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To: [MBX OMB OIRA ICR Comments](#)
Cc: [Kirstin Barros](#); [Shanelle Dickinson](#)
Subject: [EXTERNAL] ICR Comment [0938-1475] [202507-0938-023] MPPP Model Documents Part 2
Date: Wednesday, August 27, 2025 1:22:17 PM
Attachments: [image001.png](#)

Dear CMS,

Please find below our comments on the **Part C and Part D Medicare Prescription Payment Plan Model Documents (CMS-10882) – IRA.**

OMB CONTROL NUMBER: [0938-1475](#)

ICR REFERENCE NUMBER: [202507-0938-023](#)

Based on questions that have arisen from use of the model materials, we believe that the following two models could be clarified to improve participant understanding of the amounts that are owed under the Medicare Prescription Payment Plan:

- Exhibit 4_Notice of Failure to Pay_2025-
- Exhibit 5_Notice of Involuntary Termination_2025-

The amounts that are referenced in these letters are the amounts that are outstanding (overdue) as of the time the notice is generated, but in most cases, the participant will also be responsible for additional amounts that will be billed on future monthly billing statements (invoices). We have encountered some confusion from individuals who have interpreted that the full amount owed under the Medicare Prescription Payment Plan is being referenced in Exhibits 4 and 5. Some minor modifications could help clarify the amounts that are included without requiring significant calculation changes for the notices.

Exhibit 4_Notice of Failure to Pay_2025- could be clarified by changing the following section to include the additional clarifications in **red text**:

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 need to pay \$[amount past due] to bring your overdue balance up to date. 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)].*

Please be advised that you continue to be responsible for paying your monthly billing statement(s), which will reflect any unpaid amounts along with any amounts owed for the

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

Exhibit 5_Notice of Involuntary Termination_2025- could be clarified by changing the following sections to include the additional clarifications in **red text**:

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 are still responsible for paying the total remaining amount that has been covered under the Medicare Prescription Payment Plan, \$[total leftover balance, total balance less any payments received].**

...

How do I pay my balance?

You need to pay \$[amount past due] to bring your overdue balance up to date.

~~You owe \$[total outstanding amount] as of the date of this letter.~~

[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. **Please be advised that additional charges may have been incurred for prescriptions that were processed under your account prior to your removal from the program. These charges are your responsibility and will be reflected in your monthly billing statement(s).** 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].

Thank you,

Kirstin Barros

Part D Compliance Manager II

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