

Submitted electronically via www.reginfo.gov

June 27, 2024

The Honorable William N. Parham, III
Centers for Medicare & Medicaid Services
Director, Paperwork Reduction Staff
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number: Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: The Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Dear Director Parham:

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Medicare Prescription Payment Plan (Program) Model Documents (Model Documents), issued for comment pursuant to a Paperwork Reduction Act (PRA) Notice published by CMS in the Federal Register on May 25, 2024. CVS Health appreciates CMS' consideration and inclusion of recommendations based on the April 26, 2024, comment submission.

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.

We appreciate CMS providing the updated model documents for another comment period.

The attached Appendix includes our specific comments and recommendations to the updated model documents included in the May 25, 2024 PRA Notice. The Appendix also includes a draft "Likely to Benefit Notice" in Exhibit A that reflects the recommendations outlined within our comments.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Schulman".

Melissa Schulman
Senior Vice President
Government & Public Affairs

Appendix

Medicare Prescription Payment Plan – Proposed Model Documents Specific Comments

1. Likely to Benefit Notice

CMS states the Part D sponsor must comply with the language access and accessibility requirements outlined in section 30.4 in the delivery of the Likely to Benefit Notice. We ask CMS to confirm that these requirements apply only to communications made by Part D sponsors, and not to those made by pharmacies. This is consistent with CMS' approach with other materials provided by pharmacies, such as the Medicare Prescription Drug Coverage and Your Rights form (CMS Form #10147) and recognizes that pharmacies are not able to meet these plan-specific requirements at POS for the many different Part D plans they support.

CVS Health recommends that CMS condenses the Likely to Benefit Notice to a single page. We believe this can be done by changing the font and format of the document, and removing redundant language. If CMS determines the Likely to Benefit Notice provided by a plan needs to include additional detail, we ask CMS to produce a specific Likely to Benefit Notice for the pharmacy distribution that is limited to a single page. The pharmacy point-of-sale (POS) Likely to Benefit Notice should be streamlined and include a brief description of the Program and instructions for members to call their plan for additional information. Including Program specifics within the pharmacy notice may trigger questions that pharmacy staff cannot answer or may provide incomplete/inaccurate information.

We also request that CMS consider allowing pharmacies the flexibility to provide the notice using a member's communication preference with a pharmacy. As outlined in Part Two Guidance, CMS provided flexibility for certain pharmacy types to allow the use of the patient's preferred contact method. CVS Health requests CMS allow all pharmacy types to leverage this option. We also ask CMS to accommodate variations in electronic communication methods. Pharmacy software and digital communication methods generally support SMS Text messages, with embedded links/QR codes as needed. We ask that CMS confirm that these forms of electronic communication are acceptable. We also ask CMS to clarify the expected content for telephonic methods of communication. CVS Health recommends CMS include within the Likely to Benefit Notice Instructions document, the acceptable electronic communication options and the minimum necessary content of telephonic messages.

CVS Health also requests CMS confirm that the pharmacy Likely to Benefit Notice can include a bar-code, for internal pharmacy notice tracking purposes.

CVS Health recommends the following additional changes to the notice to provide beneficiaries more clarity around the Program and remove some redundant language.

- Add language to clarify that non-Part D drugs are not eligible for the Program, only covered Part D drugs.
- Under the section titled "Need this information in another format or language?" CVS Health recommends adding language directing members to the plan phone number on the Member ID card to follow previously established processes for accommodating non-English and Accessibility requests. For example, it would read:

"Need this information in another format or language?"

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan at the phone number on the back of your member ID card."

We provide a revised "Likely to Benefit Notice" incorporating these suggested edits for CMS' consideration in the attached Exhibit A.

Recommendations:

- CMS should clarify that the MLI, translation and accessibility requirements in 42 CFR 423.2267 do not apply to Likely to Benefit Notice provided by the pharmacy.
- Reduce the Likely to Benefit Notice to a single page or create a separate pharmacy POS Likely to Benefit Notice that is a single page.
- Allow all pharmacy types to deliver the pharmacy point-of-service Likely to Benefit notice using a patient's preferred communication method.
- Allow pharmacy providers to include any necessary document tracking mechanisms (e.g., barcode for pharmacy workflow scanning) to the pharmacy point of service Likely to Benefit notice.
- Clarify within the Likely to Benefit notice, that non-Part D drugs are not eligible for the Program.

2. Participation Request Form

CVS Health recommends that CMS add a billing payment section, similar to the plan Enrollment Form, Exhibit 1, to the model request form: "Medicare Prescription Payment Plan Participation Request Form." This will help streamline the opt-in process for enrollees as well as the Part D Sponsor at the time of the enrollee's election into the Program. Not including the basic payment information for enrollees at the time of opt-in, would require additional enrollee contact to obtain the information later, as well as additional Part D Sponsor administration. Having a section for the payment information would help make the opt-in process more seamless.

As an example, the payment section would include the following information and fields:

"Paying your Medicare Payment Plan Billing Amounts"

"You can pay your monthly billing amounts by mail, electronic funds transfer (EFT) which is an automatic withdrawal from your bank account."

The form would provide appropriate space for the enrollee to include the name of the account, financial institution information, bank routing number, and account number, as well as the day they prefer the amount to be withdrawn. Below is a sample mock-up.

Name on Account																								
Financial Institution																								
Routing Number						Account Number																		
Account Holder Signature _____																								
The Account Holder Signature is required in order to deduct premiums from Checking or Savings Account.																								

This section would additionally advise the enrollee that they may elect to use their credit or debit card and to call the appropriate customer service telephone number, as this information may not be displayed on the form.

Finally, we ask CMS to include variable fields in the billing section for flexibility to allow plans to include plan-specific information.

Recommendations:

- CVS Health recommends that CMS add a billing payment section to the election form model: "Medicare Prescription Payment Plan Participation Request Form" to improve member experience to seamlessly provide payment information when enrollees opt-in. Additionally, this would minimize Part D sponsor outreach to obtain the information.

3. CMS-Developed Educational Materials

CVS Health requests CMS to consider adding language about non-Part D (e.g., Part B) drugs for members who are enrolled in Employer Group Waiver Plans (EGWPs) or individual Enhanced Alternative Plans. Members who elect to participate may be confused and dissatisfied if they are charged an amount greater than \$0 for non-Part D medications at POS, but charged \$0 for covered Medicare Part D drugs, or if a combination of non-Medicare medications, a Part B medication, and covered Part D medications are on the same order.

Program material should clearly communicate to members that the Program is limited to Part D drugs to avoid any confusion at POS. Pharmacies submit all claims to the Medicare Part D plan's designated BIN/PCN (claim transaction routing identifiers), where non-Part D covered products may still result in a Paid response (e.g., MA-PD plans that cover Part B drugs, or enhanced Part D coverage that covers non-Part D drugs). The Medicare Prescription Payment Plan rejected response is bypassed and the pharmacy only has the Medicare Part D Paid claim response with a non-zero patient pay amount to communicate to the patient. Pharmacies will not be able to clearly explain to the member why some claims paid under the plan's BIN/PCN are accepted under the Medicare Prescription Payment Plan, and others are not.

So that members fully understand that the Program does not apply to non-Part D (including Part B) medications, CVS Health highly recommends that CMS include language in CMS-developed educational materials to clearly explain that the Program applies only to Medicare Part D drugs. CVS Health believes it is important to inform members so they can make appropriate elections into the Program.

Recommendations:

- **CVS Health recommends that CMS include language in the CMS-developed educational materials for those enrollees participating in EGWPs or Enhanced Alternative Plans to understand that their Part B and other non-Part D drugs are not eligible for Medicare Prescription Payment Plan.**
- **Including this information in the CMS-developed materials will help alleviate potential member confusion and abrasion, reducing CTMs and or grievances.**

4. Model Notices Not Provided by CMS (Request for Information (RFI), Denial, and Reinstatement Notices)

CMS has stated that additional models would not be developed outside the six proposed models already provided. CVS Health recommends CMS allow plans the flexibility to create the RFI, Denial, and Reinstatement notices for the Medicare Prescription Payment Plan based on the respective models in the Medicare Prescription Drug Benefit Manual; Chapter 3 - Eligibility, Enrollment and Disenrollment.

CVS Health also requests that CMS allow these notices to be provided electronically in accordance with the members' preferred and authorized communication methods.

Recommendation:

- **CVS Health recommends that CMS allow plans the flexibility to create the RFI, Denial, and Reinstatement notice based on the existing relative models in the Medicare Prescription Drug Benefit Manual; Chapter 3 - Eligibility, Enrollment and Disenrollment consistent with the Part D required materials, content, and delivery requirements outlined in the Medicare Communications and Marketing Guidelines (MCMG).**

Exhibit A – Recommended Likely to Benefit Notice

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

You may benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs.

What is the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan provides a new way to pay your out-of-pocket costs for Medicare Part D prescriptions, by spreading your payments across the calendar year (January - December). 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. Please note that if your Medicare plan also covers non-Part D drugs (e.g. Part B drugs), these drugs are not eligible for the Medicare Prescription Payment Plan.

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying for each prescription at the pharmacy). All plans offer this payment option and **participation is voluntary**. There are no fees or additional charges to use the Medicare Prescription Payment Plan.

Will this payment option help me?

It depends on your situation. If you have high out-of-pocket drug costs, this payment option spreads those costs across each month of the calendar year (Jan – Dec). You will not pay your Medicare Part D prescription copay to the pharmacy, instead will pay the monthly amount to your plan. Your monthly bill is based on what you would have paid for your prescriptions, plus your previous 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 when you fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs get added into your monthly payment, there are fewer months left in the year to spread out your remaining payments.

This payment option is intended to help you manage your expenses, but it 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 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. **Therefore**, when you fill a prescription for a drug covered by Part D, you won't pay your pharmacy, instead you will get a bill each month from your health or drug plan.

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

- Your yearly drug costs are low or the same amount each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you currently pay for your prescription drugs.
- You get or are eligible for Extra Help from Medicare or 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 this payment option?

- **Your health or drug plan:** Visit your plan's website or call your plan to get more information.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.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 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 initiate the program participation process.

Need this information in another format or language?

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan at the phone number on the back of your member ID card.