

PUBLIC SUBMISSION

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| As of: 12/3/24, 10:47 AM |
| Received: November 27, 2024 |
| Status: Draft |
| Category: Health Plan or Association |
| Tracking No. m40-77sh-246j |
| Comments Due: December 20, 2024 |
| Submission Type: Web |

Docket: CMS-2024-0322

Part D Coordination of Benefits Data (CMS-10171)

Comment On: CMS-2024-0322-0001

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Document: CMS-2024-0322-DRAFT-0001

Comment on CMS-2024-0322-0001

Submitter Information

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General Comment

HealthHIV appreciates the opportunity to comment on the proposed information collection for Part D Coordination of Benefits (COB) Data.

As background, HealthHIV is a national non-profit working with healthcare organizations, communities, and providers to advance effective HIV, Hepatitis C (HCV), Sexually Transmitted Infection (STI), and LGBTQI+ health care, harm reduction, and health equity through education and training, technical assistance and capacity building, advocacy, communications, and health services research and evaluation.

As an organization dedicated to advancing health equity, we commend CMS for prioritizing processes that improve care coordination and reduce financial burdens for beneficiaries. That said, we would like to emphasize the following points:

1. **Equitable Tracking of True Out-of-Pocket (TrOOP) Costs:** COB systems must ensure accurate tracking of TrOOP costs for all beneficiaries—particularly those in low-income subsidy programs, as these populations are disproportionately impacted by high medication costs. We encourage CMS to strengthen and prioritize safeguards to prevent errors that could delay critical medications for beneficiaries with chronic and complex conditions, like those living and aging with HIV.
 2. **Potential Impacts of Prescription Drug Affordability Boards (PDABs):** Coordination of benefits must also consider the broader pharmaceutical ecosystem—particularly the growing role of PDABs in setting Upper Payment Limits (UPLs) on high-cost drugs. While PDABs aim to control costs, such policies may unintentionally restrict access to lifesaving therapies for populations that rely on rare or orphan drugs or medications for conditions like HIV. This concern is particularly acute for individuals eligible for Medicare who are still reliant on the Ryan White AIDS Drug Assistance Program (ADAPs), which operates within the 340B Drug Pricing Program to secure affordable medications. For these individuals, ADAPs often fill critical coverage gaps by covering Medicare Part D premiums, out-of-pocket costs, or providing access to non-formulary drugs.
- Changes to pricing or reimbursement ecosystems—including the impact of UPLs, restrictions on 340B, or disruptions in manufacturer participation—could severely affect ADAPs' ability to sustain comprehensive support. These challenges risk narrowing formularies, causing supply chain disruptions, or limiting access to high-quality care for dual Ryan White-Medicare beneficiaries. CMS's COB system must account for these vulnerabilities by integrating real-time data to identify and address coverage gaps, monitor disruptions in access, and ensure equitable

drug availability. Proactive safeguards are essential to mitigate the risk of cost-containment efforts unintentionally destabilizing access to lifesaving therapies for Medicare Part D beneficiaries who also depend on Ryan White ADAPs for their care.

3. Simplification of Enrollment and Claims Coordination: HealthHIV supports efforts to streamline enrollment file sharing and claims reconciliation processes. Simplified coordination between Part D plans, state pharmaceutical assistance programs (SPAPs), and other payers will reduce administrative burdens on beneficiaries, pharmacists, and payers alike.

4. Use of Technology to Advance Equity: CMS should ensure that the Part D Transaction Facilitator (PDTF) leverages advanced technologies to address disparities in benefit coordination, particularly for underserved and rural populations. Automated systems must be designed to minimize disparities in prescription drug access due to geographic or systemic inequities.

5. Timely Access to Medications: Coordination of benefits must prioritize timely access to medications at the point-of-sale or dispensation—especially for beneficiaries reliant on lifesaving therapies, like HIV antiretrovirals. Any delays in COB reconciliation should be minimized to avoid disruptions in care.

HealthHIV urges CMS to ensure that COB processes advance equitable access to prescription drug benefits and promote the health and well-being of all Medicare beneficiaries—particularly those most vulnerable to disparities. Furthermore, CMS should monitor the interaction between evolving state-level drug pricing policies, such as PDAB UPLs, and federal COB processes to ensure that these policies do not unintentionally exacerbate inequities or restrict access to critical therapies for vulnerable populations.

Thank You all for your thoughtful consideration. We look forward to continuing to support CMS in achieving its mission of ensuring high-quality, affordable healthcare for all.

Sincerely,

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