July 9, 2025

Chris Klomp
Director, Center for Medicare
Deputy Administrator, Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Klomp,

Our organizations, The Alliance for Aging Research (AAR) and the Patient Access Network Foundation (PAN Foundation), appreciate the ongoing opportunity to work with the Centers for Medicare & Medicaid Services (CMS) on implementing critical elements of the Medicare Prescription Payment Plan (MPPP). We thank CMS for the opportunity to provide feedback on the model forms and education materials related to MPPP. Our comments to the documents are attached as Appendix A and briefly summarized below.

About AAR

The Alliance for Aging Research is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. The Alliance strives for a culture that embraces healthy aging as a greater good and values science and investments to advance dignity, independence, and equity.

For more than 35 years, the Alliance has guided efforts to substantially increase funding and focus for aging at the National Institutes of Health and Food and Drug Administration; built influential coalitions to guide groundbreaking regulatory improvements for age-related diseases; and created award-winning, high-impact educational materials to improve the health and well-being of older adults and their family caregivers.

About PAN Foundation

The Patient Access Network Foundation is a national patient advocacy organization and charitable foundation that for two decades, has been dedicated to helping underinsured people living with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs. Additionally, through our national and grassroots efforts, we advocate for improved affordability and access to care. Since 2004, we have provided more than 1.3 million underinsured individuals with $4.5 billion in financial assistance.

General Comments

We are concerned that the 2025 roll-out has seen limited program uptake and awareness. Nearly half of seniors spending more than $1,000 per year on prescription drugs say they would likely use the program[i], but just .04% of individual Part D beneficiaries have enrolled.[ii] Additionally, a PAN Foundation survey found only 25 percent of Medicare beneficiaries are aware of the Medicare Prescription Payment plan and 41% of those individuals do not understand it well.[iii] Therefore, we urge CMS to look for ways to partner with key stakeholders like health care providers, pharmacists, patient organizations and plans to broaden awareness of the Medicare Prescription Payment Plan program and its potential benefits for patients especially those living with chronic conditions.

We urge CMS to provide information publicly on the data elements being collected as described in the Part 1 Final Guidance and the October 7 HPMS memo to ascertain uptake of the program. We also encourage you to monitor and collect data on the beneficiary experience with opting in and general participation and share the findings publicly. This information would be useful in targeting our own education efforts.

Comments to Model Documents

As previously noted, we have included as Appendix A redlined versions of the forms to help CMS visualize the changes we would like to see before the forms are finalized. Overall, we urge CMS to incorporate language that reflects the following:

- Reiterating in each form the specifics of the MPPP, including:
  - stating it is a government program,
  - stating individuals will never pay more than $2,100 out-of-pocket in 2026 regardless of whether they opt into the MPPP,
  - explaining the grace period, and
  - explaining the grievance process.

- Defining comprehensively and consistently the "other programs" to lower costs and information on how to learn more about these alternatives.

- Clarifying or removing the language related to pharmaceutical manufacturer assistance as they are prohibited by the Anti-kickback statute from providing assistance to Medicare enrollees. To utilize such assistance for a particular medication, Medicare enrollees would have to forgo using their Part D coverage and the value of that assistance would not go towards the spending down of the $2,100 cap.

- Including "charitable foundations" in each form that lists other programs that may help lower a beneficiary's costs. Charitable foundation patient assistance programs were established specifically to provide financial assistance to eligible Medicare beneficiaries.

Thank you again for the opportunity to comment on these model forms and education materials. We look forward to continuing our partnership with CMS to ensure that beneficiaries can easily access and benefit from these essential policy reforms. If you have questions about these recommendations or would like to discuss further, please contact us at sfrey@agingresearch.org or aniles@panfoundation.org.

Sincerely,

Scott Frey
VP of Public Policy and Government Relations
Alliance for Aging Research

Amy Niles
Chief Mission Officer
Patient Access Network Foundation

Attachment

[i] Partnership to Fight Chronic Disease. Majority of Seniors with Medicare Prescription Drug Coverage Remain Unaware of New Payment Options. April 2, 2025. https://www.fightchronicdisease.org/post/new-poll-majority-of-seniors-with-medicare-prescription-drug-coverage-remain-unaware-of-new-payment

[ii] Milliman Medicare Market Intelligence. MedIntel Insights: Early look at Medicare Prescription Payment Plan enrollment. https://www.milliman.com/en/insight/medintel-insights-early-look-m3p-enrollment

[iii] PAN Foundation. PAN Foundation poll finds awareness of new Medicare Part D reforms has increased, but more education and outreach still needed. March 18, 2025. https://www.panfoundation.org/pan-foundation-poll-finds-awareness-of-new-medicare-part-d-reforms-has-increased/

Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You're likely to benefit from participating in the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them into smaller monthly payments across the calendar year (January–December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All plans offer this payment option, participation is voluntary, and there's no cost to participate.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. If you have low or stable drug costs, then this payment option might not be the best choice for you. You are receiving this notice because you have a prescription expected to exceed $600 in out-of-pocket costs and might benefit from participating in the Medicare Prescription Payment Plan.

Whether or not you participate in the Medicare Presciption Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

Deleted: ¶

How will my costs work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because there are fewer months left in the year to spread out your remaining payments.

Who can help me decide if I should participate?

- **Your health or drug plan:** Visit your plan's website or call your plan to get more information. If you need to pick up a prescription urgently, call your plan.
- **Medicare:** Visit Medicare.gov/prescription-payment-plan to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to get the phone number for your local SHIP and get free, personalized health insurance counseling.

Visit your health or drug plan's website or call your plan for more information, or to start participating in this payment option.

Need this information in another format or language? To get this material in other formats

like large print, braille, or another language, contact your Medicare drug plan at the phone number on your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Exhibit 2: Medicare Prescription Payment Plan Participation Request Form

***[Instructions:** The 'Medicare Prescription Payment Plan Participation Request Form' lets a beneficiary notify the Part D sponsor that they would like to participate in the payment option.*

This model form satisfies the requirement for Part D sponsors to provide Part D enrollees with an election request form to participate in the Medicare Prescription Payment Plan and meets all the communication requirements outlined at *42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.*

*If a Part D sponsor gets a form that it is not complete, the sponsor must contact the individual to ask for more documentation. Part D sponsors may consider a form complete if it has the **enrollee's name, Medicare number, and has been signed by the enrollee or their authorized representative.** Part D sponsors may also add a field for plan-specific beneficiary identification numbers to assist with plan processing of enrollment requests.*

Italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. Non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use it as applicable.]

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

This payment option may not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST name:	LAST name:	MIDDLE initial (optional):
Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _		
Birth date: (MM/DD/YYYY) (/ /)	Phone number: ( )	
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):		

City:	County (optional):	State:	ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):
Address: City: State: ZIP code:

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. [Plan Name] will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form *[*and the attached terms and conditions *(insert if the terms and conditions are included with this form)]*.
- **[Plan Name] will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that [Plan Name] will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact [Plan Name] to opt out.

Signature:	**Date:**

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, ZIP code):
Phone number: ( )	Relationship to participant (if signing on behalf of the beneficiary):

How to submit this form

[Plan may insert their instructions for submitting the participation request online, over the phone, or by mail.]

Submit your completed form to:

[Plan Name]
[Plan address]
[Plan address]
[Plan address]
[Plan fax number *if applicable*]
[Plan email *if plan chooses to accept forms via email*]

You can also complete the participation request form online at [website link], or call us at [phone number] to submit your request via telephone.

If you have questions or need help completing this form, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

If submitted electronically, you will receive an auto response from [Plan Name] to confirm submission of the form and acknowledgement that you will hear back within 24 hours regarding your status in the program. If you do not hear back from [Plan Name] within 24 hours, please call [plan phone number].

[Plans can insert their Medicare Prescription Payment Plans terms and conditions on the back of this form or attach them separately.]

Exhibit 3 – Part D Sponsor Notice to Acknowledge Acceptance of Election to the Medicare Prescription Payment Plan

***[Instructions**: The 'Notice to Acknowledge Acceptance of Election' is an official plan document that lets the participant know their election request is effective. It also provides information on the billing process, payments for prescriptions, and the process for leaving this payment option.*

This model 'Notice to Acknowledge Acceptance of Election' satisfies the requirement of Part D sponsors to communicate that the request to participate in the Medicare Prescription Payment Plan is accepted and effectuated and meets all the communication requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors can insert a title for the notice, like "You're now participating in the Medicare Prescription Payment Plan"]

[Member #]

[Date]

[Part D sponsors are strongly encouraged to include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]

[Medicare Prescription Payment Plan RxBIN]

[Medicare Prescription Payment Plan RxPCN]*]*

Dear [Name of Member],

Welcome to the Medicare Prescription Payment Plan, a payment option that works with [plan name]. Your participation starts on [date]. The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.

Deleted: your

What happens now?

1. When you fill a prescription for a drug covered by Part D, we'll automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription (including mail order and specialty pharmacies). Even though you won't pay for your drugs at the pharmacy, you're still responsible for the cost of your prescriptions. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

This payment option applies to all drugs covered by your Part D plan. Other drugs can't be included in this payment option, like drugs covered by Medicare Part A (Hospital Insurance), Part B (Medical Insurance) or other drugs not covered by your plan.

2. Each month, we'll send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. Your bill for your monthly plan premium, if you have one, will come separately.

3. We'll automatically renew your participation in this payment option every year, unless you change plans or contact us to opt out.

4. Whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

Deleted: 'll get a separate bill for your monthly plan premium (if you have one).¶

How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (Jan–Dec), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The out-of-pocket maximum for prescription drugs covered by your plan ([applicable Medicare Part D out-of-pocket maximum dollar amount] in [applicable year]).

What happens if I don't pay my bill?

We'll send you a reminder if you miss a payment. If you don't pay your bill by the due date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. Even if you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled in your [plan name].

Deleted: I

[Plans that don't disenroll beneficiaries for failure to pay should replace the sentence below with "Always pay your [plan name] premium first (if you have one)."]

Always pay your [plan name] monthly premium first (if you have one), so you don't lose your drug coverage.

If you're concerned, you have the right to follow the grievance process found in your *[insert* "Member Handbook" or "Evidence of Coverage," *as appropriate*. *Plans may also include language explaining where enrollees can find these documents]*.

Can I leave the Medicare Prescription Payment Plan?

You can leave the Medicare Prescription Payment Plan at any time by *[insert phone number or other contact mechanisms]*. Leaving won't affect your Medicare drug coverage and other Medicare benefits.

Keep in mind:

- Your participation in the Medicare Prescription Payment Plan will end if you leave or change your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage). Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again. If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- If you leave the Medicare Prescription Payment Plan, you will resume paying your pharmacy directly for new out-of-pocket drug costs.

Deleted: You'll pay the

Deleted: after you leave the Medicare Prescription Payment Plan.¶

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."*]*

While the Medicare Prescription Payment Plan helps to manage your costs, it doesn't lower your costs. If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs**: State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: https://www.panfoundation.org/fundfinder/ to learn more.

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 4 – Part D Sponsor Notice for Failure to Make Payments under the Medicare Prescription Payment Plan

[Instructions: The 'Notice for Failure to Make Payments' notifies a participant that a payment has not been received for the billed amount. The notice gives the participant instructions on how to submit their payment during the grace period. It also clarifies that if payment is not received, the participant will be removed from the payment option; and explains that there are assistance programs (e.g., Extra Help) that can lower costs.

This model notice satisfies the requirement for Part D sponsors to notify participants when they haven't paid a monthly billed amount and meets all the communication requirements outlined in at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "Reminder: Pay your Medicare Prescription Payment Plan bill"]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]*]*

Dear [Member]:

We didn't get your monthly payment for the Medicare Prescription Payment Plan that was due [payment due date]. To stay in the Medicare Prescription Payment Plan, you must pay *[insert the full amount or a partial amount(s) should the plan choose to allow enrollees to pay the balance over separate payments]* by *[insert date for the end of the grace period (i.e., the date that is two calendar months from the first day of the month following the date on which this notice is sent)].* Remember, you started using this payment option on [date effective] to help manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December).

This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in [plan name] for your drug coverage.

How do I pay my bill?

[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail, by check.]

You owe [unpaid amount]. You can pay:

- Online at [plan's website], by credit/debit card.
- Through the mail, by check.
- *[insert other payment methods offered by the plan like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)]*.

If you have questions about your payment, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

What happens if I don't pay my bill?

If you don't pay your bill by [effective date], you'll be removed from the Medicare Prescription Payment Plan through [plan sponsor], and you'll pay the pharmacy directly for new out-of-pocket drug costs. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late.

As long as you continue to pay your plan premium (if you have one), you'll still have drug coverage through [plan name].

What if I think there's been a mistake?

If you think that we've made a mistake, call us at [phone number]. You also have the right to follow the grievance process found in your *[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents]*. Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

What if I can't afford to pay both my plan premium and my Medicare Prescription Payment Plan payment?

Always pay your [plan name] premium first. See below for more information on programs that can help lower your costs.

What programs can help lower my costs?

*[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "*Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more.*"]*

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs**: State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.

- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: https://www.panfoundation.org/fundfinder/ to learn more.

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

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

*[**Instructions:** The 'Notice for Failure to Make Payments – Notification of Termination of Participation' notifies a participant that they have been removed from the program due to their failure to pay their monthly billed amount. The notice informs participants what they still owe, instructs participants how to pay their balance, and provides details about other programs that can help lower costs, like Extra Help.*

This notice satisfies the requirement for Part D sponsors to provide a notice of removal to Part D participants who have failed to pay their outstanding balance and meets all the communication requirements outlined at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "Important: Your participation in the Medicare Prescription Payment Plan has ended"]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]*]*

Dear [Member],

On [date of initial notification of failure to pay], we sent you a letter letting you know you missed your monthly payment for the Medicare Prescription Payment Plan. The letter explained that if you didn't make your payment by [due date], we'd remove you from the Medicare Prescription Payment Plan.

Starting [effective date, *which should be the same date as this letter*], we've removed you from the Medicare Prescription Payment Plan through [plan sponsor] because we didn't get your monthly payment. You're still required to pay the amount you owe, $[amount owed].

As of [effective date], you'll pay the pharmacy directly for all new out-of-pocket drug costs.

This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in [plan name] for your drug coverage.

How do I pay my balance?

You owe $[total outstanding amount].

[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail.]

You can pay:

- Online at [plan's website], by credit or debit card.
- Through the mail, by check.
- *[insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)].*

You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe.

If you have questions about your payment, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

What if I think there's been a mistake?

If you think that we've made a mistake, call us at [phone number]. You also have the right to ask us to reconsider our decision through the grievance process in your *[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents]*. Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

Can I use this payment option in the future?

Yes, once you pay the total amount you owe. Contact us at *[insert plan phone number or preferred contact method for someone to use in this situation]* when you're ready to start participating again.

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."*]*

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs**: State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with

Medicare. Visit go.medicare.gov/pap to learn more.

- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: https://www.panfoundation.org/fundfinder/ to learn more.

Deleted: ¶

Formatted: Font: Symbol

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

Note: The programs listed above may help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 6 - Part D Sponsor Notice of Voluntary Removal from the Medicare Prescription Payment Plan

[Instructions: 'The Notice of Voluntary Removal' is an official plan document that lets a participant know they're no longer participating in the payment option. The notice describes the process for rejoining the program in the future and details other programs that can help lower costs, like Extra Help.

This model notice satisfies the requirement for Part D sponsors to send participants a confirmation of voluntary removal and meets all the communication requirements outlined at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "You're no longer participating in the Medicare Prescription Payment Plan through [plan sponsor]"*]*

[Member #]

[Date]

[Part D sponsors may include the following four elements:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]*]*

Dear [Member],

Starting [insert effective date], you're no longer participating in the Medicare Prescription Payment Plan through [plan sponsor], and you'll pay the pharmacy directly for your new out-of-pocket drug costs.

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination): You're getting this letter because you either asked to stop participating in this payment option, or you changed your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan). This letter only applies to your participation in the Medicare Prescription Payment Plan. If you joined a new plan, and you'd like to participate in the Medicare Prescription Payment Plan again, contact your new plan.*]*

[Option 2 (termination from program only): You're getting this letter because you asked to stop participating in the Medicare Prescription Payment Plan. This letter only applies to your participation in

the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in [plan name].*]*

[Option 3 (disenrollment from Part D plan and termination from program): You're getting this letter because you disenrolled from [plan name], which automatically ends your participation in the Medicare Prescription Payment Plan. If you joined a new plan, and you'd like to participate in the Medicare Prescription Payment Plan again, contact your new plan.*]*

You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. Contact [plan name] if you have questions about paying your balance.

Can I use this payment option in the future?

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination):

- **If you're still in [plan name]:** Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].
  If you're joining a new plan: Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option.

[Option 2 (termination from program only):

Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].*]*

[Option 3 (disenrollment from Part D plan and termination from program):

Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option. Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.]

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."*]*

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs**: State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.

- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: https://www.panfoundation.org/fundfinder/ to learn more.

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

Note: The programs listed above might help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 7 – Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan

***[Instructions**: The 'Notice of Participation Renewal' is an official plan document that lets the participant know their participation in the Medicare Prescription Payment Plan will automatically renew for the subsequent plan year unless they opt out. It also provides information on the process for opting out of the program and directs participants who may qualify to other programs that can help lower costs.*

This model 'Notice of Participation Renewal' satisfies the requirement of Part D sponsors to alert Medicare Prescription Payment Plan participants that their participation in the program will automatically renew and meets all the requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the renewal notice form. Use as applicable.

[Part D sponsors can insert a title for the notice, like "Your participation in the Medicare Prescription Payment Plan will automatically renew."]

Dear [Name of Member],

You're getting this notice because we've automatically renewed your participation in the Medicare Prescription Payment Plan for [upcoming year]. **Please keep this notice for your records.**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed $2,100 in 2026.

What happens now?

For the upcoming year, each month, you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy).

IMPORTANT: If you don't want to participate in this payment option in [upcoming year] you can opt out at any time by calling <*[insert phone number or other contact mechanisms]*>. If you choose to opt out of the Medicare Prescription Payment Plan, you'll pay the pharmacy directly for new out-of-pocket drug costs.

Your Medicare drug coverage and other Medicare benefits won't be affected if you choose not to participate in this payment option. You'll still be in [plan name] for [upcoming year].

How will my monthly bill be calculated in the upcoming year?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. At the beginning of [upcoming year],

the calculations start over and are separate from the previous year's calculations. The "maximum possible payment" for the first month of [upcoming year] will use the updated annual out-of-pocket maximum for that year ([annual out-of-pocket maximum] in [upcoming year]).

What programs can help lower my costs?

If you have limited income and resources or your financial situation has changed since choosing this payment option, you may be eligible for a program that can help lower your costs. Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Biotechnology Innovation Organization
1201 Maryland Avenue SW
Suite 900
Washington, DC, 20024
202-962-9200

July 14, 2025

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: Medicare Prescription Payment Plan Model Documents
Baltimore, MD 21244–1810

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

Dear Administrator Oz:

The Biotechnology Innovation Organization (BIO) appreciates the opportunity to comment on the Center for Medicare and Medicaid Services' (CMS's/the Agency's) Information Collection Request (ICR) on the Part C and Part D Medicare Prescription Payment Plan (MPPP) Model Documents.

BIO is the world's largest trade association representing biotechnology companies, academic institutions, state biotechnology centers, and related organizations across the United States and in more than 30 other nations. BIO's members develop medical products and technologies to treat patients afflicted with serious diseases, to delay the onset of these diseases, or prevent them in the first place. In that way, our members' novel therapeutics, vaccines, and diagnostics not only have improved health outcomes, but also have reduced healthcare expenditures due to fewer physician office visits, hospitalizations, and surgical interventions. BIO membership includes biologics and vaccine manufacturers and developers who have worked closely with stakeholders across the spectrum, including the public health and advocacy communities, to support policies that help ensure access to innovative and life-saving medicines and vaccines for all individuals.

As BIO has commented previously through our ongoing advocacy on the MPPP, we strongly support the MPPP as a critical Part D benefit so patients can reduce the immediate financial strain of out-of-pocket costs by dividing up payments throughout the calendar year. CMS has notably introduced significant improvements to the MPPP, particularly with the automatic renewal process for the MPPP for the next calendar year. We also greatly appreciate CMS' ongoing efforts to facilitate education and outreach of the MPPP, including the inclusion of MPPP cost-sharing information within Medicare Plan Finder and the MPPP website. However, with the low enrollment figures thus far in the program, it is evident that CMS must strengthen its ongoing education and outreach to assist seniors in understanding and enrolling in the program. CMS must redouble its efforts to ensure that patients are informed of all resources developed on the MPPP and to allow for meaningful opportunities to provide ongoing feedback on those resources.

Considering the need to encourage more enrollees into the program, CMS must minimize confusion and promote clear, consistent, and understandable messaging. However, the proposed Model Documents continue to include the following description: "Your payments may

Biotechnology Innovation Organization
1201 Maryland Avenue SW
Suite 900
Washington, DC, 20024
202-962-9200

change every month, so you might not know what your exact bill will be ahead of time." As we have commented in the past, BIO remains concerned that this language provides more questions than answers. Seniors may interpret this language as a sign that they may receive surprise medical bills after participating in the MPPP or that their monthly bills will be irregular if they participate. As a result, seniors may be less willing to enroll in the program. Although a Part D sponsor's projection of a patient's bill may vary from the actual bill, patients should feel empowered that they can use CMS' resources on the MPPP website, additional resources provided by their health plan, and/or Medicare Plan Finder to plan their monthly bills under the MPPP. CMS' Fact Sheet "What's the Medicare Prescription Payment Plan" provides critical examples of how monthly bills will be calculated under the MPPP, but it is extremely difficult to navigate to the Fact Sheet from the Medicare.gov homepage. Therefore, we strongly urge CMS to add language within all the Model Document forms to direct seniors to the exact URL link of the Fact Sheet or, at a minimum, the MPPP website. It is critical to use these Model Materials as a form of outreach to cross-promote all the helpful MPPP resources that the Agency has already developed.

In addition, we continue to encourage CMS to remind enrollees of other important cost-savings measures that they can utilize under the section "What Other Benefits Can I Utilize with my Medicare Part D Plan?" These include the IRA's removal of copays for recommended vaccines and the $35 monthly cap on covered insulin products.

Finally, BIO appreciates the inclusion of our recommendations on the Notice of Failure to Pay Form and Involuntary Termination Form so that enrollees are aware of their grievance and reinstatement rights.

BIO looks forward to partnering with CMS to continue to drive patient access into the MPPP. Should you have any questions, please contact us at 202-962-9200.

Sincerely,

Melody Calkins
Director, Health Policy
Biotechnology Innovation Organization

BlueCross BlueShield Association

750 9th Street, N.W.
Washington, D.C. 20001
www.bcbs.com

July 14, 2025

William N. Parham, III, Director
Division of Information Collections and Regulatory Impacts
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via the Federal Regulations Web Portal, http://www.regulations.gov

Re: Medicare Prescription Payment Plan Model Documents, Document Identifier: CMS-10882; OMB 0938-1475

Dear Mr. Parham:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) model documents for the Medicare Prescription Payment Plan (MPPP) issued on May 13, 2025.

BCBSA is a national federation of independent, community-based and locally operated BCBS companies (Plans) that collectively cover, serve, and support 1 in 3 Americans in every ZIP code across all 50 states and Puerto Rico. BCBS Plans contract with 96% of hospitals and 95% of doctors across the country and serve those who are covered through Medicare, Medicaid, an employer, or purchase coverage on their own. BCBS companies collectively serve more than 10.6 million Medicare beneficiaries, and of those 4.8 million are enrolled in Medicare Advantage (MA)/Part D plans and 2 million in Medicare Part D stand-alone options.

BCBSA appreciates CMS issuing model documents to support MA organizations and Part D plan sponsors offering Part D coverage to meet the requirements of Section 11202 of the Inflation Reduction Act (IRA) which established the MPPP. Success for this program is largely dependent upon the partnership between CMS, health plans, pharmacy benefit managers, and pharmacies, and we look forward to continued collaboration on the ongoing implementation of the MPPP. We recommend CMS make the following changes to help ensure the model documents satisfy Part D sponsors' obligations under the IRA, mitigate enrollee confusion and reduce additional plan operational burden when model language and requirements provide no benefit to enrollees:

- **Reinstate information previously included on the finalized "Likely to Benefit Notice" for 2025 to ensure enrollees make informed decisions about their decision to participate.** Previously included information ensured participants were aware of their

cost sharing obligations under MPPP and described instances in which they might not benefit from participation in the program.

- **Modify the "Notice of Participation Request Form" to better match the language used in the model documents with enrollees' intent to participate.** This will ensure enrollee requests to participate in MPPP that are submitted late in the plan year are processed within the correct time frame consistent with regulatory requirements.
- **Update the "Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan" to accurately describe all applicable situations that may occur when an enrollee's participation in MPPP automatically renews.** Modifying this form will eliminate potential enrollee confusion if their Part D plan name changes in future years.
- **Remove requirement to include the Part D sponsor's phone number on the "Likely to Benefit Notice" as it does not provide meaningful value.** This will minimize enrollee confusion due to lack of alignment with existing CMS model documents and varying telephone numbers for different plan types. Additionally, it will reduce operational challenges associated with complying with this requirement.

We thank CMS for consideration of our comments, and we look forward to future collaboration on IRA implementation. If you have any questions or want additional information, please contact Paul Eiting at paul.eiting@bcbsa.com.

Sincerely,

Kris Haltmeyer
Vice President, Policy Analysis
Office of Policy & Advocacy

BCBSA'S DETAILED COMMENTS ON THE MEDICARE PRESCRIPTION PAYMENT PLAN MODEL DOCUMENTS, DOCUMENT IDENTIFIER: CMS-10882; OMB 0938-1475

Issue #1: Exhibit 1: Likely to Benefit Notice (42 CFR § 423.137(d)): This model form satisfies Part D sponsors' obligation to perform targeted outreach to Part D enrollees that are identified as likely to benefit from participating in MPPP prior to and during the plan year.

Recommendation #1: BCBSA recommends CMS modify *Exhibit 1: Likely to Benefit Notice* by adding the phrase "*Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist*." This language was included in the original model form for 2025, but removed in the 2026 form.

Rationale: The removed language indicates MPPP participants are responsible for paying the costs associated with their drugs despite not being charged at the point of sale. BCBS Plans observed multiple MPPP voluntary terminations early in the 2025 plan year due to participants not being aware they were still responsible for their standard drug costs over the duration of the plan year. Many of these participants assumed these drug costs were waived by the Part D sponsor and opted to voluntarily terminate enrollment upon receiving their first bill as it was unexpected. To help eliminate enrollee confusion, CMS should reinstate this previously used language to remind MPPP participants of their cost sharing obligations.

Recommendation #2: BCBSA recommends CMS modify *Exhibit 1: Likely to Benefit Notice* to add the section below that provided different scenarios when MPPP might not be beneficial. This language was included in the original model form for 2025 but is absent in the 2026 form.

> **How do I know if this payment option might not be the best choice for me?**
>
> **This payment option might not be the best choice for you if:**
> - Your yearly drug costs are low.
> - Your drug costs are the same each month.
> - You're considering signing up for the payment option late in the calendar year (after September).
> - You don't want to change how you pay for your drugs.
> - You get or are eligible for Extra Help from Medicare.
> - You get or are eligible for a Medicare Savings Program.
> - You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

Rationale: The removal of this section will drive higher call volumes to Part D plan sponsors as enrollees seek clarity on several key facts about MPPP that are now removed from the Likely to Benefit Notice. Retaining this language will ensure MPPP participants can make more informed decisions about whether they should participate in MPPP. It will also ensure Part D plan sponsors' call centers have more resources available to dedicate to MPPP participants with more nuanced or technical needs versus addressing general education questions that should be included on this form.

Recommendation #3: BCBSA recommends CMS modify the instructions included in *Exhibit 1.3 Likely to Benefit Instructions* to remove the requirement to include the telephone number of the Part D plan immediately under the Part D plan's logo if they elect to include their logo in the header of the Likely to Benefit Notice when distributed outside of the pharmacy point of sale process.

Rationale: Many plan sponsors maintain separate customer service numbers for different products or segments of their Medicare population (e.g., dual eligible special needs plans have a dedicated telephone number). Embedding a single number under the logo could result in enrollee confusion or misdirection to the incorrect customer service personnel depending on the specific plan type. The inclusion of the phone number is also not consistent with other CMS model documents for enrollee-facing materials in the Medicare program. Maintaining consistency in branding and layout across all enrollee-facing materials is important for clarity and member experience.

Additionally, many plan logos do not include the customer care telephone number given the varying numbers for different plans. Complying with this requirement would require the creation of new custom logos solely for the Likely to Benefit communication which introduces unnecessary administrative complexity. Plan sponsors are already required to provide the participation request form alongside the Likely to Benefit Notice when used outside the pharmacy point of sale process – a form that includes the plan's telephone number and contact information to ensure potential MPPP participants have access to the necessary support channels. Inclusion of the customer care telephone number on the Likely to Benefit Notice is duplicative and provides no added benefit to the enrollee.

Issue #2: Exhibit 2: MPPP Participation Request Form (42 CFR § 423.137(d)): This model form satisfies the requirement for Part D sponsors to provide enrollees in Part D with an MPPP election request form.

Recommendation: BCBSA recommends CMS update *Exhibit 2: MPPP Participation Request Form* to include a new field for requests received September 1 or later noting to which plan year the request applies (i.e., current plan year or next plan year).

Rationale: As codified in the 2026 MA and Part D Technical Rule (90 FR 15792), Part D sponsors are required to process completed MPPP election requests received prior to the plan year within 10 calendar days of receipt and within 24 hours of receipt during the plan year. Adding a new field noting to which plan year the request applies (i.e., the current plan year or next plan year) will ensure participation requests received in the last quarter of the year are appropriately attributed to the correct plan year. This will be important during the annual election period when enrollees may not want to opt in to MPPP for the remainder of the year, rather, they only want to opt in for the upcoming plan year. From the Part D plan operations perspective, this will ensure enrollees electing to participate in MPPP towards the end of the year are correctly processed within the 24-hour timeframe for requests applicable to the current plan year and those for the upcoming plan year are processed within 10 calendar days.

Updating Exhibit 2 will also eliminate potential confusion for enrollees on the start date for participation in MPPP.

Issue #3: Exhibit 7: Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan (42 CFR § 423.137(d)): This model notice satisfies the requirement of Part D sponsors to alert MPPP participants that their participation in the program will automatically renew.

Recommendation: BCBSA recommends CMS modify *Exhibit 7: Part D Sponsor Notice of Participation Renewal* by removing the word "still" from the statement "*You'll still be in [plan name] for [upcoming year]*."

Rationale: The statement including the word "still" implies the enrollee's coverage remains under the same plan name during the current and future contract years. CMS previously clarified plan sponsors should automatically renew MPPP enrollment for the upcoming year when the enrollee is not required to complete a new Part D enrollment request for the upcoming year (e.g., enrollee remains in the same plan benefit package [PBP] or the PBP is part of a consolidated renewal plan).[1] In addition, enrollees in plans that terminate in 2025 and include a crosswalk to another PBP for 2026 within the same parent organization will not be required to complete a new Part D enrollment request for the upcoming year, but will experience a change to the "plan name." Therefore, CMS should remove the word "still" to avoid enrollee confusion and account for potential scenarios whereby an MPPP participant might be enrolled in a new plan name.

[1] Centers for Medicare & Medicaid Services. (2025, April 15). *Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly*. Federal Register. https://www.federalregister.gov/documents/2025/04/15/2025-06008/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare

PUBLIC SUBMISSION

As of: 5/28/25, 9:00 AM
Received: May 27, 2025
Status: Draft
Category: Health Care Industry - PI015
Tracking No. mb6-ymil-8gwt
Comments Due: July 13, 2025
Submission Type: API

Docket: CMS-2025-0049
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Comment On: CMS-2025-0049-0001
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Document: CMS-2025-0049-DRAFT-0002
Comment on CMS-2025-0049-0001

Submitter Information

Email: Ethan_Anderson@bcbst.com
Organization: BlueCross BlueShield of Tennessee

General Comment

Upon reviewing the Exhibit 2: Medicare Prescription Payment Plan Participation Request Form, we noticed that it does not include a field for specifying the effective date or the intended calendar year for enrollment. This raises a concern, particularly during the Annual Enrollment Period (AEP), when beneficiaries may submit the form in October, November, or December.

How are plan sponsors expected to determine whether the enrollee intends to opt into the Medicare Prescription Payment Plan for the current year or for the upcoming calendar year starting in January? The absence of a date field could lead to confusion or misinterpretation of the enrollee's intent, potentially affecting the timely and accurate implementation of the payment plan.

Would CMS consider adding a field to the form that allows beneficiaries to indicate their desired start date or specify the calendar year for which they are opting in?

Thank you for your attention to this matter and for your continued efforts to improve the Medicare program.

Exhibit 1.3 Likely to Benefit Instructions 2025	• The last paragraph, "Heading", CMS states, "Part D plans **may** elect to place their logo in the header. The name, address, and telephone number of the Part D plan **must** be immediately under the logo, if not incorporated within the logo." These sentences are confusing. Please clarify if the name, address and telephone number are only required if the plan opts to include their logo. • Exhibit 1.3 provides direction specific to Exhibit 1 – Medicare Prescription Payment Plan Likely to Benefit Notice (CMS-10882), stating “This is a standardized notice, the content of which may not be altered. The OMB control number must be displayed in the lower right corner of the notice.” 42 CFR 423.2267 (e) references all other notices in the proposed collection as “model communications.” Please confirm if the OMB control number should only be placed on Exhibit 1 or if it should be placed on all other model communications within the collection, as well.
Exhibit 2 Election Request 2025	• We suggest that CMS be consistent in terminology and not use the term “enrollment” in relation to MPPP. • Election Request does not have a field to allow a current Part D enrollee who submits an election during AEP to advise the Plan that they want their MPPP participation to be effective within the current plan year or for the first of the next plan year. If, for example, the Plan receives an election request from a current Part D enrollee on October 20, 2025, the current Exhibit 2 has no way to advise the Plan that the beneficiary wants MPPP effective this year (so that the Plan must process that request within 24 hours) or instead wants it for the start of the next plan year (so that the Plan must process that request within 10 calendar days). If a field is added to Exhibit 2, that might assist during the AEP timeframe but may present a challenge beyond AEP if the option to select effective dates remains in place during the Plan year, as CMS currently requires those to be processed within 24 hours of receipt of the election request. Please provide additional direction on processing requirements, including timeframes and allowable effective dates, for election requests received during AEP. • "[Plan Name] will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I’m not a participant in the Medicare Prescription Payment Plan." This fits into election requests received prior to the plan year. For requests received during the plan year, regardless of how the Part D enrollee submitted the election request (paper, telephone, or electronic), the Part D sponsor must deliver the notice of acceptance of election within the specified timeframe first telephonically and then via a written notice. It may be clearer to add a line for those enrolled during the plan year. This statement is also unclear in the instance where a telephonic election is confirmed approved and their participation is active immediately in a single phone call. • "I understand that [Plan Name] will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact [Plan Name] to opt out." Please clarify if this is true only if the member stays in the same plan. Perhaps the statement should be "I understand that <Plan Name> will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year if I stay in the same health plan, unless I contact <Plan Name> to opt out."

Exhibit 3 Notice of Election Approval 2025	• In Exhibit 2 Election Request, CMS used the word "may". "This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs." BUT in Exhibit 3, paragraph 1, last sentence, CMS used the word "might" help you manage your monthly expenses, but it doesn't save you money or lower your drug costs." Consistent terminology between letters would be clearer. • Instructions, Paragraph 3, CMS calls out "notice" then goes on to say "request form". Please clarify which term is accurate.
Exhibit 4 Notice of Failure to Pay 2025	• Paragraph 3 of the instructions states: "The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]" The instruction calls out the "request form", however, this exhibit is NOT the request form/election request. This language IS on Exhibit 2, Election Requests, and is appropriate, but is not accurate for Exhibit 4. • Instructions state, "[Part D sponsors **may include** these additional fields:" The language in this exhibit is not consistent with Exhibit 3, "[Part D sponsors are **strongly encouraged** to include these additional fields:" CMS should be consistent with language updates made across all exhibits. • Body of the letter, first paragraph, last sentence, "Remember, you started using this payment option on [date effective] to help manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December)." CMS removed "Medicare Part D" from this same sentence. Exhibit 1, 2, and 3 reads, "to help you manage your out-of-pocket costs for drugs covered by your plan…" CMS should use consistent language across exhibits.
Exhibit 5 Notice of Involuntary Termination 2025	• Paragraph 3 of the instructions is referring to the "request form however, this exhibit is NOT the request form/election request. This language IS on Exhibit 2, Election Requests, and is appropriate, however it is not accurate for Exhibit 5. • Instructions state, "[Part D sponsors **may include** these additional fields:" The language in this exhibit is not consistent with Exhibit 3, "[Part D sponsors are **strongly encouraged** to include these additional fields:" CMS should be consistent with language updates made across all exhibits.
Exhibit 6 Notice of Voluntary Termination 2025	• Paragraph 3 of the instructions is referring to the "request form however, this exhibit is NOT the request form/election request. This language IS on Exhibit 2, Election Requests, and is appropriate, however it is not accurate for Exhibit 6. • Instructions state, "[Part D sponsors **may include** the following four elements:" The language in this exhibit is not consistent with Exhibit 3, "[Part D sponsors are **strongly encouraged** to include…" CMS should be consistent with language updates made across all exhibits. CMS should be consistent with language updates made across all exhibits.

Exhibit 7 - Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan	• Paragraph 2 of the body of this letter states, "This payment option **might** help you manage your monthly expenses…" Exhibit 2 uses the word “may” instead of “might”. CMS should use consistent language across exhibits. • In the section labeled “What happens now?” there is a text box that provides direction for opting out of MPPP for the upcoming year. Although 42 CFR 423.137(d)(10)(iv)(B)(2) states that the participant may opt out of the program at any time, “including for the upcoming plan year”, there is no section within the Voluntary terminations regulation, found at 42 CFR 423.137(f), that provides a different timeframe/effective date for this type of termination. Per 42 CFR 423.137(f) - Termination of election, reinstatement and preclusion: (i) (A) When a participant opts out of the Medicare Prescription Payment Plan, a Part D sponsor must—(1) Process the termination with an effective date within 3 calendar days of receipt of the request for termination. For example, a participant in the MPPP qualifies for automatic renewal and receives Exhibit 7 in the mail on December 13, 2025 (after the end of AEP, before 12/31/2025 as required by 42 CFR 423.137(d)(10)(iv)(A). That participant is advised in Exhibit 7 that they can opt out for the upcoming plan year, and calls the plan December 13, 2025 to opt out for the upcoming plan year. Based on the 42 CFR 423.137(f)(i)(A)(1) the Plan must process that termination with an effective date within 3 calendar days of receipt of that December 13, 2025 phone call resulting in a voluntary termination effective date of December 14-16, 2025. Please provide additional direction on processing requirements, including timeframes and allowable effective dates, for voluntary terminations to opt out for an upcoming plan year.

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Submitted electronically via www.regulations.gov

July 9, 2025

The Honorable William N. Parham, III
Director, Division of Information Collections and Regulatory Impacts
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development
Attention: CMS-10882; OMB 0938-1475
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

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

Dear Director Parham:

Thank you for the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Medicare Prescription Payment Plan (Program) Model Documents (Model Documents)[1], issued for comment pursuant to a Paperwork Reduction Act Notice published by CMS in the Federal Register on May 13, 2025.[2]

CVS Health serves millions of people through our local presence, digital channels, and our nearly 300,000 dedicated colleagues – including more than 40,000 physicians, pharmacists, nurses, and nurse practitioners. CVS Health offers Medicare Advantage Prescription Drug (MAPD) plans in 46 states and DC. Aetna also offers robust standalone prescription drug plans (PDPs) to individuals in all 50 states and DC. Our unique healthcare model gives us an unparalleled insight into how health systems may be improved to help consumers navigate the healthcare system – as well as their personal healthcare – by eliminating disparities, improving access, lowering costs, and being a trusted partner for every meaningful moment of health.

We appreciate CMS providing updated model documents for the Program in response to stakeholder feedback. We support the changes providing greater clarity, accuracy and completeness, as well as the reduction in administrative burden and improved readability,

[1] The Model Documents are available at https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing/cms-10882
[2] See 90 Fed. Reg. at 20304 (May 13, 2025).

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

such as reducing the Likely Benefit Notice to a single page. We have included our comments on specific Model Documents in the attached Appendix.

Thank you for considering our comments. We welcome any follow-up questions you may have.

Sincerely,

Melissa Schulman
Senior Vice President, Government & Public Affairs
CVS Health

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Appendix

Specific Comments on the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents

Exhibit 1 - Likely to Benefit Notice

As mentioned in our cover letter, we appreciate CMS revising this standardized model to a one-page document.

- Since some plans are not on a calendar basis, we recommend that CMS remove references to "January-December," since this is confusing for enrollees of non-calendar year plans. Given that this is a standardized document that may not be modified, and in the interest of not introducing additional programming for plan sponsors and retain the one-page format, we suggest replacing "calendar year" and "year" with **"plan year"** and deleting references to "January-December." Our suggestions are shown in red below:

What's the Medicare Prescription Payment Plan?
For example, where calendar is mentioned, inserting the word "plan" to differentiate and removing the January – December references to calendar year.

i.e., "spreading them across the plan year.

How will my costs work?
divided by the number of months left in the plan year.
are fewer months left in the plan year to spread out your

Another option is to add "Medicare Prescription Payment Plan" just before the word plan year.

- CVS Health recommends adding back the previous language that briefly stated "how to sign up" vs. the "box" in the draft notice. The prior language on how to sign up is clearer for enrollees and the box would introduce additional programming requirements for plan sponsors and would not provide additional benefit to enrollees. The language below would still maintain the one-page format. The previously used language is shown below.

How do I sign up? *Visit your health or drug plan's website, or call your plan to start participating in this payment option at any time during the plan year.*

1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Exhibit 2 - Medicare Prescription Payment Plan Participation Request Form

As noted above in Exhibit 1, we recommend deleting references to "January-December" and replacing "calendar year" and "year" with **"plan year"** so as to accommodate non-calendar year plans.

Exhibit 3 - Part D Sponsor Notice to Acknowledge Acceptance of Election to the Medicare Prescription Payment Plan

- CVS Health strongly recommends *removing* the "Part A" and "Part B" references in the "What Happens Now" section, as it would create confusion for enrollees. Enrollees generally refer to "Medicare" and do not distinguish whether it is Part A or Part B. The suggested edit is shown below:

This payment option applies to all drugs covered by your Part D plan. Other drugs can't be included in this payment option, like drugs covered by Medicare ~~Part A~~ (Hospital Insurance) or ~~Part B~~ (Medical Insurance) or drugs not covered by your plan.

- As noted above in Exhibit 1 and 2, we recommend deleting references to "January-December" and replacing "calendar year" and "year" with **"plan year"** so as to avoid confusion for beneficiaries in non-calendar year plans.

CVS Health Recommendations:

- **Throughout model documents, remove references to "calendar year" and "January-December" and instead refer to "plan year" to avoid confusion for enrollees in non-calendar year plans.**
- **Replace the box in Exhibit 2 related to signing up for the Program with the prior language.**
- **Remove the reference to Part A and Part B in Exhibit 3 to improve enrollee experience.**

Lilly USA, LLC

Lilly Corporate Center
Indianapolis, Indiana 46285
U.S.A.
+1.317.276.2000
www.lilly.com

July 11, 2025

BY ELECTRONIC DELIVERY

(http://www.regulations.gov)

William N. Parham, III
Director
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Centers for Medicare & Medicaid Services
Attention: CMS-2025-0049-0001
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Part C and Part D Medicare Prescription Payment Plan (M3P) Model Documents (CMS-10882)

Dear Director Parham:

Eli Lilly and Company (Lilly) appreciates the opportunity to provide comments in response to the revised model documents for the Contract Year (CY) 2026 Medicare Prescription Payment Plan (M3P) program per an information collection published on May 13, 2025.[1] Lilly is one of the country's leading innovation-driven, research-based pharmaceutical and biotechnology corporations. Our company is devoted to seeking answers for some of the world's most urgent medical needs through discovery and development of breakthrough medicines and technologies and through the health information we offer. Ultimately, our goal is to develop products that save and improve patients' lives.

Lilly is strongly committed to the successful implementation of the M3P program, which—when combined with the $2,000 annual out-of-pocket (OOP) cap in Medicare Part D that took effect this year—offers a significant opportunity to improve drug affordability for some of the sickest and most vulnerable Medicare beneficiaries, particularly those managing multiple chronic and high-cost conditions. We believe that affordability and access must go hand in hand and that innovative therapies deliver meaningful value to the patients they are intended to serve.

As a member of the Pharmaceutical Researchers and Manufacturers of America (PhRMA) and Biotechnology Innovation Organization (BIO), Lilly largely aligns with the comments submitted by PhRMA and BIO on this information collection request and encourages CMS to carefully consider the input of these organizations. We take this opportunity to offer additional comments to highlight matters of specific concern and Lilly-specific positions.

I. Lilly Supports Improving Beneficiary Communication to Drive M3P Enrollment

There is a critical need for plan Sponsors and pharmacies to effectively communicate the details of M3P to beneficiaries, to ensure that those most likely to benefit are aware of and able to enroll in

[1] See Agency Information Collection Activities; Proposed Collection; Comment Request, 90 Fed. Reg. 20304 (May 13, 2025).

the program.

According to Milliman's April 2025 analysis, only 179,000 Medicare Part D beneficiaries—approximately 0.4%—had enrolled in M3P, a figure that falls far short of CMS's estimate that up to 2.4 million individuals could benefit.[2] This stark gap highlights the urgent need to strengthen awareness through targeted, accessible communication strategies. In addition to the requirements outlined in CMS's Part One[3] and Part Two[4] final guidance for M3P, Lilly recommends the following enhancements to increase beneficiary awareness and improve enrollment:

A. Measurement: CMS should revisit its position on excluding M3P metrics from the STAR Ratings program and consider incorporating them in future years.[5] Holding Sponsors accountable in their published quality metrics would help ensure that all operational rules stipulated by CMS are being followed effectively. Additionally, CMS should collect data on the number of beneficiaries who receive the "Likely to Benefit Notice" and "Election Request Form" from Sponsors and pharmacies. These metrics, alongside those already included in the Medicare Part D Reporting Requirements, would offer greater insight into the effectiveness of Sponsor communication efforts.[6]

B. Point of Sale Enrollment Expectations: CMS should move toward requiring real-time point-of-sale (POS) enrollment functionality and implement a requirement that pharmacies (and other applicable stakeholders) obtain the capability within a reasonable timeframe.[7] The current 24-hour enrollment processing window presents a significant barrier for beneficiaries, potentially leading to prescription abandonment—particularly among the very individuals the Inflation Reduction Act (IRA) sought to assist.

C. Website Access: While the M3P Final Part Two Guidance outlines requirements for Sponsor websites, it does not address user navigation. The click requirement should be written as a maximum number of clicks rather than a minimum, with a focus on simplicity and plain language. Our recommendation is that M3P information be accessible within no more than three clicks from the plan's homepage.

II. Lilly Supports Creation of Standardized Templates for Sponsor Utilization

Lilly supports CMS's development of standardized templates to support the implementation of M3P and encourages the agency to continue promoting their use by plan Sponsors. The templates are generally clear and are an important tool for advancing beneficiary education and understanding of the program. There are a few places where more clarity could be provided to the recipient of the information:

---

[2] Duke, D., Cline, M., & Liner, D. (2025, April 15). *MedIntel Insights: Early look at Medicare Prescription Payment Plan enrollment*. Milliman. Retrieved from https://us.milliman.com/en/insight/medintel-insights-early-look-m3p-enrollment.

[3] Centers for Medicare & Medicaid Services. (2024, February 29). *Medicare Prescription Payment Plan Final Part One Guidance*. Retrieved from https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf

[4] Centers for Medicare & Medicaid Services. (2024, July 16). *Medicare Prescription Payment Plan Final Part Two Guidance*. Retrieved from https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-two-guidance.pdf

[5] Centers for Medicare & Medicaid Services. (2024, July 16). *Medicare Prescription Payment Plan Final Part Two Guidance*. Page 57. Retrieved from https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-two-guidance.pdf

[6] Centers for Medicare & Medicaid Services. (2024, December 3). *CY2025 Part D Reporting Requirements*. Retrieved from https://www.cms.gov/files/document/cy2025-part-d-reporting-requirements-12032024.pdf

[7] Centers for Medicare & Medicaid Services. "Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly." *Federal Register*, vol. 90, no. 15792, 15 Apr. 2025, pp. 15792-15845. Department of Health and Human Services, https://public-inspection.federalregister.gov/2025-06008.pdf.

A. **Exhibit 1 – Likely to Benefit Notice**: We recommend further bolding the outline of the box at the bottom of page 1 to improve visual consistency with the boxes in Exhibit 7 and to better emphasize the importance of the message. Additionally, we propose adding the word "**Important:**" at the beginning of the text to signal that the beneficiary must take action to enroll in the program. The revised language would read: "**Important:** Visit your health or drug plan's website or call your plan for more information, or to start participating in the Medicare Prescription Payment Plan."

B. **Exhibit 2 – Election Request Form**: We suggest utilizing the word 'unhoused' rather than 'experiencing homelessness'. The bullet setting the expectation that the plan will send the beneficiary a notice about participation should set an expectation on timing, as well. Suggested language is '[Plan Name] will send me a notice within [#] days to let me know when my participation in the Medicare Prescription Payment Plan is active.'

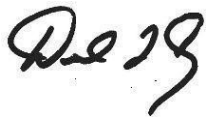
C. **Exhibit 6 – Notice of Non-Payment**: We suggest adding a bracket to insert the amount due in the paragraph before the 'Can I use this payment option in the future?' section. Suggested language is 'You're required to pay the amount you owe, [insert amount owed], but you won't pay any interest or fees, even if your payment is late.'

D. **Exhibit 7 – Part D Sponsor of Participation Renewal in the Medicare Prescription Payment Plan:** Lilly applauds CMS's allowance of automatic renewals in M3P for enrolled patients from year to year. While this notice makes it clear that the patient is still enrolled, it would also be useful to add more context around how the program works (i.e., that there is no charge to participate, patients should prioritize paying premiums over payments for medications, no financial penalties for non-payment, etc.) to remind the beneficiary of the benefits. We also recommend that the language used in the other Exhibits under "What programs can help lower my costs?" section be included in this Exhibit for consistency across all communication.

***

Lilly is grateful for the opportunity to provide comments in response to the information collection request related to CMS's M3P Model Documents for Medicare Part C and Part D. We sincerely appreciate your thoughtful consideration of the issues discussed in this letter and look forward to working with you in the future to help ensure that patients have meaningful access to affordable health care benefits and prescription drug coverage. Please do not hesitate to contact Derek Asay at **asay_derek_l@lilly.com** with any questions.

Sincerely,



Derek L. Asay
Senior Vice President,
Strategy and Federal Accounts

Shawn O'Neail
Senior Vice President, Government
Global Government Affairs

PUBLIC SUBMISSION

As of: 5/20/25, 1:12 PM
Received: May 20, 2025
Status: Draft
Category: Health Plan or Association
Tracking No. maw-ovhj-25d4
Comments Due: July 13, 2025
Submission Type: Web

Docket: CMS-2025-0049
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Comment On: CMS-2025-0049-0001
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Document: CMS-2025-0049-DRAFT-0001
Comment on CMS-2025-0049-0001

Submitter Information

Email: dmitry.shekhter@ibx.com
Organization: Independence Blue Cross

General Comment

I recommend that CMS add a field to identify if the request is for the current or next plan year. This will be important during AEP when members may not want to opt in to M3P for the remainder of the year and only want to opt in for the upcoming plan year.

Kaiser Permanente Comments on
Agency Information Collection Activities: Submission for OMB Review; Comment Request

Attention: Document Identifier/OMB Control Number: CMS-10882
(OMB control number: 0938-1475)

July 14, 2025

Submitted electronically via regulations.gov

Kaiser Permanente[1] appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) intention to collect information from the public with respect to the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents published in the *Federal Register* (90 FR 20304) on May 13, 2025 (Form CMS-10882, OMB control number: 0938-1475).

Kaiser Permanente offers the following recommendations and requests for clarification on the proposed data collection:

Exhibit 1 – Likely to Benefit Notice

- Kaiser Permanente strongly recommends that CMS provide plans with flexibility regarding the use of the updated Exhibit 1 (Likely to Benefit Notice). While we support adoption of this notice, which has been shortened from two pages to one, Part D sponsors require substantial lead time to incorporate such major changes into beneficiary materials. We therefore encourage CMS to allow Part D sponsors to use either the current model Exhibit 1 notice or this updated version given the limited time available to update this notice for the 2026 plan year.

Exhibit 4 – Notice of Failure to Pay

- In the current version of this model notice, under the section on programs available to those with limited income and resources (at the bottom of the document), CMS includes the following language: "Note: The programs listed above might help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance." This language was removed from the updated Exhibit 4 model notice but continues to be included in the updated Exhibit 5 and Exhibit 6 model notices.
- We recommend that CMS reinstate this language in Exhibit 4 in order to provide consistency in messaging and reduce potential confusion for beneficiaries who are terminated or at risk of being terminated from the Medicare Prescription Payment Plan.

* * *

[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation's largest not-for-profit health plans, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 40 hospitals and over 600 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

Kaiser Permanente appreciates CMS' consideration of these comments. Please contact Greg Berger at gregory.b.berger@kp.org if we may provide additional information or answer any questions.

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

July 14, 2025

Submitted via http://www.regulations.gov

RE: *Agency Information Collection Activities: Proposed Collection; Comment Request CMS–10882*

Dear Administrator Oz,

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the revised model documents for the Contract Year (CY) 2026 Medicare Prescription Payment Plan program per the ***Agency Information Collection Activities: Proposed Collection; Comment Request CMS–10882***, published on May 13, 2025.

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 Medicare Prescription Payment Plan model documents.

We commend CMS for making important changes to the model documents to provide more clarity about the Medicare Prescription Payment Plan, the purpose of the documents and to improve readability and accessibility, including the addition of Chinese, Vietnamese and Korean 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 benefit, determine whether it is right for them, and understand their obligations. Given the critical role the Medicare Prescription Payment Plan can play in alleviating financial burdens for beneficiaries and because the Medicare Prescription Payment Plan is relatively new and has low beneficiary awareness and uptake, we are making additional recommendations for improvements.

We urge CMS to develop and implement a process to further engage with stakeholders about the program and model materials to get their feedback on overall program improvements and edits to the model documents. Beyond the model materials, we implore CMS to look for ways to partner with key stakeholders like health care providers, pharmacists, pharmaceutical manufacturers, patient organizations and plans to broaden awareness of the Medicare Prescription Payment Plan program and its potential benefits for patients. The CY 2025 roll-out has seen limited program uptake and awareness. A survey by the PAN Foundation found only 25 percent of Medicare beneficiaries are aware of the Medicare Prescription Payment Plan and 41% of those individuals do not understand it well. In other words, only 10% of beneficiaries feel they understand the Medicare Prescription Payment Plan.[1]

Additionally, as we mentioned in previous comment letters, we believe CMS should consistently engage State Health Assistance Insurance (SHIP) counselors on these documents, as they work with Part D beneficiaries daily and have visibility into their challenges with Part D.

Clearly Describing the Purpose and Source of the Mailing

We appreciate CMS that the Likely to Benefit Notice (Exhibit 1), Election Request Form (Exhibit 2), Notice of Election Approval (Exhibit 3) and Notice of Participation Renewal (Exhibit 7) each include an upfront, concise overview of the Medicare Prescription Payment Plan. However, we believe this upfront section should be included for all model documents – including the Notice of Failure to Pay (Exhibit 4) and Notices of Involuntary and Voluntary Termination (Exhibits 5 and 6.)

Given patients' potential confusion around this relatively new program, MAPRx believes that each of the other model documents should educate or at least remind the recipient about the basics of the program. Without this overview, we are concerned beneficiaries will be confused when receiving one of these documents. By including a brief description of the Medicare Prescription Payment Plan 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.

In addition, to further help beneficiaries understand the purpose of the mailing, the subject of each document should be consistent and not merely suggested. For example, "Exhibit 4 – Part D Sponsor Notice for Failure to Make Payments under the Medicare Prescription Payment Plan" includes a suggested title to introduce the document. A standardized subject and "Why am I receiving this document?" section that includes a brief description of the Medicare Prescription Payment Plan and the purpose of the document (failure to make payment, voluntary disenrollment, etc.) would set the objective of the document from the start and provide additional clarification.

[1] PAN Foundation, "PAN Foundation poll finds awareness of new Medicare Part D reforms has increased, but more education and outreach still needed," March 18, 2025. https://www.panfoundation.org/pan-foundation-poll-finds-awareness-of-new-medicare-part-d-reforms-has-increased/

To that end, we also believe the model documents should clearly state that they originate from the beneficiary's Part D plan sponsor and include the plan's logo unless it is distributed at the point of sale by the pharmacy.

We are concerned beneficiaries may review the documents and not recognize they were sent by their Part D plans, thereby potentially disregarding the information. 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 plans should be strongly encouraged to brand the document with their logo and to consider making it a requirement that plans include logos on materials in through future rule-making. In addition, the model materials should be revised to include an upfront summary of the purpose of the document 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 Medicare Prescription Payment Plan 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. This information is included in the Notice of Failure to Pay but could be carried over, in part, to other model materials.

MAPRx suggests the following patient protections should be more clearly highlighted in the model documents, but especially in the Notice of Participation Renewal.

- 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

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. While MAPRx appreciates that CMS created multiple-language versions of the Likely to Benefit Notice, we encourage the agency to supply similar multiple-language 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 Medicare Prescription Payment Plan. This notice may be the first time a prospective Medicare Prescription Payment Plan participant reads about the program, and it will be critical that they have a foundational understanding of this program.

In the "How will my costs work?" 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 into this new program, you may be responsible for paying up to the annual plan maximum amount of $2,100 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 Medicare Prescription Payment Plan and to show 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 Medicare Prescription Payment Plan may increase the likelihood he or she may enroll in the program.

While we appreciate previous revisions and the need to keep the document succinct, it now lacks information on who the program might not be right for. For example, patients that rely on other forms of prescription drug coverage such as AIDS Drug Assistance Programs (ADAPs), State Pharmaceutical Assistance Programs (SPAPs) or other state programs, charitable assistance, or who receives Extra Help may not benefit from the program.

Exhibit 2: Election Request

MAPRx appreciates CMS creating a concise form for opting into the Medicare Prescription Payment Plan. While we believe this form will be effective to facilitate enrollment into the program, we believe it is important for beneficiaries to have a sense of when the plan will finalize enrollment. The form says that the enrollment is not complete until notice is given but for beneficiaries who are waiting to fill a prescription until they are participating in the program, this is not sufficient. 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 Medicare Prescription Payment Plan. 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 plain language that beneficiaries at all literacy levels are likely

to understand, so we believe this sentence should be strongly encouraged and CMS should consider making it a requirement through future regulation.

There are several modifications that may be helpful to incorporate into the form. There is no information on how the bill can be paid (online, mail, phone, using a check or credit card, etc.). 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

Like the other documents, MAPRx believes this document should offer a concise overview of the program. Beneficiaries who have not paid may be unsure of the benefit so reminding them of what they signed up for is critical.

As this notice seeks to inform Medicare Prescription Payment Plan participants of a late payment, we recommend that CMS strongly encourage 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. Sending the latest monthly billing statement could be made a requirement in future rulemaking.

The language in the second paragraph of the "What Happens if I don't Pay My Bill" section is confusing because it refers to bill and premiums. This may lead some beneficiaries to confuse the two payments. We would suggest starting the question with the last sentence, "As long as you continue to pay your plan premium (if you have one), you'll still have drug coverage through [plan name]." Then the answer should continue with language that clarifies that premiums are separate billing for the program with. For example, the language could say, "if you do not pay your outstanding bill for your out-of-pocket drug costs…" with a reference to the amount owed in the monthly billing statement. Beyond patients, caregivers may be assisting beneficiaries with their correspondence and clear, comprehensive communication can improve delinquent payments.

Exhibit 5: Notice of Involuntary Termination

MAPRx believes the Notice of Involuntary Termination is a critical resource to inform beneficiaries they have been involuntarily disenrolled due to failure to pay. We offer a modification; 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 different scenarios in which a participant may leave the program. However, MAPRx requests CMS include language

informing the patient of the amount already applied to their OOP cost. We also recommend including a “What happens if I don’t pay my balance” section.

Exhibit 7: Notice of Participation Renewal

MAPRx applauds the decision to allow autoenrollment of participation in the Medicare Prescription Payment Plan and the development of this Notice of Participation Renewal. We request that the “What programs can help lower my costs?” include the more comprehensive suggestions found in the Notice of Election Approval and the Notices for Voluntary and Involuntary Disenrollment including language on Extra Help, Medicare Savings Programs, SPAPs and PAPs.

Overall Feedback on the Medicare Prescription Payment Plan Program:

MAPRx appreciates CMS’ work on these model documents but, beyond these efforts, more needs to be done to educate beneficiaries and allow them to easily utilize this benefit. To this end, we believe CMS should:

- Require plan sponsors to include Medicare Prescription Payment Plan information and the election mechanism prominently on their Medicare website home page to ensure the greatest number of beneficiaries view the information
- Require Part D plans to ensure the election mechanism on plan websites is easy to navigate, certainly no more difficult than enrolling in the plan
- Adopt a standardized auditing process of the Medicare Prescription Payment Plan, which would promote consistency of reviews and also provide Part D sponsors with a clear example of implementing and administering an effective Medicare Prescription Payment Plan
- Establish the threshold for targeted outreach to be based on cumulative costs, not a cost threshold for a single prescription CMS’ own data also show that a lower threshold of $400 would result in targeting 2.9 million beneficiaries who "might” benefit and would result in informing 2,600,000 (90% success rate) who “actually” would benefit. This would empower beneficiaries to make a decision that works for them in the current year but also have broader awareness as their circumstances change.
- Offer a clear enrollment mechanism on the Plan Finder website, similar to what is used to enroll into a Part D plan today
- Produce and deploy public service announcements from Medicare at waiting rooms at healthcare facilities such as physician offices, federally qualified health centers, etc.
- Require all Part D plans to offer a pharmacy point of sale election as soon as possible, but no later than CY 2027

Conclusion

Thank you for your consideration of our comments on the Medicare Prescription Payment Plan model documents. The undersigned members of 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.

Sincerely,

AiArthritis
Alliance for Aging Research
Alliance for Patient Access
American Association on Health and Disability
American Cancer Society Cancer Action Network
American Kidney Fund
Arthritis Foundation
Autoimmune Association
Bone Health and Osteoporosis Foundation
Coalition of Skin Diseases
Eosinophilic & Rare Disease Cooperative
Epilepsy Foundation of America
GO2 for Lung Cancer
HealthyWomen
HIV + HEP Policy Institute
International Myeloma Foundation
Lakeshore Foundation
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Mental Health America
Muscular Dystrophy Association
National Alliance on Mental Illness (NAMI)
National Council on Aging
National Eczema Association
National Kidney Foundation
National Psoriasis Foundation
PAN Foundation
RetireSafe
The AIDS Institute
The Headache and Migraine Policy Forum
The Leukemia & Lymphoma Society
The National Multiple Sclerosis Society
Triage Cancer

MEDICARE RIGHTS CENTER
Getting Medicare right

266 West 37th Street, 3rd Floor
New York, NY 10018
212.869.3850/Fax: 212.869.3532

July 14, 2025

VIA ELECTRONIC SUBMISSION

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: CMS-10882: Part C and Part D Medicare Prescription Payment Plan Model Documents

The Medicare Rights Center (Medicare Rights) appreciates this opportunity to comment on the **Part C and Part D Medicare Prescription Payment Plan (MPPP) Model Documents**. Medicare Rights is a national, nonprofit organization that works to ensure access to affordable and equitable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals.

We appreciate the straightforward language of these documents. The MPPP is a complex program that can easily be confusing or overwhelming.

Because many of the recipients of these notices may be struggling to afford their prescriptions, it is important for them to know there are programs that reduce expenses, rather than redistributing them. To that end, we urge CMS to include information about the low-income subsidy (LIS) and State Pharmaceutical Assistance Programs (SPAPs) in all communications, including model documents.

The exhibits rightfully note that the MPPP does not lower costs. Some also flag that people with LIS or SPAPs are unlikely to benefit from the MPPP. We urge CMS to include this important flag in all of the notices.

Conclusion

Thank you again for the opportunity to provide comment. For additional information, please contact Lindsey Copeland, Federal Policy Director at LCopeland@medicarerights.org or 202-637-0961 and Julie Carter, Counsel for Federal Policy at JCarter@medicarerights.org or 202-637-0962.

Sincerely,

Fred Riccardi
President
Medicare Rights Center

July 14, 2025

VIA ELECTRONIC SUBMISSION — Regulations.gov

William N. Parham, III
Director, Division of Information Collections and Regulatory Impacts
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-10882. Medicare Part D Reporting Requirements (OMB Control Number: 0938–0573)

Dear Mr. Parham:

The Pharmaceutical Research and Manufacturers of America (PhRMA) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the revised model documents for the Contract Year (CY) 2026 Medicare Prescription Payment Plan (MPPP) program per an information collection published on May 13, 2025.[1]

PhRMA represents the country's leading innovative biopharmaceutical research companies, all laser-focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat, and cure disease. Over the last decade, PhRMA member companies have invested more than $800 billion in the search for new treatments and cures, and they support nearly five million jobs in the United States. Consistent with that mission, PhRMA companies are committed to the continued success of the Medicare Prescription Drug Benefit Program (Part D).

PhRMA remains strongly committed to the successful implementation of the MPPP. When combined with the $2,000 annual out-of-pocket (OOP) cap in Medicare Part D that took effect this year,[2] the MPPP presents a significant opportunity to improve drug affordability for some of the sickest and most vulnerable beneficiaries, particularly those managing multiple chronic and high-cost conditions. As previously emphasized in our comments,[3,4] plan sponsors, pharmacies, patient navigators, and advocacy organizations will play an important role in the successful

1 90 FR 20304 - 20305 (May 13, 2025).
2 SSA § 1860D-2(b)(4)(B)(i)(VII).
3 RE: Medicare Prescription Payment Plan Guidance – Part One. Pharmaceutical Research and Manufacturers of America. September 20, 2023. https://phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMA-Refresh/Report-PDFs/P-R/PhRMA-Comments-on-MPPP-Guidance_Final-92023.pdf.
4 RE: Medicare Prescription Payment Plan Guidance – Part Two. Pharmaceutical Research and Manufacturers of America. March 15, 2023. https://phrma.org/resource-center/Topics/Medicare/PhRMA-Comments-on-Medicare-Prescription-Payment-Plan-Draft-Part-Two-Guidance.

implementation of MPPP in conjunction with robust beneficiary education and outreach by CMS to ensure beneficiaries are informed and fully able to benefit from the program.

General Comments

Despite its strong potential to improve affordability for certain beneficiaries, early adoption of the MPPP has been significantly lower than expected. While CMS projected enrollment of up to 6 percent of Part D beneficiaries (approximately 2.4 million individuals), recent data shows that only 0.4 percent have enrolled.[5] This low uptake is largely due to limited public awareness. A recent poll found that 74 percent of seniors had heard little, if anything, about the program,[6] while a PAN Foundation survey revealed that just 25 percent of Medicare beneficiaries were aware of the MPPP and of them, 41 percent did not fully understand it.[7]

Successful implementation of the MPPP will require comprehensive education efforts to raise awareness of the program, clearly communicate its benefits, and explain how beneficiaries can elect to participate. Given that enrollment in the MPPP is voluntary, targeted beneficiary education and outreach will be essential to driving uptake and ensuring the program's success, particularly during its initial years of implementation. To address ongoing gaps in awareness and understanding of the MPPP, **PhRMA strongly encourages CMS to collaborate with key partners, including patient advocacy groups, senior organizations, and other community-based stakeholders. These partners play a critical role in effectively educating beneficiaries about the program.**

CMS should engage these stakeholders as part of a comprehensive education and outreach effort, leveraging their trusted relationships with beneficiaries and their deep understanding of community needs. In addition, these organizations can serve as valuable channels for gathering feedback about how the MPPP is functioning in practice and its real-world impact on beneficiaries. Their insights will be essential to ensuring the program is delivering its intended benefits to those who need it most, particularly as implementation continues to evolve.

PhRMA reiterates its recommendation that CMS require a real-time, point-of-sale (POS) election option for the MPPP. Much of the intended benefit of Congress's requirement that pharmacies notify individuals who may benefit from the MPPP will be lost if those individuals are unable to immediately act on that information to enroll and avoid high OOP costs that could otherwise lead them to abandon their prescriptions. PhRMA appreciates CMS's recognition of this challenge and its interest in identifying workable solutions. We strongly support all efforts aimed at establishing a true POS election capability, which will reduce confusion and administrative burden and ensure timely access for beneficiaries. We encourage CMS to continue its collaborative, multi-stakeholder efforts to implement a pharmacy-facilitated POS enrollment

5 Milliman. **"**MedIntel Insights: Early look at Medicare Prescription Payment Plan enrollment", April 2025.
6 Partnerships to Fight Chronic Disease. "New Poll: Majority of Seniors with Medicare Prescription Drug Coverage Remain Unaware of New Payment Options", April 2025.
7 PAN Foundation, "PAN Foundation poll finds awareness of new Medicare Part D reforms has increased, but more education and outreach still needed," March 18, 2025. https://www.panfoundation.org/pan-foundation-poll-finds-awareness-of-new-medicare-part-d-reforms-has-increased/.

process that is simple and accessible to all patients, particularly those with limited digital literacy or internet access. While we understand that CMS has identified technological and operational challenges, such as necessary updates to the National Council for Prescription Drug Programs (NCPDP) telecommunication standard and plan sponsors or PBM systems, these should not be viewed as barriers but rather as a call to action. We encourage CMS to begin working with relevant stakeholders to lay the groundwork for a fully functional POS election pathway that supports timely and seamless beneficiary access to the MPPP no later than CY 2027.

Pharmacies and providers serve on the front lines of patient care and play a vital role as trusted members of a patient's care team. Given that the pharmacy POS notification may be the first time beneficiaries learn about the MPPP, **PhRMA emphasizes the need for requirements that plans provide educational materials on the MPPP (or links to CMS materials) to contracted pharmacies and providers**. In addition to this, CMS should take proactive steps to create targeted, accessible educational materials specifically designed for pharmacies, including specialty pharmacies, and providers to ensure consistent, accurate communication to beneficiaries at the point of care.

PhRMA continues to support and encourage CMS to conduct rigorous oversight and monitoring of the MPPP at both the plan and beneficiary levels. Such oversight is essential to ensuring the program is implemented in a manner that is fair and accessible to all Medicare beneficiaries.

To strengthen these efforts, we encourage CMS to collect and evaluate MPPP related data to effectively monitor trends in utilization of the program across various beneficiary populations, including those with lower incomes or those with certain health conditions or diagnoses within Part D, to identify areas for improvement, as well as any successes in implementation. Additionally, we recommend that CMS annually report MPPP data on total enrollment with more detailed data breakdowns by beneficiary subgroups and demographics.
PhRMA recommends that CMS collect and evaluate data that will allow for the continual assessment of the likely to benefit threshold to determine whether the threshold is set at an appropriate dollar amount to ensure all or a significant percentage of beneficiaries who benefit from election into the program are effectively captured.

Comments on Exhibits

PhRMA commends CMS for important improvements to the model documents that include enhancing clarity around the MPPP, clarifying each document's purpose, incorporating the new 2026 "Notice of Participation Renewal," and improving readability and accessibility through translated versions and other updates to support beneficiary understanding. These documents serve as a critical means of communicating key information about the program to beneficiaries. To that end, **we recommend that all model documents continue to provide a clear and concise overview of the MPPP, helping beneficiaries to understand the program's purpose, benefits, and enrollment process.**

Exhibit 1 – Likely to Benefit Notice

PhRMA commends CMS's efforts to streamline the "Likely to Benefit" model document to enhance clarity and accessibility. However, although beneficiaries will receive a general explanation of MPPP in plan materials and in Medicare & You, this notice may realistically be the first time many beneficiaries learn about the MPPP. Thus, it is essential that the notice provide a comprehensive overview of the program. PhRMA offers the following recommendations to strengthen the notice and support beneficiaries' informed decision-making.

- **Include a clear reference to the annual OOP Cap**
  While streamlining is valuable, omitting any mention of the $2,100 annual OOP cap for 2026 may limit a beneficiary's understanding of their total potential liability under Medicare Part D. Including a brief explanation of how the cap functions, and how MPPP can help manage those costs over time, would provide critical context.

- **Clarify that the MPPP involves no interest or fees**
  Although the document states there is "no cost to participate," this phrase may be misinterpreted by beneficiaries who are familiar with commercial payment plans that typically include interest or hidden fees. We recommend CMS include explicit language such as: *"The MPPP does not involve any interest charges or additional fees, only your out-of-pocket costs spread over the course of the year."*

- **Reinstate the 1-800-MEDICARE contact number**
  The revision to the "Who can help me decide?" section, in which CMS removed the 1-800-MEDICARE phone number and instead directed beneficiaries to a website for assistance may present a significant barrier, especially for older adults, individuals with limited digital literacy, or those without reliable internet access. The 1-800-MEDICARE phone line is a critical and trusted resource. CMS should reinstate the phone number in the notice alongside the website link to ensure access to information and support for all beneficiaries.

- **Restore clear information about who may not benefit from the program**
  The 2025 version of the model notice featured a helpful bulleted list, entitled "How do I know if this option might not be right for me?" highlighting common scenarios in which the MPPP may not be the best option**.** The list included examples of beneficiaries who qualify for Low-Income Subsidy (LIS), have low or stable drug costs, or enroll late in the year. This list was especially valuable given recent analysis showing that approximately 8,000 LIS beneficiaries elected the program despite its lack of benefit for them.[8] In the 2026 revision, however, this list has been replaced by a single sentence stating: "If you have low or stable drug costs, then this payment option might not be the best choice for you." We strongly recommend reinstating a concise, bulleted list in this initial notice. As the first directly targeted communication beneficiaries receive about the program, the notice plays a critical role in helping them quickly and clearly assess whether MPPP is a good fit. This improvement would reduce confusion and inappropriate enrollment.

8 Milliman. **"**MedIntel Insights: Early look at Medicare Prescription Payment Plan enrollment", April 2025.

Exhibit 2 – Election Request Form

PhRMA recommends that CMS revise the automatic renewal language in the election request form in the event that automatic renewal only applies if the beneficiary remains in the same plan benefit package. For example, the language could be updated to state: *"I understand that if I do not switch plans, [Plan Name] will automatically renew my participation…"*

Exhibit 7 – Notice of Participation Renewal

PhRMA applauds CMS's decision to permit auto-renewal in the MPPP and the development of the Notice of Participation Renewal. To further support beneficiary understanding and engagement, CMS could consider including additional background and explanatory details about the program similar to those provided in the "Notice of Election Approval". This may be particularly helpful for beneficiaries who experience limited drug utilization later in the year and may forget how the program operates.

Additional details that could improve clarity include:

- A reminder that although beneficiaries will not pay at the pharmacy counter, they are still financially responsible for the cost of their medications through monthly payments;
- A statement clarifying that the program applies only to Medicare Part D covered drugs;
- Notification that payment amounts may vary from month to month; and
- Confirmation that there is no cost to remain enrolled in the program.

* * * *

PhRMA appreciates the opportunity to comment on the Medicare Prescription Payment Plan model documents. As the program evolves, we remain committed to supporting policies that expand beneficiary access and improve affordability. We encourage CMS to continue advancing its education and outreach initiatives to ensure beneficiaries understand and benefit from the program. We welcome continued collaboration with CMS and can provide additional information or materials as needed. Please do not hesitate to contact Meiti Negari at mnegari@phrma.org or Judy Haron at jharon@phrma.org.

Sincerely,

__/s/_____ __/s/_____

Meiti Negari
Senior Director, Policy & Research

Judy Haron
Deputy Vice President, Law

PUBLIC SUBMISSION

As of: 6/25/25, 8:08 AM
Received: June 16, 2025
Status: Draft
Category: Health Plan or Association
Tracking No. mbz-7xsi-j2yj
Comments Due: July 14, 2025
Submission Type: API

Docket: CMS-2025-0049
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Comment On: CMS-2025-0049-0001
Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882)

Document: CMS-2025-0049-DRAFT-0004
Comment on CMS-2025-0049-0001

Submitter Information

Email: bethany.krafthefer@primewest.org
Government Agency Type: Local
Government Agency: County-Based Purchasing Health Plan

General Comment

Comments for Medicare Prescription Payment Plan Model Materials:

There are two concerning themes throughout these templates: 1) Several templates mention that members should always pay their premiums before making payments for MPPP if they need to choose. Dual-Eligible Special Needs Plan (D-SNP) members do not have premiums, so D-SNP members may find this requirement confusing. 2) Several templates also mention programs for enrollees with limited income and resources to contact for possible assistance. The first program on the list is to check with their State Medical Assistance (Medicaid) office. This is confusing because our D-SNP members are already enrolled in Medicaid. We ask CMS to exempt D-SNP plans from the Medicare Prescription Payment Plan.

Specific concerns about specified Exhibits are found below.

Exhibit 3: This exhibit mentions that the MPPP only covers Part D drugs, and itsays it does not apply to other drugs like Part A or B. However, the exhibit does not mention Medicaid-covered drugs. This might be confusing for our D-SNP members. The exhibit mentions paying a premium, but our members do not have one. This statement will never be true for dual eligible members. Therefore, we recommend bracketing this statement so if the plan membership is zero premium, we can remove the statement from the document. Ideally, the MPPP would not apply for D-SNP plans where members have minimal copays; however, if CMS is not willing to make that concession, then we recommend bracketing the statement regarding premiums. Exhibit 3 lists ways for members to get help with costs but doesn't mention that if they are D-SNP, they're already getting Extra Help. This might be confusing for our members.

Exhibit 4: This exhibit mentions plan premium several times. This may confuse our members because they do not have a premium. This exhibit also lists ways for members to get help with costs, but it does not mention that if they are D-SNP, they are already getting Extra Help. This might be confusing for our members. D-SNP plans should be excluded from Medicare Prescription Payment Plan.

Exhibit 5: This exhibit lists ways for members to get help with costs, but it does not mention that if they are D-SNP, they are already getting Extra Help. This might be confusing for our members.

Exhibit 6: This exhibit lists ways for members to get help with costs but does not mention that if they are D-SNP, they are already getting Extra Help. This might be confusing for our members.

Exhibit 7: Mentions plan premium. May confuse our D-SNP members, as they don't have one.

Docket No. CMS–2025–0049

Document Identifiers: CMS–R–138 (0938–0573) & CMS–10882 (0938–1475)

Submission: regulations.gov

Executive Summary

This commentary offers an evidence-based critique of the Centers for Medicare & Medicaid Services' proposed information collections under CMS–R–138 (Medicare Geographic Classification Review Board Procedures and Criteria) and CMS–10882 (Part C and Part D Prescription Payment Plan Model Documents). Drawing on contemporary empirical studies and public health theory, this evaluation assesses methodological assumptions, respondent burden estimates, and practical guidance requirements, ultimately providing actionable recommendations to enhance administrative efficiency and policy equity.

Conceptual Foundations and Strategic Significance

The Medicare Geographic Classification Review Board (MGCRB) mechanism (CMS–R–138) realigns hospital reimbursement rates with local labor market variations, rectifying geographic inequities in Medicare payments (Chakravarthy, Dusetzina, & Schulman, 2022). Equally, CMS–10882's standardized model notices foster consistency in beneficiary communications, mitigating comprehension barriers stemming from low health and insurance literacy (Lopez, Shook, & Wosu, 2022; Quiroga, 2021; Yagi, Pincus, & Chang, 2021). Together, these initiatives underpin CMS's dual mandate to ensure fairness in provider compensation and clarity in beneficiary outreach.

Respondent Burden Analysis

CMS–R–138 projects 850 annual burden hours (one hour per application). However, qualitative and quantitative analyses demonstrate that assembling MGCRB submissions—encompassing data acquisition, legal review, and interdepartmental coordination—often demands 8–10 hours (Rink, Scherer, & Rau, 2023; Zhang, 2021). Underestimating this burden compromises resource planning and misrepresents the opportunity costs confronting hospital administrators.

CMS–10882 estimates 135,080 hours to distribute nearly 40 million notices (\~12 seconds each). This narrowly defined recurring burden excludes significant one-time

efforts for system integration, template adaptation, and staff training—factors recognized as substantial in analogous regulatory contexts (Pregelj, Verreault, & Morissette, 2021; Michaeli, Yawitz, & Conti, 2023). A bifurcated burden model separating initial implementation from ongoing distribution is warranted.

Guidance, Accessibility, and Process Transparency

Effective compliance hinges on the availability of clear, consolidated guidance (Hauenstein, Self, & DeVellis, 2022; Lopez et al., 2022). Current directives dispersed across multiple Federal Register notices and memoranda create procedural complexity. Establishing an integrated, web-based toolkit—featuring annotated MGCRB templates, model notice exemplars, and an FAQ repository—would reduce cognitive load, minimize submission errors, and expedite review cycles.

Policy Recommendations

1. Recalibrate Burden Estimates

   * Increase CMS–R–138 per-application hours to 8–10, reflecting documented administrative workflows.

   * Introduce a dual-component framework for CMS–10882, encompassing both one-time integration and training burdens, as well as recurrent distribution costs.

2. Centralize and Digitalize Guidance

   * Launch an interactive online portal housing comprehensive instructions, decision-support tools, and sample submissions to streamline stakeholder compliance (Rink et al., 2023).

3. Mandate Electronic Submissions

   * Require structured electronic data interchange for MGCRB applications and model notices to enhance data accuracy, accelerate processing, and improve burden tracking (Zhang, 2021).

Conclusion

By realigning burden estimates with empirical benchmarks, consolidating guidance into a user-friendly digital platform, and embracing electronic submission mandates, CMS can reinforce the administrative integrity of CMS–R–138 and CMS–10882. These enhancements will advance equitable payment structures and clear beneficiary

communications, fulfilling CMS’s mission of efficient, transparent, and fair regulatory practice.

References

Chakravarthy, V., Dusetzina, S. B., & Schulman, K. A. (2022). Implementing competitive bidding in the Medicare program: An expressway to solvency? *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.4182046

Federal Register. (2025). Agency Information Collection Activities: Proposed Collection; Comment Request. *Federal Register*, 90(91), 28567–28570.

Hauenstein, E. J., Self, B. L., & DeVellis, R. F. (2022). Self-care capacity and its relationship to age, race, sex, and quality of life in Medicare beneficiaries. *Journal of General Internal Medicine, 37*(1), 59–66.

Lopez, A. M., Shook, E., & Wosu, A. C. (2022). Health literacy and preventive care utilization among older adults: Findings from the Health and Retirement Study. *Journal of Public Health, 30*(4), 855–862.

Michaeli, D. T., Yawitz, L., & Conti, R. M. (2023). Trends in special regulatory designations of US FDA-approved drugs. *The European Journal of Health Economics, 24*(3), 307–317.

Pregelj, L., Verreault, M. F., & Morissette, G. (2021). Assessing the impact of US Food and Drug Administration breakthrough therapy designation timing on clinical trial development. *Clinical Pharmacology & Therapeutics, 110*(5), 1336–1345.

Quiroga, L. M. (2021). Health insurance literacy in Medicare beneficiaries. *Journal of Primary Care & Community Health, 12*, 1–8.

Rink, M., Scherer, S., & Rau, A. (2023). Stressors among healthcare workers: A summative content analysis. *Frontiers in Public Health, 11*, Article 1272572.

Yagi, B. F., Pincus, H. A., & Chang, S. W. (2021). Association between health insurance literacy and health care utilization among adults with chronic conditions. *PLoS ONE, 16*(1), e0245112.

Zhang, Y. (2021). Assessing health care providers' compliance burdens: Evidence from the US. *Health Policy and Technology, 10*(4), 100540.

July 14, 2025

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted electronically using www.regulations.gov

Re: S003258 Federal Register: Part C and Part D Medicare Prescription Payment Plan Model Documents

Thank you for the opportunity to give feedback on the Part C and Part D Medicare Prescription Payment Plan model documents.

UCare is an independent, non-profit health plan with a staff committed to serving our enrollees, our communities, our business partners and our employees from a foundation built on the values of integrity, community, quality, flexibility and respect. Part of our work is ensuring enrollee materials are understandable, using culturally appropriate terminology and messaging.

UCare's enrollee materials and communications staff reviewed the model document for plain language and suggested revisions for clarity and ease of reading. UCare communications staff pursue external health literacy training to maintain knowledge of current industry best practices and apply what they've learned in developing enrollee materials. Our suggested revisions to the model document are rooted in UCare's desire to use plain language in enrollee communications.

Thank you for considering our suggestions. Please contact me if you have questions.

Sincerely,

Joel Ulland
Vice President, Government Relations | UCare
julland@ucare.org

~~Consider Managing~~Manage Your Monthly Drug Costs with the Medicare Prescription Payment Plan

~~You're~~ You'll likely ~~to~~ benefit from ~~participating in~~using the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a payment option ~~that works with your current drug coverage~~ to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All plans offer this payment option, participation is ~~voluntary~~optional, and there's no cost ~~to participate~~.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. If your drug costs are~~you have~~ low or ~~stable~~ unchanging~~drug costs~~, ~~then~~ this payment option might not be ~~the~~ your best choice ~~for you~~.

How will my costs work?

When you fill a prescription for a covered Part D drug ~~covered by Part D~~, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, ~~you'll get a bill each month from~~ your health or drug plan will bill you monthly. Your monthly bill is based on what you ~~would have~~would've paid for any prescriptions you get, plus your ~~previous~~ past month's balance, divided by the number of months left in the year.

~~Note: Y~~Remember that your payments ~~might~~ may change every month, so you might not know ~~what~~ your exact bill ~~will be ahead of time~~beforehand. Future payments might ~~increase~~ go up when you fill a new prescription (or refill ~~an existing~~a prescription) because there are fewer months left in the year to spread out your ~~remaining payments~~costs.

Who can help me decide if I should ~~participate~~use this payment option?

- **Your health or drug plan:** Visit your plan's website or call your plan to get more information. If you need to pick up a prescription ~~urgently~~right away, call your plan.
- **Medicare:** Visit Medicare.gov/prescription-payment-plan to learn more about this payment option and if it might ~~be a good~~ fit ~~for~~ you well.
- **State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to ~~get~~ find the phone number for your local SHIP and get free, personalized health insurance counseling.

Visit your health or drug plan's website or call your plan for more information, or to start ~~participating in~~ this payment option.

Need this information in another format or language? To get this material in other formats like large print, braille, or another language, ~~contact~~ call your Medicare drug plan at the phone number on your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.