



The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

April 29, 2024

Dear Administrator Brooks-LaSure,

Submitted via <http://www.regulations.gov>

RE: Medicare Prescription Payment Plan Model Documents

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the model documents for the implementation of the Medicare Prescription Payment Plan (MPPP) program set to take effect for Contract Year (CY) 2025 per the ***Agency Information Collection Activities: Proposed Collection; Comment Request CMS-10882***, published on February 29, 2024.

Our group, MAPRx, is a national coalition of beneficiary, caregiver, and healthcare professional organizations committed to improving access to prescription medications and safeguarding the well-being of Medicare beneficiaries with chronic diseases and disabilities. The undersigned members of the MAPRx Coalition are pleased to provide CMS with our official commentary in response to the request for comments on the MPPP model documents.

MAPRx appreciates the opportunity to continue to comment on how CMS intends to implement and educate beneficiaries on the MPPP, a program that will help ease beneficiary financial burdens for medications by making out-of-pocket (OOP) costs more manageable and predictable through monthly payments. When advocating for Congress to enact a true OOP cap in Medicare, MAPRx was consistently a strong proponent of this type of program. Given the critical role this program will play in alleviating financial burdens for beneficiaries, we want to ensure that the communication and outreach coming from Part D plans on the MPPP is effective. Specifically, MAPRx would like to focus on the following MPPP model documents:

- **Election approval notice**
- **Election request**
- **Initial notice of failure to pay**
- **Voluntary removal notice**
- **Likely to benefit**
- **Removal for failure to pay**

MAPRx appreciate CMS' effort to require Part D plan sponsors to provide clear MPPP resources that outline the specific action needed to take by prospective, current, or disenrolled participants within the program. Given the complexity of the program and likely confusion among the broader beneficiary population, these tools will serve as critical resources to educate prospective MPPP participants, to help them enroll into the program, and to inform those exiting the program either voluntarily or involuntarily. Overall, MAPRx believes the model documents

are well-developed and generally understandable; however, we offer our thoughts to augment and refine the documents to ensure their effectiveness with the overall beneficiary population.

General content of the model documents

While the content of the model documents may be generally understandable, MAPRx believes the individual documents do not provide a clear, upfront explanation of their respective purposes. As a result, we are concerned that beneficiaries will not fully grasp or understand the action required on their part.

For example, the form “Medicare Prescription Payment Plan participation request form” only contains fields for the beneficiary to complete to opt into the MPPP; it does not provide an easy-to-understand explanation of the form’s purpose. The other forms are similarly limited. Providing as much concrete, specific, tailored information as possible will increase the ability of beneficiaries to understand and benefit from the materials.

Lacking information about the MPPP

While each of the model documents serve a specific function, the model documents do not include an upfront, concise overview of the MPPP. Given likely confusion around the new program, MAPRx believes that each document should educate the recipient on the core basics of the program. Without this overview, we are concerned beneficiaries will be confused when receiving one of these documents, especially if they do not receive any MPPP-related documents until later in the year. By including a brief description of the MPPP at the outset of each document, beneficiaries will be able to orient themselves to the purpose of the specific document; thereby better understanding the purpose of the document and the action they may need to take. To further help beneficiaries understand the core concept of the MPPP, we suggest a section title of “Why am I receiving this notice?”

Clearly disclosing the source of the document

As we have mentioned in this comment letter, this new program may cause significant confusion among Part D beneficiaries. To that end, we believe the model documents should clearly state that 1) they originate from the beneficiary’s Part D plan sponsor, and 2) the information stems from a new offering from the Medicare program. We are concerned beneficiaries may review the documents and not recognize they were sent by their Part D plans, thereby potentially disregarding the information within the documents.

For example, “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” includes a suggested title to introduce the document. We are concerned that Part D plans may fail to disclose the origin of the document. As a result, beneficiaries receiving that document may confuse it with so-called “junk mail” and not give it the required attention it needs, a possibility that is especially concerning given the large amount of Medicare Advantage-related mail that beneficiaries often receive.

We believe that clearly stating the origin of the forms will increase the chance that beneficiaries recognize the importance of the information and, therefore, be more likely to act.

Building more patient protections into the model documents

The patient protections that Congress and CMS embedded in the MPPP are key to program’s success. MAPRx believes strongly that the model documents should better highlight the patient protections built into the program; otherwise, we are concerned that beneficiaries may elect to not opt into the program or fail to make a timely payment after receiving a late-payment notice.

MAPRx offers the following patient protections as those that should be more clearly highlighted in the model documents.

- Grace period of at least 2 months if a beneficiary has failed to pay a monthly billed amount
- Part D sponsors must reinstate an individual who has been terminated from the plan if the individual demonstrates good cause for failure to pay their program bill within the grace period and pays all overdue amounts billed
- Appeals process
- Meaningful procedures for the timely hearing and resolution of grievances
- Prohibition from Part D sponsors disenrolling a beneficiary from a Part D plan for failure to pay any amount billed under the Medicare Prescription Payment Plan

Enhancing the information related to the Low-Income Subsidy (LIS)

Several of the model documents conclude the notices with information about other forms of assistance, such as the LIS, the Medicare Savings Program, and State Pharmaceutical Assistance Programs (SPAPs). The Inflation Reduction Act expanded LIS eligibility for the full benefit for those who had traditionally been eligible for only a partial benefit. We believe it would be helpful to let patients know the program expanded in 2024, meaning more people are now eligible. As the population who will benefit from this expansion are not auto-enrolled into the LIS, this may help them understand the benefit has been enhanced and they have to apply in order to receive assistance.

Ensuring accessibility to the model documents

As Part D plan sponsors will send these documents to many beneficiaries, it will be important to ensure the documents are accessible to all Part D beneficiaries. MAPRx respectfully requests CMS to offer the documents in multiple languages to ensure non-English speaking beneficiaries are able to read the content of the documents. Additionally, MAPRx believes that the notices should be available in several different formats—including audio capabilities, Braille, and larger print—for beneficiaries with disabilities.

Implementing a process to consistently incorporate stakeholder feedback

As CY 2025 represents the first year of the new MPPP, there undoubtedly will be many lessons learned. It will be critical for CMS to develop and implement a process to gain stakeholder feedback and incorporate it into future revisions of the model documents. We recommend that CMS explore establishing a process for regular engagement with patients, caregivers, and patient organizations. Additionally, as we mentioned in our comment letter on the Part 2 of the MPPP guidance, we believe CMS should consistently engage State Health Assistance Insurance (SHIP) counselors on these documents as they work with Part D beneficiaries on a daily basis and therefore have visibility into their primary challenges with Part D. Finally, we believe that CMS should facilitate an annual process for revisions to the model documents through a public comment opportunity.

Model document-specific feedback

In addition to the feedback for all of the model documents, MAPRx offers proposed enhancements to each specific resource.

Likely to benefit notice

Of the six model documents, this resource may be the most important one as it seeks to educate prospective participants on their likelihood to benefit from the program. As mentioned in our comment letter, we believe this document especially should have an overview of the MPPP program. This notice may be the first time a prospective MPPP participant reads about the

program, and it will be critical that they have a foundational understanding of it. We suggest making the benefit of the program clearer to the patient right at the beginning, specifically highlighting the prospective participant will pay monthly installments to spread the expense of their OOP costs out over the number of months remaining in the calendar year (rather than paying them all at once as they have had to do in the past). CMS may also want to consider explaining that monthly installments do not include interest.

In the “How will my costs work with this payment option?” section of the notice, there is language to explain the mechanics of the program. We believe the notice should more clearly explain the impact of not enrolling into the program. We propose adding a sentence similar to this one: “If you do not elect for this new program, you may be responsible for paying up to the annual plan maximum amount of \$2,000 at one time if you are prescribed a high-cost medication.” An explanation of the maximum out-of-pocket cap would also be helpful to beneficiaries.

Furthermore, for prospective participants to understand the benefit of the MPPP and to envision how it might help them, we suggest including example calculations following the brief overview of the program in this document. Seeing a clear example of how a beneficiary could benefit from the MPPP may increase the likelihood he or she may enroll in the program.

We also recommend that in the “How Do I Know If This Payment Option Might Not be Right for Me” section that language is added to explain why, for example, someone who relies on other forms of prescription drug coverage such as ADAPs, SPAPs or other state programs, charitable assistance, or who receives extra help might not benefit from this program. A beneficiary who receives extra help might think they would especially benefit from the program and would be confused by this section without further explanation.

MPPP election request form

MAPRx appreciates CMS creating a concise form for enrolling into the MPPP that Part D plans must send to beneficiaries most likely to benefit from participating in the MPPP. We approve of CMS’ approach in balancing gaining the necessary beneficiary information without being a significant burden to prospective participants. While we believe this form will be effective to facilitate enrollment into the program, we offer several modifications to minimize confusion and for prospective participants to gain a greater understanding of the purpose of the form. We suggest adding a description at the top of the form to remind patients the purpose of the form so they have a clear understanding of the program they are seeking to enroll. We recognize this form will be sent alongside an educational resource on the MPPP; so, while adding this overview may seem unnecessary, the form may get separated from the educational resource, and beneficiaries may therefore set it aside once they have received it in the mail.

Additionally, MAPRx believes it is important for beneficiaries submitting this form to a Part D plan to have a sense of when the enrollment will be finalized by the plan. For example, we suggest adding language outlining the timing by when prospective participants should hear from the plan or when they should contact the plan to inquire about their enrollment status.

MPPP election approval notice

MAPRx appreciates CMS devising a notice to inform participants that they are enrolled in the MPPP. At the beginning of the form, CMS provides this optional text: “Part D sponsors may insert a title for the notice, such as ‘You’re now participating in the Medicare Prescription Payment Plan’”. This is clear language that beneficiaries at all literacy levels are likely to understand, so we believe this sentence should be required. Additionally, the welcome message is fairly sparse;

therefore, we believe there should be additional information to remind newly enrolled participants about the MPPP.

There are several modifications that may be helpful to incorporate into the form. In the “What happens if I don’t pay my bill?” section, the form should introduce the grace period and its overall timing of two months. In the “Can I leave the Medicare Prescription Payment Plan?” section, we believe that the language should explicitly state that beneficiaries do not have to pay the remaining balance immediately upon disenrollment. Also, we request that CMS consider adding language that the MPPP does not change from plan to plan, but participants would need enroll through their new plan.

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

Similar to the other documents, MAPRx believes this document should offer a concise overview of the program, given the newness of it. As this notice seeks to inform MPPP participants of a late payment, we recommend that CMS require the Part D plan to send the latest monthly billing statement—which includes information such as total drug costs, dates the prescription(s) were filled, at what pharmacy, patient OOP portion, portion paid by plan, amount remaining in annual \$2,000 OOP max—so participants have a clear understanding of their costs and responsibilities.

Additionally, the notice also includes the following instruction to determine the date of the end of the grace period for when a beneficiary fails to make a payment for the MPPP:

“...[T]he 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.”

We feel beneficiaries may become confused when they receive such a letter. Trying to decipher the explanation of the end of the grace period could be difficult, and it may lead beneficiaries to submit payment on the wrong date or, even worse, become frustrated and abandon the process. Such actions could result in beneficiaries being involuntarily disenrolled from the MPPP. Given this, we believe the Part D plan should clearly state the actual date for the deadline for payment. This deadline should be in large, bolded font so it clearly stands out and the recipient of the notice understands the deadline and implications of failing to pay by that deadline.

We also believe that the language in the second paragraph of the “What Happens if I don’t Pay My Bill” section is confusing because it starts off by saying that the beneficiary has to pay their debt, and then continues to say that as long as they pay their premium, they will have drug coverage. This may lead some beneficiaries to confuse the two payments. We would suggest either deleting or rephrasing the first sentence in the paragraph about not paying their debt.

Voluntary removal notice

Similar to the election approval notice, MAPRx requests CMS incorporate language more clearly stating that disenrolling participants do not have to pay the remaining balance all at once. It also may be helpful to include language informing the patient of the amount already applied to their OOP cost calculation if they switch plans.

Similar to our comments about the previous notice, we recommend rephrasing the wording in the “What Happens if I don’t pay my balance” section.

Removal for failure to pay notice

MAPRx believes this is a critical resource as it informs beneficiaries they have been involuntarily disenrolled due to failure to pay. We offer several modifications to ensure beneficiary protections are built into place. First, we believe the notice should clearly state that beneficiaries are not being disenrolled from their Part D plan and will only be disenrolled if they fail to make a monthly premium payment. Second, the statement “As of <effective date>, you’ll pay the pharmacy directly for all your out-of-pocket drug costs.” might confuse disenrolled participants into thinking they have to pay 100% in OOP costs without any coverage from their plan. Therefore, we suggest making it clear that they would have to pay the pharmacy for their OOP share of cost after the plan pays its share.

Feedback on Part 2 guidance

MAPRx appreciates CMS’ guidance to Part D plan sponsors on education and outreach and the agency’s own effort to do so directly to Part D beneficiaries. While these model documents will be important for the success of beneficiary participation in the MPPP, we believe it is important to reiterate our thoughts from the Part 2 guidance:

- Require plan sponsors to include MPPP information and the election mechanism prominently on their Medicare websites to ensure the greatest number of beneficiaries view the information
- Require Part D plans to ensure the election mechanism on plan websites is easy to navigate, certainly no more difficult than enrolling in the plan
- Adopt a standardized auditing process of the MPPP, which would promote consistency of reviews and also provide Part D sponsors with a clear example of implementing and administering an effective MPPP
- Require plans submit information on their MPPP and associated compliance approach in annual plan bid submissions so that the agency can proactively review them in advance of the upcoming plan year
- Establish the threshold for targeted outreach to be based on cumulative costs, not a cost threshold for a single prescription
- Ensure that MPPP promotional and educational materials are as easy as possible for beneficiaries to understand
- Offer a clear enrollment mechanism on the Plan Finder website, similar to mechanism used to enroll into a Part D plan today
- Produce and deploy public service announcements from Medicare at waiting rooms at healthcare facilities such as physician offices, federally qualified health centers, etc.
- Offer a POS be an option as soon as possible, but no later than CY 2026

Conclusion

Thank you for your consideration of our comments on the MPPP model documents. The undersigned members of MAPRx appreciate your leadership to improve beneficiary access and affordability in Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvgllc.com.

Allergy & Asthma Network
Alliance for Aging Research
Alliance for Patient Access
ALS Association
American Association on Health and Disability
American Cancer Society Cancer Action Network

American Kidney Fund
Arthritis Foundation
Epilepsy Foundation
GO2 for Lung Cancer
HealthyWomen
HIV+Hepatitis Policy Institute
International Myeloma Foundation
Lakeshore Foundation
LUNGeivity Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Mental Health America
Muscular Dystrophy Association
National Alliance on Mental Illness (NAMI)
National Council for Mental Wellbeing
National Council on Aging
National Health Council
National Kidney Foundation
National Organization for Rare Disorders
National Psoriasis Foundation
Patient Access Network (PAN) Foundation
The AIDS Institute
The Assistance Fund
The Leukemia & Lymphoma Society
Triage Cancer