

## 2025 M3P PRA 30-Day Public Comment Grid

Document	Commenters	Comment	Response
<b>General</b>	United Healthcare, Jennifer Martin	A commenter requested that CMS establish an implementation deadline for updated Medicare Prescription Payment Plan model documents of at least 60 days after their final publication to alleviate operational challenges associated with updating documents in the midst of required fourth quarter mailings.	CMS thanks the commenter for their feedback and acknowledges the commenter's concern about operational lead time necessary for the CMS-required fourth quarter mailings. To address these operational challenges, plans may continue to use the current approved versions of the Medicare Prescription Payment Plan model materials through the end of the CY 2025 plan year. Plans are encouraged to implement updated model materials as soon as operationally feasible but must implement the updated model materials by the start of CY 2026. Please note that this does not include Exhibit 7 (Notice of Participation Renewal), which is a new model material and must be sent after the end of the CY 2026 annual coordinated election period but prior to the end of the CY 2025 plan year.
<b>1 Likely to Benefit Notice</b>	UCLA Health, Heidi Angelo	A commenter suggested revisions to Exhibit 1 to improve beneficiary understanding by clarifying that the program is voluntary and beneficiaries can opt out at any time and adding a numerical example explaining how the Medicare Prescription Payment Plan might be beneficial to an individual.	CMS thanks the commenter for their feedback. The Likely to Benefit Notice states, "All plans offer this payment option, participation is voluntary, and there's no cost to participate." CMS also notes that the Likely to Benefit Notice is intended to introduce beneficiaries to the Medicare Prescription Payment Plan program and direct them to other resources for additional information, including the Medicare Prescription Payment Plan page on Medicare.gov, which has information on the mechanics of the calculations and a tool to help beneficiaries assess whether they should participate.
<b>Exhibit 2 – Participation</b>	Anonymous		CMS thanks the commenter for their review of the Participation Request Form. Italicized blue text in square brackets is information for the plans and

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<b>Request Form</b>		A commenter suggested formatting changes to Exhibit 2 to avoid splitting the bullet points and/or signature line between two pages.	should not be included in the participation request form. CMS believes that removing the italicized blue text in square brackets alleviates the formatting issue identified by the commenter.
<b>Exhibit 3 – Notice of Election Approval</b>	Medimpact, Kristin Barros	A commenter suggested edits to Exhibit 3 to clarify that the first month's bill is calculated differently than the bills for the rest of the months in the year.	CMS thanks the commenter for their careful review of Exhibit 3 and declines to make additional edits. Exhibit 3 includes a statement explaining that payments and bills may change every month. CMS also notes that, as stated at 42 CFR 423.137(d)(10)(ii)(C), additional educational information about the Medicare Prescription Payment Plan must accompany the notice of election approval. The additional information requirement may be fulfilled by including with the notice the CMS-developed fact sheet about the program, which includes detailed examples of billing calculations, including the calculation used for the first month's bill.
<b>Exhibit 4 – Notice of Failure to Pay</b>	Medimpact, Kristin Barros	A commenter suggested edits to Exhibits 4 and 5 to improve participant understanding of the amounts that are owed.	CMS thanks the commenter for their feedback. CMS does not believe additional information is necessary to Exhibits 4 and 5. We note that Exhibit 5 states, "Starting [effective date, which should be the same

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			<i>[date as this letter]</i> , 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].” Both exhibits also include a section explaining how the recipient can pay their outstanding balance that begins with a restatement of the amount owed.
<b>Out-of-Scope</b>	Paytient	CMS also received comments related to increasing uptake of the Medicare Prescription Payment Plan, which are out of scope for this ICR package.	N/A