



April 29, 2024

Dr. Meena Seshamani  
Director, Center for Medicare  
Deputy Administrator, Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Dr. Seshamani,

Our organizations, The Alliance for Aging Research (AAR) and the Patient Access Network Foundation (PAN Foundation), appreciate the ongoing opportunity to work with the Centers for Medicare & Medicaid Services (CMS) on implementing critical elements of the Medicare Prescription Payment Plan (M3P). We thank CMS for the opportunity to comment on both the Part I and Part II guidance for M3P and similarly appreciate being able to provide feedback on the model forms and education materials provided by CMS through the Information Collection Request (ICR) related to M3P implementation. Our comments to the documents included in the ICR are attached as Appendix A and briefly summarized below.

#### **About AAR**

The Alliance for Aging Research is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. The Alliance strives for a culture that embraces healthy aging as a greater good and values science and investments to advance dignity, independence, and equity.

For more than 35 years, the Alliance has guided efforts to substantially increase funding and focus for aging at the National Institutes of Health and Food and Drug Administration; built influential coalitions to guide groundbreaking regulatory improvements for age-related diseases; and created award-winning, high-impact educational materials to improve the health and well-being of older adults and their family caregivers.

#### **About PAN Foundation**

The Patient Access Network Foundation is a national patient advocacy organization and charitable foundation that for two decades, has been dedicated to helping underinsured people living with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs. Additionally, through our national and grassroots efforts, we advocate for improved affordability and access to care. Since 2004, we have provided more than 1.1 million underinsured individuals with \$4 billion in financial assistance.

#### **Comments to Model Forms and Education Materials**

As previously noted, we have included as Appendix A redlined versions of the forms to help CMS visualize the changes we would like to see before the forms are finalized. Overall, we urge CMS to incorporate language that reflects the following:

- Reiterating in each form the specifics of the M3P program, including:
  - stating it is a government program,
  - stating individuals will never pay more than \$2,000 out-of-pocket in 2025,
  - explaining the grace period, and
  - explaining the grievance process.
- Defining comprehensively and consistently the “other programs” to lower costs and information on how to learn more about these alternatives.
- Clarifying that the M3P program is not being sold to beneficiaries; this is a new benefit akin to other benefits in the Medicare program.
- Clarifying that M3P does not replace a prescription drug plan or a Medicare Advantage prescription drug plan, as the nomenclature “Medicare Prescription Payment Plan” may confuse beneficiaries because of the word “plan.”
- Incorporating thematic elements of how smoothing works, specifically explaining how the new cap limiting annual costs helps beneficiaries to better manage and pay for costs before they reach the cap.

We also encourage CMS to develop a standardized form for plans to send to beneficiaries enrolled in the M3P at the end of the calendar year. This form should include:

- Notice that the beneficiary will need to re-enroll in the M3P with their selected plan for the following year – even if they are remaining with the same plan – in order to continue to use the program.
- Information about how to make their final payment for the M3P for the current year, including information about the grace period and grievance process.

Lastly, CMS should ensure that plans are able to walk beneficiaries through specifics of the M3P program either by phone or through the plan’s website. Specific to the website, we recommend inclusion of 1) a payment calculator and 2) an easy-to-understand infographic of how enrollment in the M3P program will benefit the beneficiary as well as a flow chart of the mechanics of the benefit.

### **Next Steps and Conclusion**

Thank you again for the opportunity to comment on these model forms and education materials. We look forward to continuing our partnership with CMS to ensure that beneficiaries can easily access and benefit from these essential policy reforms. If you have questions about these recommendations or would like to discuss further, please contact us at [mward@agingresearch.org](mailto:mward@agingresearch.org) or [aniles@panfoundation.org](mailto:aniles@panfoundation.org).

Sincerely,



Michael Ward  
VP of Public Policy and Government Relations  
Alliance for Aging Research



Amy Niles  
Chief Mission Officer  
Patient Access Network Foundation

Attachment

## Medicare Allows Participants to Manage Monthly Drug Costs Through Interest-Free Payment Installments

~~Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan~~

You are receiving this notice because you have been prescribed, or have previously taken, a prescription medication ~~expected to~~ that will cost you \$600 or more each time you fill the prescription. ~~Though there is now a \$2,000 annual limit on your out-of-pocket costs for medications in Medicare, exceed \$600 in out-of-pocket costs and~~ You ~~might~~ you may benefit from participating in the Medicare Prescription Payment Plan, ~~because you have high drug costs~~. This new government payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the remainder of the year** (January – December).

### **What's the Medicare Prescription Payment Plan?**

The Medicare Prescription Payment Plan is a new government payment option ~~established~~ created by Congress to help you manage your out-of-pocket drug costs, starting ~~in~~ January 1, 2025. All Medicare drug plans and Medicare health plans with drug coverage (like a Medicare Advantage Plan) must offer this payment option, and all plans use the same formula to calculate your monthly payments. If you choose to participate in the Medicare Prescription Payment Plan, each month you'll pay your plan premium (if you have one) and you will receive a separate (?) bill from your health or drug plan for the out-of-pocket costs you owe for your prescription drugs. It is important to note that if you are enrolled in the Medicare Prescription Payment Plan, you will won't not be paying for your prescription drugs at the pharmacy counter. Instead, you will pay the amount you owe in monthly installments over the remainder of the current year. If you select this payment option, each month you'll pay your plan premium (if you have one) and you'll get a bill from your health or drug plan for your prescription drugs (instead of paying the pharmacy).

**Participating in this payment option is voluntary.** Anyone with a Medicare drug plan or a Medicare health plan with drug coverage can use this payment option, which applies to all prescription drugs covered by Part D. It doesn't cost anything to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late. ~~If you don't participate in the Medicare Prescription Payment Plan, you will continue to pay for your prescription drugs at the pharmacy counter, and you will not have the benefit of spreading these costs throughout the year.~~

### **How will my costs work with this payment option?**

The new prescription drug law caps limits your out-of-pocket costs at to \$2,000 in 2025 and eliminates the coverage gap (known as the "donut hole"). This means you will not never pay more than \$2,000 in out-of-pocket drug costs in 2025. This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan.

~~If you enroll in the Medicare Prescription Payment Plan, when you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail-order and specialty pharmacies). Instead, you'll get a bill each month from your plan. Your monthly bill is based on what you owe for any prescriptions you get filled, plus your previous month's balance, divided by the number of months left in the year.~~

**Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time.** ~~Future payments amounts might will increase if you fill a new prescription or refill an existing prescription. Also, note that if you add a new prescription later in the year there will be fewer months remaining in the year to spread out the payment, so your monthly payment will be larger. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs are added into your monthly payment, there are fewer months left in the year to spread out your payments.~~

## Will this payment option help me?

It depends on your situation. If you have high out-of-pocket drug costs, this payment option spreads out what you'll pay each month across the year (January – December), so you don't have to pay out-of-pocket costs to the pharmacy. **This payment option might help you manage and budget for your expenses, but it doesn't save you money or lower your drug costs.** Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn about programs that can help lower your drug costs.

## ~~How will my costs work with this payment option?~~

~~The new prescription drug law caps your out-of-pocket costs at \$2,000 in 2025 and eliminates the coverage gap (known as the “donut hole”). This means you'll never pay more than \$2,000 in out-of-pocket drug costs in 2025. This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan.~~

~~When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail-order and specialty pharmacies). Instead, you'll get a bill each month from your plan. Your monthly bill is based on what you owe for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.~~

~~**Note:** Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs are added into your monthly payment, there are fewer months left in the year to spread out your payments.~~

## How do I know if this payment option might not be right for me?

This payment option might not be helpful for you if:

- You get assistance through the Medicare Extra Help (also known as the Low-Income Subsidy Program) from Medicare.
- You qualify for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a state AIDS Drug Assistance Program or other health coverage.
- You qualify for Manufacturer's Pharmaceutical Assistance Programs (sometimes called Patient Assistance Programs (PAPs)): A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- You are receiving financial assistance from a charitable foundation.
- Your yearly drug costs are low, and relatively the same from one month to the next. ~~Your drug costs are the same each month.~~
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.

## Who can help me decide if I should sign up for this payment option?

- **Your plan:** Visit your plan's website, or call your plan to get more information. Your plan's phone number is on the back of your membership card.
- **Medicare:** Visit [Medicare.gov/tbd](https://www.Medicare.gov/tbd), or call 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
- **State Health Insurance Program (SHIP):** Visit [shiphelp.org](https://www.shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

## How do I sign up for this payment option?

To sign up for this payment option, visit your plan's website or call your plan. You can find your plan's phone number on the back of your membership card. If you need to pick up a prescription urgently, the fastest way to use this payment option is to call your plan.

**Need this information in another format or language?**

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan. If you need help contacting your plan, call: 1-800-MEDICARE (1-800-633-4227).

## Medicare Prescription Payment Plan participation request form

FIRST name: \_\_\_\_\_ LAST name: \_\_\_\_\_ MIDDLE initial (optional): \_\_\_\_\_

**Medicare Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birth date: (MM/DD/YYYY)  
(    /    /    )

Phone number:  
(    )

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City: \_\_\_\_\_ County (optional): \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address, if different from your permanent address (P.O. Box allowed):  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Do you currently get help paying your prescription drug costs from a program like Medicare's Extra Help, a State Pharmaceutical Assistance Program (SPAP), Indian Health Services, or other health insurance?  
 Yes       No       Not sure

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. <Plan Name> will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form <and the attached terms and conditions (if included)>.
- <Plan Name> will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Address (Street, City, State, ZIP code): \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Relationship to participant (if signing on behalf of the beneficiary): \_\_\_\_\_

### How to submit this form

Submit your completed form to:  
 <Plan Name>  
 <Plan address>  
 <Plan address>  
 <Plan address>  
 <Plan fax number if applicable>  
 <Plan email if plan chooses to accept forms via email>

**Commented [A1]:** Comment to CMS: Please clarify why there is a need to check whether someone gets assistance from another program such as Extra Help. What will the plan do with this information?

**Commented [A2]:** Comment to CMS: Please clarify that the form can be submitted electronically and not just as a PDF.

**Commented [A3R2]:** Comment to CMS: When submitted electronically, plans should send an auto response acknowledging submission of the form and that those opting in should hear back from their plan regarding their M3P status in 24 hours and if not to call the plan's 1-800 number.

<Plans can insert their Medicare Prescription Payment Plans terms and conditions on the back of this form or attach them separately>

## Exhibit 1 – Part D Sponsor Notice to Acknowledge Acceptance of Election in the Medicare Prescription Payment Plan

Referenced in [insert draft part 2 guidance section]

<Part D sponsors may insert a title for the notice, such as “You’re now participating in the Medicare Prescription Payment Plan”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

<Date>

Dear <Name of Member>,

Welcome to the Medicare Prescription Payment Plan, a payment option that works with your <plan name>. Your participation starts on <insert date>.

### What happens now?

1. We’ll let your pharmacy (including mail-order and specialty pharmacies) know that you’re using this payment option.
2. When you fill/pick up a prescription for any drugs covered by Part D through the end of the current year, you won’t pay your pharmacy for the prescription. Instead, but your out-of-pocket responsibility will be added to your Medicare Prescription Payment Plan’s outstanding balance.
3. Each month <plan name> will send you a bill with the amount you owe, when it’s due, and information on how to make a payment. You’ll get a separate bill for your monthly plan premium (if you have one).

### How is my monthly bill calculated?

Your monthly bill is based on what you owe for any prescriptions you get fill after opting into the payment plan for the remainder of the calendar year, plus your previous month’s balance, divided by the number of months left in the year. This calculation allows you to spread your costs over the course of the year zero-interest payment installments, instead of paying it all at once.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might will increase if you fill a new prescription or refill an existing prescription. Also, note that if you add a new prescription later in the year there will be fewer months remaining in the year to spread out the payment, so your monthly payment will be larger. Note that you’ll never pay any interest or fees on what you owe, even if your payment is late.

You will be billed separately for your out-of-pocket prescription drug costs from your monthly premium. Paying plan premiums is are the highest priority to maintain enrollment in Part D. However, yYou may be removed from the program if you inadvertently apply a payment to your premium. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket costs are added into your monthly payment, there are fewer months left in the year to spread out



~~your payments. You'll never pay any interest or fees on the amount you owe, even if your payment is late.~~

Remember, in a single calendar year (Jan – Dec), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy.
- The Medicare drug coverage annual out-of-pocket maximum (which is \$2,000 in 2025).

### What happens if I don't pay my bill?

We'll send you a reminder if you miss a payment. ~~and payment is not received by?– If you don't pay your bill by the date listed and your payment has not been received by X/XX/XXXX (whatever day is 2 months after the start of the grace period), you'll be removed from the MPPP." If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. Like any other debt, y~~

~~You're required to pay the amount you owe~~ You will be billed the amount you owe. However, ~~A~~ always pay your <plan name> premium first (if you have one), so you don't lose your drug coverage. Paying plan premiums is the highest priority to maintain enrollment in Part D.

If you think that we've made a mistake with the amount you owe, call us at <phone number>. You also have the right to follow the grievance process found in your <insert "Member Handbook" or "Evidence of Coverage," as appropriate>.

**Commented [A1]:** Comment to CMS: The sentence at the end of this section would benefit from some language around when beneficiaries can be reinstated for good cause and what that process is, especially if it is different than the appeals/grievance system. Section 80.2.2 of the Part I guidance talks about this but does not define what "good cause" is, but says there must be a "credible statement" that they couldn't pay due to given circumstances.

### Can I leave the Medicare Prescription Payment Plan? What if I no longer want to stay in the Medicare Prescription Payment Plan?

You can leave ~~(disenroll?)~~ the Medicare Prescription Payment Plan at any time by calling us at <phone number>. If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in the program. You can choose to pay the remaining amount all at once or be billed monthly. If you leave ~~(disenroll?)~~, your Medicare drug coverage and other Medicare benefits won't be affected, and you'll go back to paying the pharmacy directly for all your out-of-pocket drug costs.

If you leave <current plan name> or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan) your participation in the Medicare Prescription Payment Plan will end. If you change plans, and you'd like to join the Medicare Prescription Payment Plan offered through your new plan, contact your new plan.

Enrollment in the Medicare Prescription Payment Plan lasts through the end of the current calendar year. If you wish to re-enroll in the Medicare Prescription Payment Plan for next year, you will need to visit your plan's website or call after you've selected your plan for <future plan year, i.e., 2026>.

### Are there programs that can help lower my costs?

While the Medicare Prescription Payment Plan spreads out your costs, it doesn't lower them. However, you may be eligible for programs that can help lower your costs, like:

**Commented [A2]:** Comment to CMS: Programs listed to lower costs should be consistent across all documents.

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit [secure.ssa.gov/i1020/start](https://secure.ssa.gov/i1020/start) to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.

- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.go.medicare.gov/spap) to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- **Charitable Patient Assistance Programs:** A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them -with- Medicare to afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.
- **AIDS Drug Assistance Programs:** If you are living with HIV, you may be eligible for your state's AIDS Drug Assistance Program (ADAP) administered by your state health department. Visit <https://adap.directory/> to learn more.

**Commented [A3]:** Comment to CMS: The Medicare website does not include a link to FundFinder that allows those in need of help with their medication costs to track more than 200 patient assistance funds from nine charitable organizations. We recommend that CMS include a link on their website to this resource.

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp) or call 1-800-772-1213. TTY users can call 1-800-325-0778.

## Exhibit 2 – Part D Sponsor Initial Notice for Failure to Make Payments under the Medicare Prescription Payment Plan

Referenced in [insert draft part 2 guidance section]

<Part D sponsors may insert a title for the notice, such as “Urgent: Pay your Medicare Prescription Payment Plan bill”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

Dear < Member>:

~~We didn't get your monthly payment for the Medicare Prescription Payment Plan that was due. We have not received your monthly payment for the Medicare Prescription Payment Plan that was due~~<insert payment due date>. To continue to stay in and benefit from the Medicare Prescription Payment Plan, you must pay <insert the full amount or a partial amount(s) should the plan choose to allow enrollees to pay the balance over separate payments> by <insert date for the end of the grace period (i.e., the date that is two calendar months from the first day of the month for which the balance is unpaid or the first day of the month following the date on which the payment is requested, whichever is later)>.

**This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in <plan name> for your drug coverage.**

### How do I pay my bill?

You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe.

You owe <insert unpaid>. You can pay:

- Online at <plan's website>, by credit/debit card.
- Through the mail, by check.
- <insert other payment methods offered by the plan like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)>.

If you have questions about your payment, call us at <phone number>, <days and hours of operation>. TTY users can call < TTY number>.

### What happens if I don't pay my bill?

~~You will be billed the amount you owe.~~ If you don't pay your bill by <insert effective date>, you'll no longer be enrolled in the Medicare Prescription Payment Plan through <plan sponsor>. As of <effective date>, you'll pay the pharmacy directly for your out-of-pocket drug costs.

~~Like any other debt, you're required to pay the amount you owe.~~ As long as you continue to pay your plan premium (if you have one), you'll still have drug coverage through <plan name>.

**Commented [A1]:** Comment to CMS: Can an overdue amount be paid monthly? Or does that balance need to be paid by the date listed? If the latter, then the language on how to pay a bill is confusing and should be clarified.

### What if I think there's been a mistake?

If you think that we've made a mistake, call us at <phone number>. You also have the right to ask us to reconsider our decision through a grievance process. Check your <insert "Member Handbook" or "Evidence of Coverage," as appropriate>.

### What if I can't afford to pay both my plan premium and my Medicare Prescription Payment Plan payment?

Always pay your <plan name> premium first (if you have one). If needed, we can apply a payment you've made toward your Medicare Prescription Payment Plan balance to your plan premium instead. Call us at <phone number> to discuss this option.

### Are there programs that can help lower my costs?

While the Medicare Prescription Payment Plan spreads out your costs, it doesn't lower them. However, you may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit [secure.ssa.gov/i1020/start](https://secure.ssa.gov/i1020/start) to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.go.medicare.gov/spap) to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- **Charitable Patient Assistance Programs:** A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them ~~with Medicare~~ to afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.
- **AIDS Drug Assistance Programs:** If you are living with HIV, you may be eligible for your state's AIDS Drug Assistance Program (ADAP) administered by your state health department. Visit <https://adap.directory/> to learn more.

**Commented [A2]:** Comment to CMS: The Medicare website does not include a link to FundFinder that allows those in need of help with their medication costs to track more than 200 patient assistance funds from nine charitable organizations. We recommend that CMS include a link on their website to this resource.

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp) or call 1-800-772-1213. TTY users can call 1-800-325-0778.

**Note:** The programs listed above can help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

**Exhibit 3 - Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation in the Medicare Prescription Payment Plan**

Referenced in [insert draft part 2 guidance section]

<Part D sponsors may insert a title for the notice, such as “Important: Your participation in the Medicare Prescription Payment Plan has ended”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

<Date>

Dear < Member>,

On <date of initial notification of failure to pay>, we sent you a letter letting you know your monthly payment for the Medicare Prescription Payment Plan was overdue. The letter explained that if you didn't make your payment by <insert time frame>, ~~we'd end~~ your participation in the Medicare Prescription Payment Plan would end.

Starting <insert effective date, which should be the same date as this letter>, you're no longer participating in the Medicare Prescription Payment Plan through <plan sponsor> because we didn't ~~get~~ receive your monthly payment. Like any other debt, you're still required to pay the amount you owe, \$<amount owed>.

As of <effective date>, you'll pay the pharmacy directly for all your out-of-pocket drug costs.

**This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in <plan name> for your drug coverage.**

**How do I pay my balance?**

You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe.

You owe <insert unpaid>. You can pay:

- Online at <plan's website>, by credit or debit card.
- Through the mail, by check.
- <insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)>.

**Commented [A1]:** Comment to CMS: Clarify that this is for future out-of-pocket drug costs to distinguish from balance owed.

If you have questions about your payment, call us at <phone number>, <days and hours of operation>. TTY users can call <TTY number>.

### What if I think there's been a mistake?

If you think that we've made a mistake, or there is an unforeseen emergency that impacted your ability to submit your payment on time (such as an inpatient hospitalization), call us at <phone number>. You also have the right to ask us to reconsider our decision through the grievance process in your <insert "Member Handbook" or "Evidence of Coverage," as appropriate>.

### Can I use this payment option in the future?

Yes, once you pay the total amount you owe.

### Are there programs that can help lower my costs?

You may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit [secure.ssa.gov/i1020/start](https://secure.ssa.gov/i1020/start) to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.go.medicare.gov/spap) to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** A program from drug manufacturers to help lower drug costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- **Charitable Patient Assistance Programs:** A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them ~~with Medicare~~ to afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.
- **AIDS Drug Assistance Programs:** If you are living with HIV, you may be eligible for your state's AIDS Drug Assistance Program (ADAP) administered by your state health department. Visit <https://adap.directory/> to learn more.

**Commented [A2]:** Comment to CMS: The Medicare website does not include a link to FundFinder that allows those in need of help with their medication costs to track more than 200 patient assistance funds from nine charitable organizations. We recommend that CMS include a link on their website to this resource.

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp) or call 1-800-772-1213. TTY users can call 1-800-325-0778.

**Note:** The programs listed above can help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

**Exhibit 4 - Part D Sponsor Notification of Voluntary Removal from the Medicare Prescription Payment Plan**

Referenced in [insert draft part 2 guidance section]

<Part D sponsors may insert a title for the notice, such as “You’re no longer participating in the Medicare Prescription Payment Plan through <plan sponsor>”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

Dear <Member>,

~~You’re getting~~ You are receiving this letter because

~~— you either asked to stop participating in the Medicare Prescription Payment Plan, this payment option, or you changed your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan), or it is the end of the current plan year. If you changed plans, and you’d like to join the Medicare Prescription Payment Plan offered through your new plan, contact your new plan.~~

Starting <insert effective date>, you’re no longer participating in the Medicare Prescription Payment Plan through <plan sponsor>. As of <effective date>, you’ll pay the pharmacy directly for your out-of-pocket drug costs.

You are receiving this letter because you:

- 1) Asked to stop participating in the Medicare Prescription Payment Plan.
- 2) Changed your Medicare drug plan or Medicare health plan with drug coverage (such as a Medicare Advantage Plan), or
- 3) It is the end of the current plan year.

If you would like to re-enroll in the Medicare Prescription Payment Plan, please re-enroll by visiting your plan’s website or by calling your plan. If you changed plans, contact your new plan.

~~You’re getting this letter because you either asked to stop participating in this payment option, or you changed your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan). If you changed plans, and you’d like to join the Medicare Prescription Payment Plan offered through your new plan, contact your new plan.~~

**This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won’t be affected, and you’ll continue to be enrolled in <plan name> for your drug coverage.**

## How do I pay my balance?

You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe, even if your payment is late.

You owe <insert unpaid>. You can pay:

- Online at <plan's website>, by credit or debit card.
- Through the mail, by check.
- <insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)>.

If you have questions about your payment, call us at <phone number>, <days and hours of operation>. TTY users can call <TTY number>.

## What happens if I don't pay my balance?

~~Like any other debt, you are required to~~ you're required to pay the amount you owe on the Medicare Prescription Payment Plan. As long as you continue to pay your plan premium (if you have one), you'll still have drug coverage.

## Can I use this payment option in the future?

- **If you're still in <plan name>:** Yes. Visit <insert PDP webpage where the application is>, or call us at <phone number> <days and hours of operation>. TTY users can call <TTY number>.
- **If you're joining a new plan:** Yes. All Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. No matter what Medicare drug plan you're in, you can choose to rejoin the Medicare Prescription Payment Plan at any time.

## Are there programs that can help lower my costs?

You may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit [secure.ssa.gov/i1020/start](https://secure.ssa.gov/i1020/start) to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
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- **AIDS Drug Assistance Programs:** If you are living with HIV, you may be eligible for your state's AIDS Drug Assistance Program (ADAP) administered by your state health department. Visit <https://adap.directory/> to learn more.

**Commented [A1]:** Comment to CMS: Can an overdue amount be paid monthly? Or does that balance need to be paid by the date listed? If the latter, then the language on how to pay a bill is confusing and should be clarified.

**Commented [A2]:** Comment to CMS: The Medicare website does not include a link to FundFinder that allows those in need of help with their medication costs to track more than 200 patient assistance funds from nine charitable organizations. We recommend that CMS include a link on their website to this resource.



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**Note:** The programs listed above can help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.