



June 27, 2024

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

Dear Administrator Brooks-LaSure,

Submitted via www.regulations.gov

RE: Medicare Prescription Payment Plan Model Documents

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the new model documents for the implementation of the Medicare Prescription Payment Plan (MPPP) program set to take effect for Contract Year (CY) 2025 per the ***Agency Information Collection Activities: Submission for OMB Review; Comment Request CMS–10882***, published on May 28, 2024.

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 MAPRx Coalition is pleased to provide CMS with our comments on the revised MPPP model documents.

We commend CMS for making important changes to the model documents to provide more clarity about the MPPP, the purpose of the documents and to improve readability and accessibility, including the addition of a Spanish language version of the Likely to Benefit Notice, among other changes. These improvements are aligned with recommendations included in our previous comments and are important to help beneficiaries understand this new benefit, determine whether it's right for them, and understand their obligations. Given the critical role the MPPP will play in alleviating financial burdens for beneficiaries and because the MPPP is an entirely new program, we are making additional recommendations for improvements.

We urge CMS to develop and implement a process to gain stakeholder feedback and incorporate it into future revisions of the model documents. As CY 2025 is the first year of the new MPPP, there undoubtedly will be many lessons learned. We recommend that CMS explore establishing a process for regular engagement with patients, caregivers, and patient organizations. Additionally, as we mentioned in our comment letter on the Part 2 of the MPPP guidance, we believe CMS should consistently engage State Health Assistance Insurance (SHIP) counselors on these documents, as they work with Part D beneficiaries on a daily basis and have visibility into their challenges with Part D. Finally, we believe any annual process for revisions to the model documents have a public comment opportunity.

Information about the MPPP

We appreciate CMS modifying the “Participant Request Form” to include an upfront, concise overview of the MPPP, which was one of our suggestions. However, we believe this upfront section should be included for all model documents. Given patients’ likely confusion around the new program, MAPRx believes that each of the other model documents should educate the recipient on the core basics of the program. Without this overview, we are concerned beneficiaries will be confused when receiving one of these documents, especially if they do not receive any MPPP-related documents until later in the year. By including a brief description of the MPPP at the outset of each document, beneficiaries will be able to orient themselves to the purpose of the specific document, thereby better understanding the purpose of the document and the action they may need to take. To further help beneficiaries understand the core concept of the MPPP, we suggest a section title of “Why am I receiving this notice?”

Clearly disclosing the source of the document

This new program may cause significant confusion among Part D beneficiaries. To that end, we believe the model documents should clearly state that 1) they originate from the beneficiary’s Part D plan sponsor, and 2) the information stems from a new offering from the Medicare program. We are concerned beneficiaries may review the documents and not recognize they were sent by their Part D plans, thereby potentially disregarding the information.

For example, “Exhibit 5: Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation in the Medicare Prescription Payment Plan” includes a suggested title to introduce the document. We are concerned that Part D plans may fail to disclose the origin of the document. As a result, beneficiaries receiving that document may confuse it with so-called “junk mail” and not give it the attention it needs, a possibility that is especially concerning given the large amount of Medicare Advantage-related mail that beneficiaries often receive.

We believe that clearly stating the origin of the forms will increase the chance that beneficiaries recognize the importance of the information and, therefore, be more likely to act.

Building more patient protections into the model documents

The patient protections that Congress and CMS embedded in the MPPP are key to program’s success. MAPRx believes that the model documents should better highlight the patient protections built into the program; otherwise, beneficiaries may elect to not opt into the program or fail to make a timely payment after receiving a late-payment notice.

MAPRx suggests the following patient protections should be more clearly highlighted in the model documents.

- Grace period of at least 2 months if a beneficiary has failed to pay a monthly billed amount
- Part D sponsors must reinstate an individual who has been terminated from the plan if the individual demonstrates good cause for failure to pay their program bill within the grace period and pays all overdue amounts billed
- Appeals process
- Meaningful procedures for the timely hearing and resolution of grievances
- Prohibition from Part D sponsors disenrolling a beneficiary from a Part D plan for failure to pay any amount billed under the Medicare Prescription Payment Plan

Enhancing the information related to the Low-Income Subsidy (LIS)

Several of the model documents conclude the notices with information about other forms of assistance, such as the LIS, the Medicare Savings Program, and State Pharmaceutical Assistance Programs (SPAPs). The Inflation Reduction Act expanded LIS eligibility for the full benefit for those who had traditionally been eligible for only a partial benefit. We believe it would be helpful to let patients know the program expanded in 2024, meaning more people are now eligible. As the population who will benefit from this expansion are not auto enrolled into the LIS, this may help them understand the benefit has been enhanced and they have to apply to receive assistance.

Ensuring accessibility to the model documents

As Part D plan sponsors will send these documents to many beneficiaries, it will be important to ensure the documents are accessible to all Part D beneficiaries. MAPRx respectfully requests CMS to offer the documents in multiple languages to ensure non-English-speaking beneficiaries can read the content of the documents. Additionally, MAPRx believes that the notices should be available in several different formats—including audio capabilities, Braille, and larger print—for beneficiaries with disabilities. We appreciate CMS created a Spanish version of the Likely to Benefit Notice and encourage the agency to supply similar versions of all model documents.

Model document-specific feedback

In addition to the above feedback for all model documents, MAPRx offers proposed enhancements to each specific resource.

Exhibit 1: Likely to Benefit Notice

Of the model documents, this resource may be the most important one as it seeks to educate prospective participants on their likelihood to benefit from the program. We applaud CMS in creating an overview of the MPPP upfront in the document. This notice may be the first time a prospective MPPP participant reads about the program, and it will be critical that they have a foundational understanding of this new program. We also appreciate CMS revising the document to include language that a beneficiary would still owe any unpaid amounts to the plan if they choose to leave the program.

In the “How will my costs work with this payment option?” section of the notice, there is language to explain the mechanics of the program. We believe the notice should more clearly explain the impact of not enrolling. We propose adding a sentence like this one: “If you do not elect this new program, you may be responsible for paying up to the annual plan maximum amount of \$2,000 at one time if you are prescribed a high-cost medication.” An explanation of the maximum out-of-pocket cap would also be helpful to beneficiaries.

Furthermore, for prospective participants to understand the benefit of the MPPP and to envision how it might help them, we suggest including example calculations following the brief overview of the program in this document. Seeing a clear example of how a beneficiary could benefit from the MPPP may increase the likelihood he or she may enroll in the program.

We also recommend, in the “How Do I Know If This Payment Option Might Not be Right for Me” section, adding language to explain why, for example, someone who relies on other forms of prescription drug coverage such as ADAPs, SPAPs or other state programs, charitable assistance, or who receives extra help might not benefit from this program. A beneficiary who receives extra help might think they would especially benefit from the program and would be confused by this section without further explanation.

Exhibit 2: Election Request

MAPRx appreciates CMS creating a concise form for enrolling into the MPPP that Part D plans must send to beneficiaries most likely to benefit from participating in the MPPP. We approve of CMS' balanced approach in gaining the necessary beneficiary information without being a significant burden to prospective participants. We appreciate CMS creating a new overview of the program upfront. Additionally, we believe it is important for beneficiaries to know how to contact the plan for more information; therefore, we appreciate the revision to have a placeholder for the plan's phone number on the form. We also appreciate CMS' instructions for plans to have a clear section header for the part of the form an authorized representative would need to fill out.

While we believe this form will be effective to facilitate enrollment into the program, we offer an additional modification. MAPRx believes it is important for beneficiaries submitting this form to a Part D plan to have a sense of when the enrollment will be finalized by the plan. For example, we suggest adding language outlining the timing by when prospective participants should hear from the plan or when they should contact the plan to inquire about their enrollment status.

Exhibit 3: Notice of Election Approval

MAPRx appreciates CMS devising a notice to inform participants that they are enrolled in the MPPP. At the beginning of the form, CMS provides this optional text: "Part D sponsors may insert a title for the notice, such as 'You're now participating in the Medicare Prescription Payment Plan.'" This is clear language that beneficiaries at all literacy levels are likely to understand, so we believe this sentence should be required. Additionally, the welcome message is sparse; therefore, we believe there should be additional information to remind newly enrolled participants about the MPPP.

There are several modifications that may be helpful to incorporate into the form. In the "What happens if I don't pay my bill?" section, the form should introduce the grace period and its overall timing of two months. In the "Can I leave the Medicare Prescription Payment Plan?" section, the language should explicitly state that beneficiaries do not have to pay the remaining balance immediately upon disenrollment.

Exhibit 4: Notice of Failure to Pay

Similar to the other documents, MAPRx believes this document should offer a concise overview of the program. As this notice seeks to inform MPPP participants of a late payment, we recommend that CMS require the Part D plan to send the latest monthly billing statement—which includes information such as total drug costs, dates the prescription(s) were filled, at what pharmacy, patient OOP portion, portion paid by plan, amount remaining in annual \$2,000 OOP max—so participants have a clear understanding of their costs and responsibilities.

The language in the second paragraph of the "What Happens if I don't Pay My Bill" section is confusing because it starts off by saying that the beneficiary has to pay their debt, and then continues to say that as long as they pay their premium, they will have drug coverage. This may lead some beneficiaries to confuse the two payments. We would suggest either deleting or rephrasing the first sentence in the paragraph about not paying their debt.

Exhibit 5: Notice of Involuntary Termination

MAPRx believes this is a critical resource to inform beneficiaries they have been involuntarily disenrolled due to failure to pay. We offer several modifications to ensure beneficiary protections are built into place. First, we believe the statement "As of <effective date>, you'll pay the pharmacy directly for all your out-of-pocket drug costs." might confuse disenrolled participants into thinking they have to pay 100% in OOP costs without any coverage from their plan. Therefore, we suggest

making it clear that they would have to pay the pharmacy for their OOP share of cost after the plan pays its share.

Exhibit 6: Notice of Voluntary Termination

MAPRx appreciates CMS including additional optional language for plans for the three different scenarios in which a participant may leave the program. However, similar to the election approval notice, MAPRx requests CMS include language informing the patient of the amount already applied to their OOP cost calculation if they switch plans. Similar to our comments about the previous notice, we recommend rephrasing the wording in the “What happens if I don’t pay my balance” section.

Conclusion

Thank you for your consideration of our comments on the MPPP model documents. MAPRx appreciates your leadership to improve beneficiary access and affordability in Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvgllc.com.