with prorated payments after termination.

The draft guidance states that disenrollment from a plan includes switching plans during the coverage year or for a subsequent coverage year. To lessen the burden on beneficiaries, we urge CMS to consider ways, including targeted educational materials, to ensure that changing plans does not lead to an unwanted disenrollment from the program and maintains the ability to opt-in to the new plan.

- **Section 30.4 Language Access and Accessibility Requirements**

We support the requirement that plans must provide outreach materials and communication in a culturally competent manner that can be translated and made available in markets with a significant population with limited English proficiency (LEP). We urge the plan sponsors and CMS to have a plan to get information out to underserved and LEP communities in particular.

Section 40. CMS Part D Enrollee Education and Outreach

Section 40.1 Information on the Medicare Prescription Payment Plan

The guidance requires CMS to develop and provide an educational product for Part D enrollees on the Medicare.gov website and through other communication channels that Part D sponsors, pharmacies, providers, beneficiary advocates, and others are encouraged to use for education. We appreciate that CMS has been very intentional in thinking through education options, but we remain concerned that the proposed resources are not prescriptive enough for patient groups to truly gauge if they will be effective for their populations. Patient advocacy organizations are well positioned to help review MPPP resources as they are developed, and we encourage CMS to leverage these resources. Going further, we request that CMS provide the patient advocacy community and independent charitable foundations with model language or a script for how to discuss the MPPP with Part D beneficiaries. We also recommend that CMS utilize health literacy experts in the development of the educational product.

Without articulated specificity on what the educational product will comprise, we recommend the inclusion of the following key pieces:

- Overview of OOP cap and MPPP, including that all Part D plans must allow MPPP participation
- Emphasis on the \$2,000 Part D cap; despite monthly payment fluctuations with MPPP, Medicare beneficiaries will not pay more than \$2,000 annually.
- Enrollment options and processes, including that enrollment is required annually
- Easy-to-understand calculation examples
- Who is likely to benefit
- Implications for failing to pay
- Monthly billing statement information
- Information on LIS
- Complaints and grievances process
- How to obtain additional information
- How to get in touch with local State Health Insurance Assistance Program (SHIP) counselors
- Adaptable script for patient education

The guidance encourages Part D plans to provide additional information that pharmacists can give to those likely to benefit, communicate details of the educational material to contracted providers and other parties, and describe the MPPP in other materials (e.g., educational materials, communications, marketing materials). We urge CMS that this be a requirement for Part D plans. In particular, there is a significant need to communicate broadly with the health care provider community.

We also urge CMS to send a new colored letter specifically focusing on MPPP that is not a part of the Annual Notice of Change communication pieces and highlight this further in the Medicare & You handbook. It is critical that this information stand out amongst the many letters a Medicare enrollee

receives highlighting the option to participate, how to determine if they will benefit from the program, and how to enroll.

It will also be critical that the monthly billing statements offer clear information for the enrollee, so that these statements stand out from other Explanation of Benefits. The billing statement should also clearly outline how much is remaining in terms of payment before reaching the \$2,000 cap.

We also urge CMS to use social media, television commercials, public service announcements for waiting rooms at physician offices, federally qualified health centers, and other appropriate locations to educate about MPPP.

CMS should also conduct regular focus groups with Part D beneficiaries to ensure program and educational outreach are meeting their assigned objectives.

Section 40.2 Modifications to Existing Part D Resources

The guidance notes that CMS will make applicable changes regarding MPPP to the CMS provided materials (e.g., Medicare Part D documents, website content, tools) before the plan year begins. CMS intends to work with interested parties to make sure that Part D sponsors, pharmacies, providers, and beneficiary advocates will have what they need to inform individuals about the details of the MPPP. We urge CMS to include navigators and SHIPs in this group.

We laud CMS for thinking through education options but remain concerned that the proposed resources are not prescriptive enough for patient groups to truly gauge if they will be effective for their populations. We urge CMS to hold meetings with patient advocacy groups to gain insight on necessary content for adaptability by patient groups. provide specific guidance on the necessary education.

For the Medicare & You handbook, we urge that CMS provide a clear and concise section focused on MPPP. This should include pop-up images and language on the cover and in the table of contents to drive readers to the new section.

For Medicare Plan Finder, there should be a similar enrollment mechanism for MPPP as for a Part D PDP. We urge offering a clear and obvious enrollment option after a Part D beneficiary enrolls into a PDP such as a pop-up box so patients can enroll following their plan selection. Ideally this would be a simple Yes/No selection. Additional pop-up options for enrollment into the MPPP should be created if a prospective enrollee inputs drugs costs during Plan Finder searches in the enrollment process. We also urge CMS to explore offering an online calculator to help patients understand whether they will benefit from MPPP.

Section 40.3 National Outreach and Education Efforts

The guidance acknowledges the important role that SHIP counselors will play in educating Medicare beneficiaries in PDPs about the option to participate in MPPP. SHIPs should be well resourced to educate beneficiaries on the MPPP and be provided with sample scrips and tip sheets with key information that can be used at events and on SHIP websites.

We also urge that agents and brokers be required to educate beneficiaries on MPPP and undergo mandatory training on the MPPP benefit.

Section 50. Pharmacy Processes

Section 50.1 Part D Enrollees with Supplemental Coverage that Modifies the Final Patient Pay Amount

The guidance acknowledges that a small portion of Part D enrollees will have supplemental coverage, such as through a State Pharmaceutical Assistance Program, charity (e.g., charitable foundation), or other health insurance. CMS notes that for these enrollees, the final patient pay amount on a covered Part D prescription drug claim could be reduced below the required notification threshold because of the contributions of a supplemental payer. Therefore, CMS intends to provide language in the “Medicare Prescription Payment Plan Likely to Benefit Notice” that recommends enrollees with supplemental coverage seek advice related to their specific situation prior to opting into MPPP. We are concerned that this is overly complicated and puts the burden on the Part D enrollee to factor this into their calculation of whether they are likely to benefit from MPPP. It is also unclear how supplemental coverage, including assistance provided by independent charitable foundations, will be accounted for by the plans.

Section 50.3 Pharmacy POS Notifications in Retail and Non-Retail Pharmacies

Per the guidance, all pharmacies will be required to provide the “Medicare Prescription Payment Plan Likely to Benefit Notice” at POS. Hard-copy notification is required by pharmacies with in-person pick-up options. We support this proposal given the important notification role of pharmacies and pharmacists.

For non-POS pharmacy interaction, email or patient portal notification complies with the requirement when the method of communication is established with the patient (e.g., pharmacies with medication management programs). Phone or another established method is required when in-person patient counseling is not an option (e.g., mail-order and specialty pharmacies). We support these requirements.

Section 50.4 Readjudication of Prescription Drug Claims for New Program Participants

CMS requires pharmacies to reprocess claims for Part D covered prescriptions if the patient enrolls after receiving the Likely to Benefit Notification (triggered by a high-cost Part D covered prescription drug). If the patient leaves the pharmacy to enroll in the plan and returns with MPPP BIN/PCN, the pharmacy must reprocess the claims and the enrollee then pays \$0 at POS. All processed Part D claims that have not been paid, and the prescriptions have not been picked up by the enrollee, must be reprocessed based on the enrollee’s enrollment in the MPPP. We support these proposal requirements.

Section 60 Part D Sponsor Operation Requirements

The guidance discusses the various operational requirement that Part D sponsors should be aware of and must comply with in implementation of MPPP. We support the expectation that sponsors incorporate the MPPP into compliance programs to meet program requirements.

Section 60.1 Part D Bidding Guidance for CY2025

We urge CMS to incorporate MPPP details into plan bid submissions for CMS to review.

Section 60.4 Audits

The guidance says that CMS and/or its contractors *may* conduct plan audits of MPPP implementation. We believe audits are a critical piece of compliance and should be made publicly available.

Additional Comments

Program Name

The nomenclature “Medicare Prescription Payment Plan” could be confusing for Part D enrollees in a prescription drug plan – it’s a plan within a plan. The name is also not clearly associated with Part D, which could also be confusing for potential participants. Although the terminology “Medicare Prescription Payment Plan” has been used for some time, we wonder if there is more descriptive language that could be used that better describes the intent of the program. While we do not propose a specific name for the program, we believe CMS should shift the nomenclature from MPPP closer to a “budgeting” benefit, given that this may resonate more with beneficiary populations as they are generally savvy with living off a fixed income.” Regardless, CMS should use standard terminology across all promotional materials to mitigate confusion among enrollees and ensure consistency across educational resources developed and disseminated by other interested parties, such as advocacy groups.

POS Enrollment

While we understand the challenges for 2025, we continue to urge CMS to identify and develop infrastructure to allow for enrollment at the point of sale. Allowing patients to opt-in at the point of sale will ensure that patients receive medications on time while mitigating financial burden.

MPPP Model Documents

We are reviewing CMS’ information collection request (ICR) referenced in the Draft Part 2 Guidance and released on February 29 and look forward to providing comments by the April 29 deadline.

We appreciate your leadership to increase equitable access to and affordability of health care for more Americans. Thank you for your consideration of our comments. MPPP is a critically important Medicare reform, and we welcome the opportunity to provide perspectives regarding its successful implementation.

If you have questions about the issues raised, please contact Amy Niles, Chief Mission Officer, Patient Access Network Foundation at aniles@panfoundation.org.

Sincerely,

Alliance for Aging Research
Alliance for Patient Access
American Liver Foundation
Bone Health and Osteoporosis Foundation
Colorectal Cancer Alliance
Crohn's & Colitis Foundation
Depression and Bipolar Support Alliance (DBSA)
Gaucher Community Alliance
Hemophilia Federation of America
HIV+Hepatitis Policy Institute
International Pemphigus & Pemphigoid Foundation
International Waldenstrom's Macroglobulinemia Foundation
Melanoma Research Foundation

MPN Advocacy and Education International
Multiple Sclerosis Association of America
Myasthenia Gravis Foundation of America (MGFA)
National Council on Aging
National Eczema Association
NCODA
Patient Access Network (PAN) Foundation
Pink Fund
Prevent Blindness
The AIDS Institute
The Mended Hearts, Inc.
The NaVectis Group
The Sumaira Foundation
University of Michigan Center for Value-Based Insurance Design