



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

April 2, 2024

Dear Administrator Brooks-LaSure,

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

RE: Medicare Part D Reporting Requirements (CMS–10185)

The MAPRx Coalition appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding Medicare Part D plan sponsor data reporting requirements, as requested in the notice published in the *Federal Register* on February 2, 2024.¹

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 coalition strongly supports the implementation of the Medicare Prescription Payment Plan (MPPP) and the \$2,000 out of pocket (OOP) cap, both of which will help ease beneficiary financial burdens for medications and make OOP costs more manageable and predictable. We believe data reporting from Part D plan sponsors is critical and will help CMS and the beneficiary community to evaluate the effectiveness of the program in reducing barriers to care and ensuring beneficiaries have access to needed therapies. To that end, MAPRx would like to address the following issues related to CMS' request for public comment:

- **Part D plan reporting on beneficiaries likely to benefit from MPPP**
- **Further refinements to the data collected from Part D plan sponsors**
- **Data availability and plan oversight**

Part D plan reporting on beneficiaries likely to benefit from MPPP

MAPRx supports requiring Part D plans to report specific data on beneficiary participation in the MPPP. Accessing this data will be important for the agency and other stakeholders to evaluate the success and identify the challenges of the new program, affording us the opportunity to collectively explore needed changes, if necessary.

¹ Centers for Medicare & Medicaid Services. Agency Information Collection Activities: Proposed Collection; Comment Request. *Federal Register*. February 2, 2024. Accessed March 27, 2024. <https://www.federalregister.gov/d/2024-02095>

While our coalition appreciates CMS' intention to require plans to report certain data, we respectfully request that CMS augment the requirements with several additional data points. Specifically, we believe it is vital that CMS also require plans to report the following:

- Overall election into the MPPP for 2025 (including monthly breakdown of election)
 - Beneficiaries likely to benefit
 - Total number of beneficiaries identified as likely to benefit from MPPP
 - Number identified prior to the plan year
 - Number identified during the plan year
 - Number identified following interaction with a pharmacy at the point of sale (POS)
 - MPPP election
 - Number of beneficiaries who opted into MPPP and who were identified as likely to benefit
 - Prior to the plan year
 - Number of beneficiaries who opted into MPPP upon a plan enrollment
 - During the plan year
 - Number of beneficiaries who opted into MPPP upon a plan enrollment
 - Following interaction with a pharmacy at the POS
 - Number of beneficiaries who opted into MPPP at the POS (when available in future plan years)
 - Number of beneficiaries who did not opt into MPPP but who were identified as likely to benefit
 - Prior to the plan year
 - During the plan year
 - Following interaction with a pharmacy at the POS
 - Number of beneficiaries who opted into MPPP who were not identified as likely to benefit
 - Number of beneficiaries who opted into MPPP upon a plan enrollment
 - Election methods
 - Total number of beneficiaries who opted into MPPP
 - Number of beneficiaries who opted into MPPP following receipt of an election request form sent with a membership ID card
 - Number of beneficiaries who opted into MPPP via plan websites, telephone, fax/mail
- Other key data points related to the grace period and disenrollment:
 - Number of MPPP participants who missed payments
 - Number of MPPP participants with a missed payment who paid after receiving first notice of a late payment
 - Number of MPPP participants with a missed payment who paid after receiving second notice of a late payment
 - Number of MPPP participants involuntarily terminated from MPPP
 - Number of MPPP participants voluntarily terminated from MPPP

We appreciate CMS' consideration of these additional data points as this data will help CMS and other stakeholders evaluate the effectiveness of outreach and education efforts from Part D

plans and pharmacies and assess the overall performance of the program. Moreover, this data will inform future outreach and education efforts and help CMS, Part D plans, pharmacies and others to develop strategies and implement changes that improve the program and enhance the beneficiary experience.

Further refinements to the data collected from Part D plan sponsors

MAPRx believes it is essential that all beneficiaries are informed about the program and we have consistently advocated that CMS, Part D plans, and pharmacies not restrict MPPP outreach only to those who meet the CMS threshold of most likely to benefit from MPPP. Beneficiary medication needs and costs change throughout the year for a variety of reasons and beneficiaries can incur significant OOP costs as a result of a single prescription or multiple different prescriptions. As a result, some beneficiaries who ultimately may benefit from MPPP will not take advantage of it simply because they were excluded from targeted outreach efforts and were unaware of the program. This underscores the need for CMS to require enhanced reporting, especially collecting data that can help the agency determine whether it has selected the right threshold for targeted outreach prior to the plan year, during the plan year and at the point of sale. We recommend CMS collect the following data:

- **\$600 threshold**: In the finalized part one guidance, CMS stated it "...chose a \$600, single prescription drug cost threshold because this approach strikes the best balance between identifying Part D enrollees with a very high likelihood (~98%) of benefiting from the Medicare Prescription Payment Plan program, while reducing the risk of identifying Part D enrollees who will not meet the likely to benefit definition." However, CMS' own data also show that a lower threshold of \$400 would result in targeting 2.9 million beneficiaries who "might" benefit and would result in informing 2,600,000 (90% success rate) who "actually" would benefit. In order to assess the degree to which the \$600 threshold is appropriate, we recommend that CMS require Part D plans to report:
 - The number of beneficiaries who meet or exceed the \$600 threshold and the number of beneficiaries who meet or exceed a \$400 threshold
 - The number of beneficiaries who meet or exceed the \$600 threshold and who opted into MPPP and the number of beneficiaries who meet or exceed a \$400 threshold and who opted into MPPP
 - The number of beneficiaries who meet or exceed the \$600 threshold and who did not opt into MPPP and the number of beneficiaries who meet or exceed a \$400 threshold and who did not opt into MPPP
- **Single prescription drug costs**: In the finalized part one guidance, CMS also indicated that the threshold for determining who was very likely to benefit would be \$600 in drug costs from a *single* prescription. As we noted in our comments to the draft part two guidance, Congress intended the MPPP and OPP cap to apply to cumulative beneficiary costs, not a single prescription cost. Therefore, additional data will help CMS assess whether its targeted approach to outreach is consistent with Congressional intent for the program. In order to assess the degree to which the single prescription threshold is appropriate, we recommend that CMS require Part D plans to report:
 - The number of beneficiaries who meet or exceed the \$600 threshold with a single prescription and the number of beneficiaries who meet or exceed a \$400 threshold with a single prescription
 - The number of beneficiaries whose cumulative drug costs meet or exceed the \$600 threshold and who opted into MPPP and the number of beneficiaries whose

- cumulative drug costs meet or exceed a \$400 threshold and who opted into MPPP
- The number of beneficiaries whose cumulative drug costs meet or exceed the \$600 threshold and who did not opt into MPPP and the number of beneficiaries whose cumulative drug costs meet or exceed a \$400 threshold and who did not opt into MPPP

In addition to these important refinements, we also believe it will be important to utilize MPPP data to help address any disparities within the Part D population. To help facilitate this specific assessment, it may be helpful for Part D plan sponsors—when within their ability—to provide demographic information of those enrolling and opting against enrollment into the MPPP. This data may include income level, geographic location, age, race/ethnicity, and sex.

Data availability and plan oversight

As we have noted in these comments, MAPRx appreciates CMS's efforts to require Part D plans to report data, and we recommend the reporting of additional data points that will allow the agency to assess the effectiveness of the MPPP program and Part D plan and pharmacy outreach and education efforts. We also strongly recommend that CMS make this data publicly available. The MAPRx coalition, our member organizations and other stakeholders such as prescribers, patient navigators, and State Health Insurance Assistance Programs play critical roles in educating and informing beneficiaries about Part D plan changes, such as the MPPP, the OOP cap, and expanded low-income subsidy eligibility. As such, this data can inform stakeholder education and outreach strategies, including strategies that can reach those beneficiaries who may be missed by outreach from Part D plans and pharmacies. This is especially important considering CMS is not implementing a POS MPPP enrollment option in 2025 and may not implement an MPPP enrollment option on the Plan Finder tool.

Finally, we recognize that the proposed data reporting elements—including the data elements requested by our coalition and other patient groups—may be an administrative burden for Part D plan sponsors. We respectfully ask that CMS provide vigilant oversight of Part D plans to ensure they do not seek to pass this administrative burden onto patients in the form of greater access restrictions and higher premiums.

Thank you for your consideration of our comments. MAPRx appreciates CMS' efforts to engage our coalition and the broader beneficiary community as it implements these significant changes to Part D. Please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition at (202) 540-1070 or bduffy@nvglc.com, if you have any questions or if we can provide additional information.