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**Humana**

July 2, 2024

William N. Parham, III  
Director, Paperwork Reduction Staff  
Office of Strategic Operations and Regulatory Affairs  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

RE: Part D Drug Management Program (CMS–10874; OMB 0938-1435)

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Part D Drug Management Program (CMS–10874; OMB 0938-1465), as issued on May 6, 2024.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 6.1 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 2.3 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation’s top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net and many in underserved areas – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states. Additionally, Humana’s successful history in care delivery and health plan administration is helping to create a new kind of integrated care with the power to improve health and well-being and lower costs.

Second Drug Management Program (DMP) Notice

CMS proposes to require Part D plan sponsors to utilize the revised standardized Second Notice form, to inform enrollees, following identification by CMS’s Overutilization Management System (OMS) and subsequent case management, whether the beneficiaries have been identified as at risk for abuse or misuse of frequently abused drugs (FADs). In particular, CMS proposes revised language for indicating the date on which enrollment in a DMP begins and ends.

**Humana Comment:** Humana appreciates CMS’s desire to clarify and simplify the DMP notices as much as possible without jeopardizing the needs of plan sponsors who coordinate the programs. **We have one primary concern with the revised second DMP notice.** 42 CFR

423.153(f)(6) sets out requirements for the second notice that must be provided to plan members who are determined at-risk for abuse or misuse of FADs and thus must be enrolled in a DMP. This paragraph dictates that the plan sponsor must convey to each member identified as at-risk both an effective date and an end date for enrollment in the DMP. Humana has traditionally included explicit dates in this letter – giving the member a very clear timeframe in which DMP enrollment will occur and affording us flexibility in communicating with the member at the termination of DMP enrollment or subsequent extension of DMP enrollment.

In the revised Second DMP Notice released by CMS on May 6, 2024, CMS proposed to require plans to use the following language under the heading “What Action Have We Take”:

*Effective Immediately and for one year from the date of this notice, your access to medications is limited in the following way(s)*

Humana is concerned that use of this exact language will prohibit plans from conveying explicit DMP enrollment dates to our members. We are also concerned that this language is too prescriptive and could limit the ability of plans to communicate forthcoming termination or extension of DMP participation in advance of the “one year” timeline indicated on this notice. We offer two scenarios in which the language emphasized above could present operational difficulties:

- 1) Plan sponsors must send a follow-up version of the Second DMP Notice to indicate an annual extension of enrollment, per 42 CFR 423.153(f)(14)(ii)(B)(3). Humana has not traditionally waited until the last day of the member’s initial enrollment to send the new Second DMP Notice notifying that member of a new one-year extension on their DMP enrollment. We attempt to ensure that the new Second DMP notice is prepared, mailed, and delivered to the member to ensure that said member is fully aware of the forthcoming extension. We feel that the language excerpt above may limit our ability to convey this vital information to the member in a timely fashion and limit appropriate plan sponsor flexibilities in communicating with relevant members;
- 2) If and when a plan sponsor makes an adjustment to an active DMP enrollment and associated drug access limitations, that plan sponsor must send the member a new Second DMP notice to reflect the change in enrollment parameters, per 42 CFR 423.153(f)(5)(iv). However, in cases where the end date of DMP enrollment is not changed, the language excerpt above appears inflexible to conveying the proper end date of DMP enrollment. Here again, we believe plan sponsors should be given the ability to insert explicit dates of participation in lieu of the less specific language proposed here by CMS.

**As an alternative to the language excerpt above, we suggest CMS use some version of the following language:**

*Effective on <insert date here> and continuing until <insert date here>, your access to medications is limited in the following way(s)*

We value this opportunity to provide comments and are pleased to answer any questions you may have with respect to these comments. We hope that you consider our comments as constructive feedback

aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to Medicare beneficiaries, focused on improving their total health care experience.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Hoak". The signature is fluid and cursive, with the first name being more prominent.

Michael Hoak  
Vice President, Public Policy