



June 21, 2024

Centers for Medicare & Medicaid Services
Division of Regulations Development
Attention: Document Identifier/OMB Control Number CMS-10882
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically using www.regulations.gov

Re: Second Comment Opportunity: Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882) | May 28, 2024 Federal Register

Thank you for the second opportunity to give feedback on the Medicare Prescription Payment Plan model documents.

UCare is an independent, non-profit health plan with a staff committed to serving our enrollees, our communities, our business partners and our employees from a foundation built on the values of integrity, community, quality, flexibility and respect. Part of our work is ensuring enrollee materials are understandable, using culturally appropriate terminology and messaging.

We are pleased to share that UCare conducted consumer testing with a group of our UCare Medicare enrollees on two draft model documents—*Exhibit 1 Likely to Benefit Notice* and *Exhibit 4 Notice of Failure to Pay*. These enrollees reviewed the notices and considered possible opportunities to simplify the content, focusing on making it easier to understand.

Also, our enrollee materials and communications staff reviewed *Exhibit 1 Likely to Benefit Notice* for plain language and suggested revisions for clarity and ease of reading. UCare communications staff pursue external health literacy training to maintain knowledge of current industry best practices and apply what they've learned in developing enrollee materials. Our suggested revisions to *Exhibit 1 Likely to Benefit Notice* are rooted in UCare's desire to use plain language in enrollee communications.

Please see the Appendices, which organize our feedback by model document.

Additionally, UCare has a general comment regarding our dually eligible Part D enrollees. Assuming UCare moves forward with the Medicare Advantage Value-Based Insurance Design (VBID) Model for our dually eligible enrollees, they will not

have any Part D cost-sharing. We suspect that outreach and communications to these dually eligible enrollees will create confusion and dissatisfaction, so we are working with the Centers for Medicare & Medicaid Services to determine if including these enrollees in the program is appropriate.

Thank you for considering our feedback. Please contact me if you have questions.

Sincerely,

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APPENDICES

Appendix A

Exhibit 1 Likely to Benefit Notice

Consumer testing feedback

- Throughout the notice, a UCare enrollee recommends that CMS consider adding carets around “your health or drug plan” and “plan” references along with an instructional note to allow plans to use their plan/organization name instead of the generic reference to a plan. A UCare enrollee shared that because the Medicare Prescription Payment Plan program has the word “Plan” in its name, enrollees could be confused between the payment plan and their health or drug plan. As government programs and health literacy staff, we heartily agree with this suggestion, which also comes across as tailored to each enrollee.
- In the section *What’s the Medicare Prescription Payment Plan?* a UCare enrollee recommends that CMS consider explaining Part D or adding a definition. Some enrollees may not know that Part D refers to Medicare prescription drug coverage. We suggest using the succinct definition in the 2025 Evidence of Coverage model document, Chapter 12: “Part D – The voluntary Medicare Prescription Drug Benefit Program.”
- In the section *Will this payment option help me?* a UCare enrollee recommends that CMS consider adding a sentence after the last sentence, explaining that enrollees can also call their health or drug plan to learn more about lowering drug costs. A UCare enrollee shared that they have an easier time calling their plan than navigating a website. We know that digital health literacy is a challenge for many. Enrollees may experience less confusion and frustration if they work with their plan instead of trying to find the information they need online.
- In the section *How will my costs work with this payment option?* a UCare enrollee recommends that CMS explain what “out-of-pocket costs” mean. This term didn’t resonate with them, and they wondered whether a premium (if they have one) and deductible counted towards out-of-pocket costs. We suggest using the 2025 Evidence of Coverage model document definition, Chapter 12: “A member’s cost-sharing requirement to pay for a portion of services or drugs received is also referred to as the member’s out-of-pocket cost requirement.”
- In the section *How do I sign up for this payment option?* a UCare enrollee recommends that CMS explain that enrollees can opt in and out of the Medicare Prescription Payment Plan at any time. Without mentioning this, a UCare enrollee shared that we may not be helping enrollees who can benefit from this program simply because they feel they will be locked into it. A UCare enrollee shared that enrollees are accustomed to the specific times of the year when they can make plan changes and may assume the same rule applies to the Medicare Prescription Payment Plan.

- In the section *How do I sign up for this payment option?* a UCare enrollee recommends that CMS consider rewording the sentence, “If you need to pick up a prescription urgently, the fastest way to use this payment option is to call your plan.” A UCare enrollee shared that they didn’t know if this was saying enrollees should call their health or drug plan to sign up for the Medicare Prescription Payment Plan. More context could be added to explain that if the enrollee needs their drug immediately, they should sign up for the program by calling their plan instead of using the website option.
- In the section *How do I sign up for this payment option?* a UCare enrollee recommends that CMS consider removing the reference to enrollees calling Medicare to contact their health or drug plan. Instead, enrollees should be directed to the phone number on the back of their plan membership card to contact their plan. We question whether contacting Medicare makes sense if CMS can’t sign up enrollees for the Medicare Prescription Payment Plan.

Appendix B

Exhibit 4 Notice of Failure to Pay

Consumer testing feedback

- In the first paragraph of the notice, a UCare enrollee recommends that CMS consider adding an introductory sentence to explain that the enrollee is getting this notice because they signed up for the Medicare Prescription Payment Plan. Enrollees may not necessarily draw the connection between the program they signed up for and this notice. Enrollees may think “We didn’t get your monthly payment” refers to their monthly plan premium, if they have one.
- In the first paragraph of the notice, a UCare enrollee recommends that CMS consider using the phrase “you need to pay...” instead of “you must pay...” Enrollees may find the word “must” too harsh for this notice.
- In the bulleted list under “You owe [unpaid amount]. You can pay:” a UCare enrollee recommends that CMS consider using the sentence “Securely online at [plan’s website], by credit/debit card.” Enrollees can be leery of providing their financial information over the web, and adding the word “securely” may help.
- In the section *What happens if I don’t pay my bill?* a UCare enrollee recommends that CMS consider rewording the phrase, “Like any other debt, you’re required to pay the amount you owe.” A UCare enrollee felt this language was too strong and set a tone that made it seem like the health or drug plan was a collections agency. Strong language may result in a negative enrollee experience. Another option is to delete this sentence. The notice in the first paragraph already communicates that the enrollee needs to pay the past due amount.
- In the section *What happens if I don’t pay my bill?* a UCare enrollee recommends that CMS consider adding content to explain that the enrollee will have two separate monthly payments – one for their monthly premium, if

they have one, and a second for their Medicare Prescription Payment Plan. Enrollees have many sources of financial liability for their prescription drug coverage, so it may be helpful to clarify further.

- In the section *What if I think there's been a mistake?* a UCare enrollee recommends that CMS consider adding a first sentence such as "We're here to help." This language will soften the message and create an enrollee-friendly tone. We all want enrollees to feel supported; this suggested text can be reassuring.
- We appreciate that CMS added language for plans to call out the Member Handbook and the Evidence of Coverage. In the section *What if I think there's been a mistake?* a UCare enrollee recommends that CMS explain why the enrollee must check their Member Handbook or Evidence of Coverage – the comment was, "What am I checking my Evidence of Coverage for?". Enrollees may not understand that they should look in their membership documents to find out how to submit a grievance. It may also be helpful to allow plans to insert the specific chapter in the Member Handbook or Evidence of Coverage where the grievance process can be found so enrollees don't spend time reviewing the table of contents.

Appendix C

Exhibit 1 Likely to Benefit Notice

UCare materials and communications staff feedback

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

You might benefit from ~~participating being~~ in the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option ~~that works with your current drug coverage~~ to help you manage your out-of-pocket Medicare Part D drug costs by spreading them ~~across the calendar throughout each year (January—December or the remaining months of each year)~~. Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D.

If you ~~select choose~~ this payment option, each month you'll ~~continue to pay keep paying~~ your plan premium (if you have one), and ~~you'll get a bill from~~ your health or drug plan ~~will to pay bill you~~ for your prescription drugs (instead of paying the pharmacy). All plans offer this ~~optional payment option plan, and participation is voluntary~~. It doesn't cost anything to ~~participate be~~ 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.

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 ~~remaining months of the~~ calendar year (~~Jan—Dec or the whole year if you start in January~~), so you don't have to pay out-of-pocket costs to the pharmacy. ~~This payment option might help you manage your expenses, but it but 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 ends~~ 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, ~~your health or drug plan will send you you'll get a bill each month from your health or drug plan~~. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your ~~previous past~~ 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 go up~~ when you fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs get added ~~into to~~ your monthly payment, there are fewer months left in the year to spread out your remaining payments.

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

This payment option might not be the best choice for you if:

- ~~You're enrolled in a health or drug plan that doesn't have cost-sharing for prescription drugs~~
- Your yearly drug costs are low
- Your drug costs are the same each month
- You're ~~considering thinking about~~ 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
- You get or are eligible for Extra Help from Medicare
- You get or are eligible for a Medicare Savings Program
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP) or a charity

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

- **Your health or drug plan:** Visit your plan's website, or call your plan ~~to get~~for more information. Your plan's phone number is on the back of your plan membership card.
- **Medicare:** Visit Medicare.gov/prescription-payment-plan, 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 Assistance Program (SHIP):** Visit shiphelp.org to ~~find~~get the phone number for your local SHIP and get free, personalized health insurance counseling.

How do I sign up for this payment option?

Visit your plan's website or call your plan to start ~~participating in~~ this payment option. If you need to pick up a prescription urgently, ~~the fastest way to use this payment option is to call your plan~~calling your plan is the fastest way to use this payment option.

Need this information in another format or language?

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