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Comments submitted electronically via www.reginfo.gov/public/do/PRAMain

Re: Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents

Dear Dr. Seshamani,

Thank you for the opportunity to submit comments regarding the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents. With the implementation of the Inflation Reduction Act (IRA), the National Multiple Sclerosis Society (Society) is pleased that Part D is poised to provide even greater benefits to Medicare beneficiaries. The Society looks forward to partnering with CMS to ensure that Medicare Part D beneficiaries living with multiple sclerosis (MS) can access the medications they need to live their best lives. Approximately 25-30% of people living with MS in the United States are on Medicare, and many rely on Part D to access necessary drugs to delay disease progression and manage their MS symptoms. In 2025, the Medicare Prescription Payment Plan (MPPP) will provide important flexibilities that will allow beneficiaries to spread out the cost of high-cost treatments over the course of a calendar year. We thank CMS for the opportunity to review the MPPP model documents and to provide input to increase comprehension and accessibility of these important documents for all beneficiaries, including those living with visual impairments, cognitive difficulties, or limited English proficiency.

MS is an unpredictable disease of the central nervous system. Currently, there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS.

The Society, founded in 1946, is the global leader of a growing movement dedicated to creating a world free of MS. The Society provides global leadership, funds research for a cure, drives change through advocacy, and provides programs and services to help people affected by MS live their best lives. Additionally, the Society sees itself as a partner to the government in many critical areas. While we advocate for the government's involvement in accelerating the discovery, development, and delivery of new treatments, we do so as an organization whose research investment exceeds \$1.2 billion.

Background

The Society has supported a program to ease the financial burden of chronic diseases by allowing Medicare beneficiaries to spread out-of-pocket prescription drug costs over predictable monthly payments. Given the MPPP's goal of alleviating beneficiaries' financial burdens, we want to ensure that beneficiaries are fully informed of this new program. Therefore, while implementing the MPPP, it will be critical that CMS work with patients, patient advocacy groups, pharmacies, and other stakeholders to provide individuals with access to clear, understandable, and actionable information to support the decision-making process. This is particularly true for individuals living with chronic diseases and disabilities, who are most likely to benefit from this new program.

The Society recommends that all communication regarding the MPPP be clear, actionable, and accessible to Part D beneficiaries, including those with sensory, cognitive, or other disabilities and those with limited English proficiency. We also encourage CMS to educate providers who will need information to help guide their patients on how best to access needed prescription drugs. Finally, Part D plans and pharmacies need consistent, standardized, plain language information to provide to beneficiaries to prevent confusion. Finally, CMS must engage with individuals with lived experience and patient advocacy groups to review communication materials for usability and understandability. Since this is a new program, these education and outreach efforts will require continuous monitoring and opportunities for beneficiaries to provide feedback to ensure a successful launch that benefits enrollees as intended.

The Society appreciates CMS's initiative in developing model documents to assist Part D plan sponsors and Medicare Advantage (MA) organizations in satisfying the education and outreach responsibilities for the MPPP. To ensure that the MPPP is accessible, understandable, and beneficial to Part D enrollees, we provide the following recommendations to CMS:

1. **Enhance form accessibility and inclusivity:** Ensure all forms, across all election methods, are designed with accessibility in mind, ensuring usability by individuals living with various disabilities, including visual, auditory, and cognitive impairments. Additionally, all forms should use clear, plain language accessible to enrollees with varying levels of health literacy and be made available in multiple languages to accommodate the diverse Medicare population, including those with limited English proficiency.
2. **Establish a robust support system for enrollees:** Provide comprehensive guidance on the MPPP's impact on prescription drug costs and personalized assistance to help enrollees make informed decisions. This guidance should extend beyond the initial request to participate, encompass ongoing education about the program's benefits, include information on potential changes, and assist enrollees in maximizing its value.
3. **Ensure prompt and proactive sponsor communication:** Part D sponsors should be required to collect any missing information and confirm enrollees' understanding of the program's terms and conditions, particularly when enrollees submit election requests in non-standard formats.
4. **Monitor and evaluate the effectiveness of the election process:** Identify and address any barriers enrollees might face in opting into the MPPP to ensure a smooth enrollment experience.
5. **Test model documents with diverse user groups:** Ensure documents are understandable and meet the needs of all potential enrollees and are made widely available and easily accessible in diverse settings, including but not limited to community centers, health care facilities, and to

reach those without internet access, through direct mail options. Digital election requests should be user-friendly and compliant with the latest web accessibility standards.

6. **Provide detailed instructions and support for paper forms:** Part D sponsors should be required to offer detailed instructions and support services, such as a dedicated helpline, for completing paper forms. This assistance should be available in multiple languages and accessible formats to accommodate all enrollees, including those living with visual, auditory, or cognitive impairments.
7. **Incorporate safeguards against inadvertent disenrollment:** Include provisions for a review or appeal process before termination and provide information on support services for financial difficulties. These notices must be accessible in various formats and languages to accommodate all beneficiaries. Additionally, the Society advocates for the compassionate consideration of individual circumstances in both notices and urges CMS to incorporate provisions for hardship exceptions or extended grace periods in certain situations. This approach should balance financial policy needs with protecting vulnerable beneficiaries, ensuring the process is supportive, informative, and considers beneficiaries' financial vulnerabilities.

Given the complexity of healthcare information and the diverse needs of Medicare beneficiaries, the Society recommends that CMS issue guidance to Part D sponsors on employing various communication methods beyond the required telephonic and written notices. This could include informational videos, interactive online Q&A sessions, and community outreach events to educate beneficiaries about the MPPP and ensure they fully understand the implications of their election decisions.

Exhibit 1: Likely to Benefit Document

The Society recognizes that CMS is tasked with developing materials that reflect the diverse needs of the Medicare population in a short period of time and appreciates the standardized approach to the “Likely to Benefit Notice” to ensure consistent information is disseminated across Part D sponsors. However, to improve understanding of the MPPP’s impact on an individual’s prescription drug costs and healthcare decisions, the Society suggests augmenting this notice with additional educational resources, such as FAQs or interactive online tools. Additionally, continuous monitoring and feedback from Part D enrollees and stakeholders can provide valuable insights for refining these materials and strategies over time, ensuring they meet the evolving needs of Medicare beneficiaries.

Additionally, we are concerned that the “Likely to Benefit Document” may be confusing for beneficiaries living with cognitive difficulties and is virtually inaccessible for those with visual impairments or limited proficiency in languages other than English and Spanish. The Society previously commented on CMS’s IRA draft guidances that we appreciate the agency’s emphasis on ensuring that all vital information related to enrollment, benefits, health, and rights is available in multiple languages and accessible formats as we believe this approach is fundamental to removing barriers to information and ensuring that every beneficiary can make informed decisions about their healthcare. However, we are deeply concerned that the model documents provided by CMS do not fulfill this commitment to equity.

We provide the following suggestions to redesign the “Likely to Benefit Document” to better meet beneficiary needs:

- To maximize readability and comprehension, design documents with additional white space to make the content more digestible.

- Avoid long sentences and paragraphs. Use short sentences that present a single idea and break the text into short sections.
- Use culturally appropriate and understandable infographics to convey information visually.
- Increase the font size to aid individuals living with low visual acuity.
- Include a glossary to define terms.
- Provide translated materials in a beneficiary's primary/preferred language – beyond English and Spanish – and inform beneficiaries about the availability of free interpreter services.
- Provide braille or large print notices for those with visual impairments and ensure that information on websites and printed materials are compatible with screen reader technology and other auxiliary aids.

Exhibit 2: MPPP Participation Request Form

The Society strongly supports the provision that allows Part D enrollees to opt into the MPPP at any point during the plan year or enrollment periods, which offers flexibility and ensures that beneficiaries can benefit from the program when needed. In addition to supplying the participation request form, we commend CMS for requiring that Part D plans provide clear, straightforward instructions on how to opt into the program through various methods (e.g., paper, telephone, and website) to ensure the process is accessible to all, especially those with limited technological literacy or access. We appreciate the inclusion of a brief description of the MPPP on the form. By explicitly stating that the program does not save money or lower drug costs, the document sets realistic expectations for beneficiaries. Although this explanation is a step in the right direction, we urge CMS to work with health literacy experts to determine the best language to accurately describe the MPPP so that beneficiaries will understand that the program is optional and that it works alongside (but not in place of) their Medicare plan.

Additionally, the Society recommends that Part D sponsors not only provide estimates of monthly payments under the MPPP but also offer additional tools and resources (e.g., decision aids, an interactive online platform, and a monthly cost calculator) to help beneficiaries understand how the program affects their specific situation, particularly for those with complex medication needs or those considering the MPPP alongside other assistance programs like Low-Income Subsidy (LIS). This personalized approach can help prevent confusion and ensure beneficiaries make informed decisions based on their unique circumstances. We urge CMS to consider incorporating real-life scenarios and/or visual/infographic examples to assist beneficiaries in understanding how the MPPP works.

Finally, the Society underscores the importance of clear communication regarding the LIS program as an alternative or additional avenue for managing prescription drug costs. Given that LIS enrollment might offer more benefits for those who qualify, Part D sponsors must inform enrollees about their options. The Society urges CMS to develop and provide resources, model language, training, and support to Part D sponsors to ensure these communications are as clear and effective as possible, thus enabling beneficiaries to navigate their options with confidence.

Exhibit 3: Notice of Election Approval

The Society appreciates the detailed instructions and clarity in the revised version of the Notice of Election Approval. These improvements are vital for ensuring that beneficiaries fully understand their enrollment status and the implications of participating in the MPPP. The clear communication of these details helps to build trust and confidence in the program. To further enhance the utility of this

document, the Society suggests incorporating detailed examples that illustrate the billing process and the consequences of non-payment. These examples could provide clear, practical scenarios that beneficiaries can relate to, helping them to better understand how their monthly bills will be calculated and what actions they need to take to remain in good standing with the MPPP. As previously mentioned, the use of bulleted lists and/or infographics could be employed to:

- explain the monthly billing process and how the total amount due is calculated based on their out-of-pocket prescription costs and any previous balances.
- illustrate what happens if a payment is missed and explain steps the beneficiary needs to take to avoid removal from the program and the potential financial consequences of non-payment.
- provide resources for beneficiaries to seek assistance.

Exhibit 4: Notice of Failure to Pay

The Society appreciates the improvements made in the revised version of the Notice of Failure to Pay, particularly for including detailed instructions for Part D sponsors, ensuring consistency and clarity in the communication process. Clarifying the grace period and the consequences of non-payment is particularly important. By clearly outlining the timeline of payments and the specific steps that will be taken if payments are missed, the revised notice helps reduce uncertainty and anxiety for beneficiaries. This clear communication is essential for helping beneficiaries understand their responsibilities and the potential repercussions of non-payment, thereby encouraging timely payments and continued participation in the MPPP.

The flexibility for Part D sponsors to customize the document ensures that the information provided is relevant and specific to each beneficiary's plan and preferred payment method. Additionally, this customization enhances the relevance of the notice for each beneficiary, making it more likely that they will read and understand the information provided.

To further improve the effectiveness of the Notice of Failure to Pay, the Society recommends incorporating detailed examples that illustrate the payment process and consequences of non-payment. These examples can provide beneficiaries with clear, relatable scenarios that demonstrate what happens if a payment is missed, how the grace period works, and the steps needed to avoid removal from the program.

Exhibit 5: Notice of Involuntary Termination

The Society appreciates the detailed instructions and clarity provided in the revised version of the Notice of Involuntary Termination as it is critical to ensure that beneficiaries fully understand the termination process, the reasons behind it, and their options moving forward. The clear communication of these details helps to build trust and transparency, which are essential for maintaining the integrity of the MPPP. By specifying the termination date and outlining the payment methods available to settle any outstanding balances, the revised document helps beneficiaries plan and take necessary actions to avoid disruptions in their coverage.

To further enhance the utility of the Notice of Involuntary Termination, the Society suggests adding detailed examples that illustrate the steps beneficiaries need to take if they are terminated from the program. These examples could include:

- how to settle outstanding payments
- how to contact their Part D sponsor for assistance

- how to provide proof of good cause for nonpayment
- consequences of nonpayment and steps needed to prevent involuntary termination.

Exhibit 6: Notice of Voluntary Termination

The Society appreciates the detailed instructions and clarity provided in the revised version of the Notice of Voluntary Termination. It is crucial to ensure that beneficiaries fully understand the process and implications of voluntarily terminating their participation in the MPPP. The clear communication of the effective date and reason for termination helps beneficiaries plan their actions and understand the immediate impact on their coverage. The detailed instructions for Part D sponsors ensure consistency and accuracy in the communication process. By providing clear guidelines on how to handle voluntary terminations, the document helps Part D sponsors effectively manage these situations and provide accurate information to beneficiaries. This is essential for maintaining the integrity of the MPPP and ensuring that all beneficiaries are treated fairly and consistently.

Including multiple options for explaining the reason for voluntary termination and future participation significantly improves the document's usability and clarity. These options provide a tailored approach to different scenarios, ensuring that beneficiaries receive information that is relevant to their specific situation. This flexibility is particularly important for addressing Medicare beneficiaries' diverse needs and circumstances. However, to further enhance the utility of the Notice of Voluntary Termination, the Society recommends incorporating detailed examples and scenarios to help beneficiaries understand their rights and responsibilities upon voluntary termination. These examples can provide clear, relatable scenarios that demonstrate what happens when a beneficiary decides to voluntarily terminate their participation in the MPPP and the steps they need to take to effectively manage their prescription drug coverage. Detailed examples could walk beneficiaries through the processes of:

- voluntarily terminating their participation
- notifying the Part D sponsor,
- settling any outstanding payments
- transitioning to alternative coverage options, if needed.

Thank you again for the opportunity to comment on the MPPP Model Documents. We look forward to working with you as you implement the changes to the Medicare Part D program outlined in the IRA and acting as a partner as you work toward educating Americans about their Part D benefit changes. If you have any questions, please contact Nicole Boschi, Director of Regulatory Affairs, at nicole.boschi@nmss.org.

Sincerely,



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