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Ms. Chiquita Brooks-LaSure
CMS Administrator
U.S. Department of Health and Human Services
U.S. Centers for Medicare & Medicaid Services
750 Security Boulevard
Baltimore, MD 21244

Mr. William N. Parham, III
Director, Paperwork Reduction Staff,
Office of Strategic Operations & Regulatory Affairs
U.S. Centers for Medicare & Medicaid Services
750 Security Boulevard
Baltimore, MD 21244

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

Dear Administrator Brooks-LaSure and Director Parham:

The Pharmaceutical Care Management Association (PCMA) appreciates the opportunity to provide public comments on the U.S. Centers for Medicare & Medicaid Services' (CMS) Medicare Prescription Payment Plan (referred to as M3P or Program) revised model documents (Model Documents)¹ issued for comment pursuant to a Paperwork Reduction Act Notice published by CMS in the *Federal Register* on May 28, 2024.²

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 are committed to increasing affordability of drugs and work closely with plans and issuers to secure lower costs for prescription drugs and achieve better health outcomes.

A. General Comments

We appreciate CMS revising the Model Documents in response to public comments. The revised drafts improve the readability and provide additional flexibility to Part D sponsors to tailor the communications to their own processes and the circumstances of the beneficiary. While we do have some comments on the revised documents, we reiterate our request that

¹ The Model Documents are available at <https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pralisting/cms-10882>.

² 89 Fed. Reg. 46122 (May 28, 2024).



CMS make every effort to finalize the model documents as soon as possible and no later than July 2024. Most Part D sponsors are already preparing their 2025 plan materials, and even if the final model documents are released by the end of July, Part D sponsors will have only 10 weeks to develop, finalize, and produce their Program materials.

PCMA Recommendation: CMS should finalize and publish the Model Documents by mid-July 2024 in order to allow Part D sponsors sufficient time to incorporate these into their CY2025 Program materials that they will start disseminating in the fall of 2024.

We also ask that CMS further shorten and further streamline the revised model documents. We believe this can be accomplished without losing clarity or necessary content. Given the many changes to the Part D benefit in 2025, avoiding beneficiary's confusion should be a priority in plan documents. Thus, if the choice is between additional detail on the Program and clearer, more succinct communications, we recommend that CMS choose the latter, understanding that beneficiaries can always obtain more detail on a Part D sponsor's website on Medicare.gov or by calling their Part D plan's customer service center.

PCMA Recommendation: CMS should prioritize providing clear, concise, and easy-to-understand communications about the Program to limit beneficiary's confusion and improve beneficiary's satisfaction with the Program.

We also recommend that CMS continue to consider increasingly popular, alternate mechanisms to communicate with Part D beneficiaries about the Program, such as through YouTube and Facebook videos. All educational materials (written/videos/websites) should be targeted to all literacy levels and should be tested with focus groups first to confirm that they are clear and easy to understand.

PCMA Recommendation: CMS should use alternative mechanisms to reach out to Part D beneficiaries about the Program, such as through videos on popular social media platforms.

Finally, we reiterate our request included in our comments to the Program draft Part Two guidance that CMS reconsider the proposed requirement to include a paper copy of the Program election form to new members when mailing out the membership ID cards. We are concerned that providing the election request form together with the membership card will result in member's confusion and, specifically, lead some members to believe that enrollment is required as part of their enrollment into a Part D plan. Since membership cards are sent to all new members, most of whom would not benefit from enrolling in the Program, this could result in enrollments that subsequently need to be unwound and member's dissatisfaction. Also, many Part D plans do not issue a new membership card to each enrollee every coverage year. Members who are continuing their membership in the same Part D plan often retain a valid membership ID card for multiple coverage years. Therefore, if CMS intends for this hard copy



information on the Program to reach every member, it would be more appropriate to include the Program information with the confirmation of the enrollment letter.

PCMA Recommendation: CMS should not require a hard copy of the Program election form to be included with the mailing of membership ID cards to new members.

B. Specific Comments

Below we include comments on certain of the Program model documents.

1. Election Request Form Contents

While we appreciate the revised language regarding spreading out cost sharing across the calendar year, we still believe the continued reference to “January-December” could be confusing to beneficiaries who do not enroll in the Program at the start of the plan year. We also believe it is unnecessary, since all beneficiaries would understand the term “calendar year.” We therefore ask that CMS delete this parenthetical language.

Regarding the new sentence added that states “This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs,” we question whether it adds clarity or is likely to raise more questions, and would recommend a simpler more declarative statement, such as “This payment option does not save you money or lower your total cost sharing.”

2. Likely to Benefit Notice

Similar to the Election Request form, we recommend deletion of the parenthetical reference to “January-December,” since it is accurate only for those beneficiaries who enroll at the start of the plan year. We appreciate the clarification added that the payment option is for drugs “covered by Part D,” and would encourage CMS to state this more prominently earlier in the notice and add “only” i.e., only for drugs covered by Part D.

We also have the following recommendations:

- Replace “Medicare drug plans and Medicare health plans with drug coverage (like a Medicare Advantage Plan)” with shorter, simpler language such as “Medicare drug plans” or “Medicare drug coverage.”
- Shorten and simplify the paragraph “How will my costs work with this payment option” to explain that it spreads cost sharing over the remainder of the calendar year, and then provide a simple example and/or link to example.
- Add a link/QR code to simplify the process for enrollees to enroll.
- Add “or you have \$0 cost sharing” in the bullet “Your drug costs are low.”



- Provide a separate, much shorter (no more than a single page) Likely to Benefit notice for pharmacies to provide.

Conclusion

We appreciate the opportunity to provide this feedback to CMS on the revised M3P Model Documents, which will play a critical role in explaining the Program to beneficiaries. Our recommendations focus on ways to make the communications as clear, simple, and beneficiary-friendly as possible, since this will be essential to avoid beneficiary's confusion and ensure the success of the Program. If you need any additional information, please reach out to Debjani Mukherjee at dmukherjee@pcmanet.org.

Sincerely,

Tim Dube

Tim Dube
Senior Vice President, Policy & Regulatory Insights

cc: Debjani Mukherjee, Senior Director, Regulatory Affairs
Michael Brown, CMS