



February 25, 2026

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244
Submitted via regulations.gov

RE: Contract Year 2027 Medicare Advantage and Part D Advance Notice

Dear Administrator Oz,

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Contract Year (CY) 2027 Medicare Advantage and Part D Advance Notice of Methodological Changes released on January 26, 2026.

MAPRx is a national coalition of more than 60 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 who rely on the Medicare prescription drug benefit (Medicare Part D). The coalition has championed policies in Part D that improve the affordability of medications and beneficiary access to those medications, including provisions of the Inflation Reduction Act (IRA) that establish an out-of-pocket cap in Part D and the Medicare Prescription Payment Plan. We are committed to ensuring that the implementation of these and other elements of the IRA are informed by the experiences and needs of beneficiaries living with chronic diseases and conditions.

The CY 2027 Advance Notice includes important technical updates, including steps intended to improve payment accuracy in Part D. But beneficiaries will feel these changes, along with those already occurring because of the Part D redesign, through formularies, utilization management, and the pharmacy counter experience. On beneficiary-facing issues, the Advance Notice leaves meaningful gaps.

MAPRx's comments focus on two issues:

- Part D payment accuracy updates, including standalone prescription drug plan (PDP) underpayment, and whether they are sufficient to support stable, beneficiary-centered coverage

- Beneficiary protections and CMS oversight, including the need for timely sub-regulatory guidance on formularies, utilization management, and the Medicare Prescription Payment Plan

Part D Payment Accuracy Updates

MAPRx remains concerned that persistent misalignment between Part D payment and underlying risk continues to create strong incentives for plan actions that can restrict beneficiary access. When payment does not adequately reflect risk, plans respond in ways that are predictable and visible to beneficiaries, including narrower formularies, higher cost sharing, and broader use of utilization management. CMS's proposal to keep Medicare Advantage (MA) payment effectively flat may further intensify these pressures across MA-PD plans, particularly as plans continue to absorb the effects of the Part D redesign.

MAPRx appreciates that CMS uses the Advance Notice to acknowledge a persistent pattern in Part D risk adjustment, including overprediction for Medicare Advantage prescription drug (MA-PD) plans and underprediction for standalone prescription drug plans (PDPs). CMS explains that this repeated underprediction supports changes to the RxHCC model. MAPRx supports CMS's proposal to segment the continuing enrollee RxHCC model for MA-PD plans and standalone PDPs to improve predictive accuracy and recognizes CMS's effort to respond to divergent risk score trends between these markets.

However, model refinements alone are not sufficient to protect beneficiaries if payment remains meaningfully misaligned with actual risk. In that environment, plan responses are not hypothetical. Plans protect margins by tightening coverage and increasing utilization management, and beneficiaries experience that through delayed therapy starts, increased administrative burden, and reduced access to clinically appropriate medications. These dynamics have already been evident in both the MA-PD plan and standalone PDP markets following implementation of the Part D redesign, and payment pressure risks accelerating them.

MAPRx urges CMS to treat standalone PDP payment adequacy as an ongoing and actionable issue and to pair RxHCC updates with clear accountability, active monitoring, and a readiness to intervene if access or participation deteriorates. CMS should closely track PDP participation and exits, identify localized access risks, and publicly report changes so emerging problems can be detected early. Payment accuracy improvements should translate into measurable market stability and preserved beneficiary access, not simply technical improvements in model performance.

Beneficiary Protections, Oversight, and Guidance Must Keep Pace With Shifting Incentives

MAPRx is concerned that the Advance Notice does not address key beneficiary-facing coverage and access issues, including the absence of timely sub-regulatory guidance related to formularies, utilization management, and the Medicare Prescription Payment Plan. While rulemaking is important, guidance and oversight are what determine whether beneficiaries experience these reforms as workable protections or as new friction.

As the Part D redesign is implemented and CMS holds MA payment effectively constant, CMS should assume plan incentives will tighten and ensure oversight tightens with them. Beneficiaries experience Part D and MA-PD plan coverage through formulary placement, tiering, utilization management, and what happens at the pharmacy counter. When payment and benefit incentives compress, plans often respond by excluding higher-cost drugs, moving therapies to less accessible tiers, and applying stricter criteria for coverage of non-preferred drugs. Plans may also expand

utilization management by narrowing coverage of high-cost innovative therapies and requiring beneficiaries to fail on other medicines before covering the therapy their provider determined to be clinically appropriate (step therapy). This has been MAPRx's concern with Part D redesign, and additional payment pressure could compound system strain through more denials, delays, and administrative burden.

Delaying or denying access to clinically appropriate care through stringent utilization management and adverse formulary tiering can worsen beneficiary wellbeing and disease progression, especially for people with complex chronic conditions. That is why CMS should strengthen oversight of standalone PDPs and MA-PD plans' cost-containment practices to ensure that beneficiaries do not face increased barriers to medically necessary care as payment pressures intensify. Increased monitoring and enforcement would help ensure cost-containment strategies remain aligned with Medicare coverage rules and do not disproportionately limit access.

MAPRx urges CMS to strengthen beneficiary protections:

- Increase transparency around formulary review and ongoing compliance monitoring. Communicate CMS oversight in plain language, including how CMS evaluates formularies and utilization management and what corrective action looks like when plans fall short
- Improve education and awareness of the Medicare Prescription Payment Plan including additional beneficiary communications and improved. Monitor Medicare Prescription Payment Plan enrollment and complaint trends to identify sponsor-specific implementation problems early. Track and publicly report beneficiary-relevant access indicators, including prior authorization and step therapy volumes, delays, denials, and appeals and overturn rates, to identify sponsor-specific patterns early and support targeted compliance action.

MAPRx is not seeking to eliminate plan management tools. We are asking CMS to ensure those tools are applied in a way that protects beneficiaries, particularly those with complex chronic conditions and high medication needs.

MAPRx appreciates CMS's efforts to improve payment accuracy and sustainability in MA and Part D, including attention to longstanding Part D risk adjustment issues. Beneficiaries, however, will judge these changes by whether access is stable, affordability protections work in practice, and plan behavior stays within clear guardrails.

CMS should ensure that standalone PDP payment refinements translate into stable, beneficiary-centered coverage and should address beneficiary-facing gaps through timely sub-regulatory guidance and strengthened oversight of formularies, utilization management, and the Medicare Prescription Payment Plan.

The undersigned members of MAPRx Coalition thank you for the opportunity to comment. For questions related to MAPRx or these comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvgllc.com.

Sincerely,

AiArthritis

ALS Association

American Association on Health and Disability

American Cancer Society Cancer Action Network

American Kidney Fund

American Society of Consultant Pharmacists (ASCP)
Arthritis Foundation
Blood Cancer United
Coalition of Skin Diseases
Eosinophilic & Rare Disease Cooperative
Epilepsy Foundation of America
GO2 for Lung Cancer
HIV+Hepatitis Policy Institute
Lakeshore Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
National Alliance on Mental Illness
National Council on Aging
National Multiple Sclerosis Society
National Psoriasis Foundation
Sjögren's Foundation, Inc.
The AIDS Institute
The Mended Hearts, Inc.
The Michael J. Fox Foundation for Parkinson's Research
Tourette Association of America