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Docket: CMS-2024-0007
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Comment On: CMS-2024-0007-0001
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0013
Comment on CMS-2024-0007-0001

Submitter Information

Name: Shawn Adams
Address:
Williamstown, NJ, 08094
Email: shawn.adams@advantasure.com
Phone: 12679183882

General Comment

REGARDING Docket # CMS-10887: The Federal Register Information Collection Request for “The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program” states CMS intends to "to require Part D plans to submit beneficiary-level data elements into the MARx system via a program-specific transaction (separate from the enrollment file)."

For Medicare Prescription Payment Plan beneficiary-level data submissions, CMS is proposing to process these transactions using the same process currently in place for enrollment file submissions in MARx. CMS proposed to require that plans submit an updated Medicare Prescription Payment Plan file that includes all enrollees that have elected to participate in the program or were terminated from the program (voluntarily or involuntarily). The Medicare Prescription Payment Plan file is a summary record that documents all enrollee’s participating in the program for each contract-PBP.

Currently, on a daily basis, Plans submit a MARx Batch Input Transaction Data File to CMS to enroll/update information about a beneficiary. This file consists of a header record followed by detail transaction records (one or more of the 17 types of Detail Records outlined in Section 3.2 of the PCUG). The Transaction Code (TC) in each detail record identifies the type of transaction (e.g., 51 & 54- Disenrollment; 61- Enrollment; 76- Residence Address Change; etc.). The format of the Detail Transaction Record follows a similar pattern for each transaction code.

It is unclear whether the new TC 93 (M3P) would be a stand-alone file, submitted separately from the MARx Batch Input Transaction Data file, or if plans will leverage the MARx Batch Input Transaction Data file, but the Medicare Prescription Payment Program (currently proposed as TC 93) would be an additional type of Detail Record. Recognizing the ICA indicates plans will submit beneficiary-level data elements into the MARx system via a program-specific transaction that is separate from the enrollment file, we’d like to confirm our understanding is accurate.

Our understanding is that the Medicare Prescription Payment Program submissions would still be part of the MARx Batch Input Transaction Data file but would have its own Detail Transaction Record, similar to TC 61, 51, 76, etc. However, we're questioning whether our understanding is accurate since the CMS-10887_MARx Functionality PRA Package indicates the Transaction Code will be TC 93, which is already currently leveraged to update an "Enrollment SEP Reason Code." The record layout for this is captured under 3.2.19 of the Plan Communication User Guide. If these submissions will tie into the MARx Batch Input Transaction Data file and will have their own type of Detail Record, recognizing TC 93 is already utilized, CMS should leverage a separate TC for the purposes of these submissions.

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The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Comment On: CMS-2024-0007-0001
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0002
Comment on CMS-2024-0007-0001

Submitter Information

Name: Anonymous Anonymous
Email: Ethan_Anderson@bcbst.com

General Comment

Plans will need the “Pharmacy Cost Sharing” Opt in / Opt out form soon in order to implement this requirement. We hope CMS will be expedient in the dissemination of this form. It is assumed that CMS will issue a new TC and/or TRC acceptance and rejection codes due to these new requirements. Given this, we hope CMS will not delay this issuing of these codes once this requirement is implemented. We also would like to have clarity or confirmation the Opt in / Opt out process will be for the MAPD current members and not part of the MAPD enrollment process.

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Submitted electronically via www.regulations.gov

March 26, 2024

The Honorable William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs

Centers for Medicare & Medicaid Services
Department of Health and Human Services

Re: Proposed Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS-10887; OMB 0938-New)

Dear Director Parham:

Thank you for the opportunity to comment on the Department of Health and Human Services (Department or HHS), Centers for Medicare & Medicaid Services (CMS), proposed Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program, published in the Federal Register on January 25, 2024.

CVS Health serves millions of people through our local presence, digital channels, and our nearly 300,000 dedicated colleagues – including more than 40,000 physicians, pharmacists, nurses, and nurse practitioners. Aetna, a CVS Health company offers Medicare Advantage Prescription Drug (MA-PD) plans in 46 states and D.C. Aetna also offers robust standalone prescription drug plans (PDPs) to individuals in all 50 states and D.C. Our unique healthcare model gives us an unparalleled insight into how health systems may be improved to help consumers navigate the healthcare system–as well as their personal healthcare–by eliminating disparities, improving access, lowering costs, and being a trusted partner for every meaningful moment of health. And we do it all with heart every day.

As a leading healthcare solution company, we are committed to working with the Department of Health and Human Services (HHS) to implement the Medicare Prescription Payment Plan ("the Program") smoothly, and in a manner that is serves the best interests of Medicare beneficiaries.

We have included our recommendations in the attached Appendix I.

Thank you for considering our comments. We welcome any follow-up questions you may have.

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Sincerely,

Melissa Schulman
Senior Vice President
Government & Public Affairs
CVS Health

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Appendix
Specific Comments on the proposed Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program.

Part D plans will be required to report data elements related to the Program at the beneficiary, contract, and Plan Benefit Package (PBP) 1 levels beginning in Contract Year (CY) 2025. In this information collection package, CMS proposes to require Part D sponsors to submit beneficiary-level data elements into the MARx system via a program-specific transaction (separate from the enrollment file).

CVS Health supports the CMS proposal of submission of separate transaction code (TC) for the Program data to CMS. This would facilitate plan management of transaction reconciliations and other required actions.

We note that in Appendix A of the PRA, TC93 although listed as an "example," is already in use for current Special Election Period (SEP) transmissions to CMS. CVS Health recommends that CMS provides a new transaction code because TC93 is already in production.

CVS Health requests the CMS "accepted" transaction reply code (TRC) that will be provided to plans upon successful transmission of an enrollee "opt in."

Although the PRA lists (TIBCO or Connect/Direct) as data exchange methods, CMS final guidance should include GENTRAN which is a currently accepted method.

Recommendations:

- **Provide a new TC file layout for transmission of the Program data to CMS as soon as possible.**
- **Confirm the "accepted" transaction reply code (TRC) from CMS for acceptance into the payment program and the criteria for acceptance.**
- **Include GENTRAN data exchange method in the final guidance.**

DevotedHealth

March 26, 2024

William N. Parham, III
Director, Division of Information Collections and Regulatory Impacts
The Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Attention: Document Identifier: CMS-10887
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via https://www.regulations.gov

Re: The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Dear Mr. Parham:

Devoted Health, Inc. ("Devoted") appreciates the opportunity to comment on the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug ("MARx") System Updates for the Medicare Prescription Payment Plan ("M3P") Program. We applaud CMS for its focus on promoting equitable, high-quality, and person-centered care to Medicare beneficiaries while seeking innovative solutions that ensure that seniors of all economic means have access to quality prescription drug care. We share these goals and hope to partner with CMS to achieve them.

We seek clarification with respect to the following items of the MARx System Updates that are part of the M3P Program:

- Would a plan benefit package ("PBP") change (Transaction Reply Code ("TRC") 100 - within the same Part D sponsor) result in a voluntary termination from the M3P program? Would this need to be accompanied by a transaction code ("TC") 93 with a M3P termination date and Voluntary ("V") termination reason code?

- If a member is enrolled in M3P and disenrolls for a reason such as loss of Part B, but is then reinstated (TRC 287, 291, 700 code, etc.), does M3P enrollment automatically resume upon enrollment reinstatement? Should a subsequent 93 transaction be transmitted in this instance?

- As an example using the proposed TC 93, if a member is enrolled in M3P effective as of January 1, 2025, and wants to terminate their M3P enrollment as of January 31, 2025, would the plan communicate that via TC 93 with "7) Date of election into [M3P]" of January 1, 2025, "8) Date of election termination from [M3P]" of January 31, 2025, and "9) Election termination reason code (voluntary versus involuntary)" of Involuntary ("I") or V?

- Using the proposed TC 93, if a member enrolled in M3P effective as of January 1, 2025 and wanted to cancel their M3P enrollment prior to the effective date (removing the M3P enrollment effective January 1, 2025), how will CMS expect the plan to communicate that via TC 93?

- "Appendix A – Medicare Prescription Payment Plan example data layout" field 16 labeled "M3P Election Reason Code" is shown as Required, and does not reference "Termination". Please confirm that this field is in fact the "M3P Election Termination Reason Code", and is not required for M3P enrollment transactions. We respectfully suggest that CMS update the Plan Communications User Guide ("PCUG") prior to publishing the PCUG to indicate this field is only for terminations.

- We also request that CMS add a unique, "Plan Designated Transaction ID" to the header row of the "Medicare Prescription Payment Plan data layout" submission. The Plan Designated Transaction ID would then be echoed back on the Batch Completion Status Summary ("BCSS") Report which would allow the plan to tie the submission file to the BCSS file via this Plan Designated Transaction ID. This is currently an issue with enrollment submission as well, as there is no way to guarantee a link between the submission file and the response BCSS file.

Thank you for your consideration of our questions and comments to the MARx System Updates.

Sincerely,

DocuSigned by:
Kathryn Lepsevich
[illegible]

Kathryn Lepsevich
Vice President, Membership Operations
Devoted Health, Inc.

PUBLIC SUBMISSION

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Comment On: CMS-2024-0007-0001
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0012
Comment on CMS-2024-0007-0001

Submitter Information

Email: rkennedy@healthfirst.org
Organization: Healthfirst, Inc.

General Comment

We are looking for clarification.
1. Is the date of election into the Medicare Prescription payment plan the date the member is effective in the program OR the date in which they requested to be enrolled into the program?
2. Does CMS want to capture both the effective date of enrollment into the program as well as the date in which the beneficiary requested enrollment into the program?
3. Is the date of election termination from the Medicare prescription payment plan the effective date the member will be removed from the program OR the date in which they requested to be removed from the program?
4. Does CMS want to capture both the effective date of disenrollment from the program as well as the date in which the beneficiary requested voluntary disenrollment from the program?
5. If a beneficiary opts into M3P during their enrollment into the plan should the plan wait to send the M3P opt in information to CMS after CMS has confirmed enrollment into the plan?

Humana Inc.
500 W. Main St.
Louisville, KY 40202-2946
www.humana.com

Humana

March 26, 2024

William N. Parham, III
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Part C and Part D Medicare Advantage Prescription Drug (MARx) system Updates for the Medicare Prescription Payment Plan Program (CMS–10887; OMB 0938-New)

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Part C and Part D Medicare Advantage Prescription Drug (MARx) system Updates for the Medicare Prescription Payment Plan Program (CMS–10887; OMB 0938-New), as issued on January 26, 2024.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 6.1 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 2.3 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net and many in underserved areas – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states. Additionally, Humana's successful history in care delivery and health plan administration is helping to create a new kind of integrated care with the power to improve health and well-being and lower costs.

Medicare Prescription Payment Plan (M3P) Transaction Code
CMS proposes the use of Transaction Code 93 for the M3P Change Transaction.

> **Humana Comment:** Transaction code 93 is currently in use for the special election period (SEP) reason code updates. We recommend that CMS provide a new transaction code for the M3P Change Transaction.

M3P End Date

CMS provides an example data layout that includes a field for 'M3P end date.'

> **Humana Comment:** Currently in the data layout, the M3P end date is listed as nine positions but the format is an eight-position numeral (YYYYMMDD). We request that CMS update the data layout accordingly. Additionally, if the M3P end date is to be returned on the Daily Transaction Reply Report (DTRR) record, Humana and other plans will need to know its position on the DTRR file layout. We request CMS update the DTRR layout to include positioning for this data.

M3P Election Reason Code

CMS provides an example data layout that includes a field for "M3P Election Reason."

> **Humana Comment:** Humana requests that CMS update the DTRR file layout to include the positioning of the M3P election reason code.

Additional Comments

> **Humana Comment:** The example file layout does not include an accepted Transaction Reply Code (TRC). Plans need a TRC in order to confirm successful transmission of the file to CMS and we request that CMS provide a TRC for the M3P Change Transaction.
>
> Additionally, if CMS accepts a transaction, they typically return all values sent on the transmitted transaction. For the M3P Change Transaction, there are fields transmitted for dates that are eight characters. However, there currently is no space larger than six positions to accommodate any new field on the DTRR layout so there would be no space to return a field of eight characters. We request clarification on how this data will be included in the DTRR and urge CMS to provide an updated DTRR file layout if necessary.

We value this opportunity to provide comments and are pleased to answer any questions you may have with respect to these comments. We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to Medicare beneficiaries, focused on improving their total health care experience.

Sincerely,

Michael Hoak
Vice President, Public Policy

Kaiser Permanente Comments on
Agency Information Collection Activities: Proposed Collection; Comment Request

Attention: Document Identifier/OMB Control Number: CMS-10887
(OMB control number: 0938-New)

March 26, 2024

Submitted electronically via regulations.gov

Kaiser Permanente[1] appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) intention to collect information from the public with respect to the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program published in the *Federal Register* (89 FR 5239) on January 26, 2024 (Form CMS-10887, OMB control number: 0938-New).

Kaiser Permanente offers the following recommendations and requests for clarification on the proposed data collection:

- **Timeliness of guidance.** We urge CMS to release updated transaction file layouts, technical specifications and other details on the data submission process with as much advanced notice as possible. Given the complement of implementation activities necessary to operationalize the Medicare Prescription Payment Plan program by January 1, 2025, including the part one and part two guidance documents released by CMS and the model documents released separately for public comment, any additional lead time provided by the agency will assist plans in developing and implementing the technical changes and system updates required to process these new MARx transactions.

- **Batch Eligibility Query (BEQ).** If CMS finalizes the MARx transactions for election of/termination from the Medicare Prescription Payment Program as proposed, we request that CMS clarify whether the BEQ response files and BEQ Application Programming Interface (API) process will reflect a beneficiary's enrollment in the Medicare Prescription Payment Plan program. Specifically, we seek clarification that the BEQ response files and API process from CMS will indicate the enrollment data as reflected in MARx.

- **Submission frequency.** While the supporting statement assumes that each Medicare Part D beneficiary who elects the Medicare Prescription Payment Plan program will have three transactions annually—enrollment, re-enrollment, and disenrollment—it is not clear from the statement how frequently CMS expects Part D sponsors to submit election/termination transactions for the Medicare Prescription Payment Plan program. We understand CMS will finalize requirements for how timely Part D sponsors must process beneficiary

[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation's largest not-for-profit health plans, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 40 hospitals and over 600 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

election/termination requests via separate guidance. However, this separate guidance does not indicate whether the processing timelines are also applicable to submission of the relevant MARx transactions to CMS. For example, if a current Part D enrollee opts into the Medicare Prescription Payment Plan during the plan year, the final part one guidance[2] indicates the Part D sponsor must process the election request within 24 hours but does not indicate whether the Part D sponsor must also submit the election transaction to MARx within the same 24-hour period. We request that CMS clarify whether the required timelines for Part D sponsors to process beneficiary election/termination requests for the Medicare Prescription Payment Plan program include submission of transactions to MARx or if plans have the flexibility to submit these election/termination transactions to MARx according to a different frequency (e.g., monthly or quarterly).

- **Transaction code.** Appendix A presents an example data layout for the Medicare Prescription Payment Plan transaction and specifies TC 93 as the transaction code. We request that CMS confirm whether: (1) TC 93 will be used as the transaction code for Medicare Prescription Payment Plan program election/termination, and (2) the Plan Communications User Guide (PCUG) file layout specifications will be updated accordingly once the transaction details are finalized. We have identified several current discrepancies between the example data layout presented in Appendix A and the existing TC 93 file layout. If TC 93 will be used and CMS makes conforming updates to the PCUG, we urge CMS to release this information as promptly as possible in order to provide Part D sponsors with the lead time necessary to update systems and processes prior to the program's effective date of January 1, 2025.

* * *

Kaiser Permanente appreciates CMS' consideration of these comments. Please contact Greg Berger at gregory.b.berger@kp.org if we may provide additional information or answer any questions.

[2] See Section 70.3.4, Centers for Medicare & Medicaid Services, Medicare Prescription Payment Plan: Final Part One Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025, and Response to Relevant Comments (Feb. 2024), available at https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf

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The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Comment On: CMS-2024-0007-0001
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0003
Comment on CMS-2024-0007-0001

Submitter Information

Name: David Broccoli
Email: dbroccoli@nhpri.org

General Comment

Are plans such as MMPs and D-SNPs with zero patient liability required to develop procedures and submit reporting for the Medicare Prescription Payment Plan program? It would be helpful to clarify if plans with zero patient liability must partake in these requirements.

March 26, 2024

Submitted electronically via federal eRulemaking Portal: www.regulations.gov

Mr. William B. Parham, III
U.S. Centers for Medicare & Medicaid Services (CMS)
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
7500 Security Boulevard
Baltimore, Maryland 21244–1850

RE: The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS-10887; OMB 0938-New)

Dear Mr. Parham:

The Pharmaceutical Care Management Association (PCMA) appreciates the opportunity to submit comments on the U.S. Centers for Medicare & Medicaid Services' (CMS) proposal to collect new information relating to beneficiary-level data elements specific to the Medicare Prescription Payment Plan Program (the "Program").[1]

PCMA is the national association representing America's pharmacy benefit managers (PBMs), which administer prescription drug plans and operate specialty pharmacies for more than 275 million Americans with health coverage through Fortune 500 companies, health insurers, labor unions, Medicare, Medicaid, the Federal Employees Health Benefits Program, and through the exchanges established by the Affordable Care Act. Our members work closely with plans and issuers to secure lower costs for prescription drugs and achieve better health outcomes.

The Inflation Reduction Act (IRA) established the Medicare prescription payment plan (M3P) that requires Medicare Part D plans with prescription drug coverage to offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly payments instead of all at once at the pharmacy. This information collection request (ICR) pulls through an important aspect of M3P: how can plans track a beneficiary's past enrollment and disenrollment experience in the program? Beginning CY 2025, CMS is proposing to require Part D plans to submit beneficiary-level data elements related to the Program. Specifically, to effectively monitor the program, Part D plans will be required to report specified data elements related to the Program at the beneficiary, contract, and Plan Benefit Package (PBP) levels into the MARx system via a program-specific transaction. One such data element that Part D plans will be required to submit is "election termination reason code (voluntary versus involuntary)" which includes "any changes to an enrollee's status in the Program (enrollee is terminated from the program due to failure to pay, enrollee voluntarily ends their participation in the program)."

[1] 89 Fed. Reg. 5239 (Jan. 26, 2024).

Pharmaceutical Care Management Association
325 7th Street, NW, 9th Floor
Washington, DC 20004
www.pcmanet.org

PCMA appreciates CMS's recognition that the data reported by plans through MARx will serve important purposes toward program compliance, CMS's research needs, and beneficiary needs. We stress that information collected regarding the Program can and should be used to monitor enrollee behavior with respect to Program participation, compliance, and reasons for termination from the Program, including delinquent and unpaid cost-sharing payments. Proper accounting of this information, and mechanisms to preclude noncompliant beneficiaries from re-enrolling in the Program with a new Part D plan, will be vital to ensuring the ongoing success of the Program.

As we explained in our comments to CMS's Draft Part One Guidance on the Program, Part D plans are concerned that the Program lacks sufficient incentives for enrollees to make the required monthly payments, and that unpaid amounts may ultimately contribute to higher costs in the Part D program, including increased premium exposure for enrollees. We believe there needs to be stronger incentives for members to pay their monthly payments owed their current, and former, plans. Given that some enrollees may be delinquent with payments, CMS must use the information collected from Part D plans on the Program to confirm when a beneficiary not paying their monthly bills creates a risk of fraud, waste, and abuse, necessitating further action, including preclusion from further participation in the Program, regardless of whether the individual enrolls in a new Part D plan. Further, the data reported into MARx is accessible to all Part D plan sponsors. It should be available for plan use when evaluating whether a beneficiary should be allowed to enroll in M3P in subsequent years, especially, if they have switched plans. We note that any magnitude of delinquency will eventually put pressure on bid pricing resulting in an increase in non-benefit expenses as a way to address bad debt-related losses. Specifying this guardrail in both beneficiary enrollment forms and plan guidance will help reduce some of the uncertainty plans face going forward.

We also have some specific recommendations related to Appendix A, specifically, M3P data layout example in Table 6: M3P Change Transaction-TC 93. Our comments and recommendations related to this section are as follows:

- Item 1: For **Beneficiary Identifier**, CMS should remove all references to the Medicare Beneficiary Identifier conversion and the Health Insurance Claim Number.

- Item 15: For M3P **End Date**, the current specifications for the field state that the Transaction Reply Codes will be rejected if the M3P end date is not the last day of the month. For participants that opt out, the M3P end date should be the date that the plan processes the opt-out. Beneficiaries that call in and opt out will expect the program to be turned off immediately.

- Item 16: For M3P **Election Reason Code,** the two values for this field are named Voluntary and Involuntary. We suggest that CMS should rename the field as "M3P Termination Reason Code."

In order to preserve the integrity of the Program, we urge CMS to use the information collected from Part D plan sponsors to monitor enrollee's behavior with respect to the Program and develop stronger incentives for enrollees to make the required monthly payments.

We appreciate the opportunity to comment on this proposal to collect new information with respect to the Program. We look forward to continued engagement with the agency to ensure

successful implementation of the Program, which will require addressing the risk of beneficiaries' non-payment of monthly payments, with limited repercussions against the beneficiary. If you need any additional information, please reach out to me at tdube@pcmanet.org.

Sincerely,

Tim Dube

Tim Dube
Senior Vice President, Policy & Regulatory Insights

cc: Debjani Mukherjee, Senior Director, Regulatory Affairs, PCMA

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The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0001
Comment on CMS-2024-0007-0001

Submitter Information

Name: Len Barend
Address:
Henderson, NV, 89052
Email: len@insurance4unevada.com
Phone: 702-250-2200

General Comment

I am a Medicare recipient as well as a Medicare insurance broker so my comments are relevant from both sides of the aisle. As a Medicare recipient the major issue is getting into seeing the Doctor. In Las Vegas there is a shortage of doctors leading to long wait times to get into see them. Typically, the wait is about 30 days. As a broker I think the Medicare Advantage programs are well designed with great ancillary benefits and very popular. The ancillary benefits vary by insurance company and that is a good thing allowing seniors to choose their plans based on doctors, medications and ancillary benefits. I wish CMS would just leave them alone to conduct business. These MAPD plans work very well except for the waiting times which can only be addressed by more doctors. Otherwise, it isn't broken so stop trying to fix it.

March 26, 2024

Center for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number: CMS-10887
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted Electronically: www.regulations.gov

Re: The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program

To Whom It May Concern:

UnitedHealthcare (UHC) is pleased to respond to the Centers for Medicare & Medicaid Services (CMS) request for information on the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (the Program). The request for information was published in the Federal Register on January 26, 2024 (89 FR 5239) and seeks input on the proposal to require Part D plans to submit beneficiary-level data elements into the MARx system via a Program-specific transaction (separate from the enrollment file).

UHC urges CMS to consider creating a new transaction code for transmitting Program changes instead of repurposing an existing code. CMS's Appendix A - Medicare Prescription Payment Plan example data layout suggests using Transaction Code (TC) 93 for transmitting Program changes; however, that TC is currently assigned to support corrections for enrollment SEP reason codes. Repurposing an existing TC may introduce operational challenges within system coding. To avoid potential complications, UHC strongly recommends that CMS establish a new TC for Program-specific transactions.

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Jennifer Martin
Director, Regulatory Affairs
UnitedHealthcare
jennifer_j_martin@uhc.com
763-283-4469

PUBLIC SUBMISSION

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Docket: CMS-2024-0007
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Comment On: CMS-2024-0007-0001
The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0004
Comment on CMS-2024-0007-0001

Submitter Information

Email: Jeffrey.Mancini@medadv360.com
Organization: WIPRO

General Comment

What will be the effective date rules be for Opting in after January 1, 2025? Can the effective date in the program be any day of the month or only the 1st of each month.

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The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Advantage Prescription Drug (MARx) System Updates for the Medicare Prescription Payment Plan Program (CMS–10887)

Document: CMS-2024-0007-DRAFT-0005
Comment on CMS-2024-0007-0001

Submitter Information

Email: Jeffrey.Mancini@medadv360.com
Organization: WIPRO

General Comment

What will be the transaction code to send to CMS (MARx) to either opt in or opt out a beneficiary?