



April 29, 2024

Submitted Electronically via <https://www.regulations.gov>

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Administrator Brooks-LaSure,

We, the undersigned organizations, represent diverse patient, survivor, and caregiver populations impacted by cancer and other chronic and rare diseases. Thank you for the opportunity to provide feedback and recommendations on the Centers for Medicare & Medicaid Services' (CMS) Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents.

For many patients living with chronic and rare diseases, such as cancer, lupus, and others, financial barriers that come with managing these diagnoses can be a stressor, especially while navigating the physical symptoms of a disease and treatment. The successful implementation of the Medicare Prescription Payment Plan (MP3) program is critical, and we appreciate that CMS continues to work on ensuring smooth, timely implementation of the MP3 for beneficiaries, their providers, and other stakeholders. The six model notices are instrumental in supporting successful implementation of MP3 as they will be disseminated to Part D enrollees eligible for or considering participation in the Program.

Findings from [the Cancer Support Community \(CSC\) Cancer Experience Registry \(CER\)](#) examining financial toxicity among people with metastatic cancer, with 95% confidence intervals, found that patients experiencing financial toxicity are 5 times more likely to have suboptimal medication adherence. Financial toxicity is a pressing issue for all patients, including those impacted by cancer, and is worsened by confusion within the enrollment process of the MP3 and other programs intended to decrease financial burdens on patients. The recommendations outlined below aim to increase understanding of and adherence to the enrollment process and continued participation, decreasing delays and financial barriers, and therefore maximizing the intended benefits for patients.

For many Medicare beneficiaries, the new flexibility will be among the most direct impacts of the Inflation Reduction Act (IRA). With successful implementation, cost smoothing, along with the new annual out-of-pocket (OOP) cap, will protect beneficiaries from high upfront costs while reducing the

OOP burden of prescription drug costs for Medicare-eligible populations. Our organizations commend CMS for the measures taken to incorporate feedback on these draft documents to maximize Medicare beneficiaries' understanding of this program to encourage understanding and enrollment for patients.

We look forward to working with CMS to incorporate this patient feedback and ensure that all Medicare beneficiaries likely to benefit from the program, and their caregivers, have the necessary information to make enrollment and participation decisions that are best for them. It is our shared goal to amplify and support patients throughout the policy implementation process to increase program participation and overall success. We are pleased to share comments and recommendations incorporating feedback directly from patients, survivors, and caregivers to improve clarity and understanding.

Document 1: Likely to Benefit Notice (“Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan”)

We recommend that this document be revised to include information on where to find the beneficiary's plan's website and phone number. In addition, we recommend providing hypothetical scenarios to clarify how monthly payments are calculated, based on feedback that the calculations to determine whether a beneficiary is likely to benefit are confusing and unclear. This recommendation is similar to what is currently provided in the Summary of Benefits and Coverage Template¹ used by the U.S. Department of Labor.

Lastly, if payments may change every month, we recommend that CMS develops an infrastructure or model to estimate increased costs on upcoming monthly bills to maximize beneficiary understanding, decrease financial toxicity, and reduce stress for patients caused by unknown OOP costs. To mitigate this issue, we propose collaborations with pharmacists to create a system that allows them to estimate the new upcoming monthly cost based on additional prescriptions at the point of sale (POS).

Document 2: Election Request Form (“Medicare Prescription Payment Plan participation request form”)

Based on multiple patients' feedback, there is confusion on when participation takes effect. CMS could improve beneficiary understanding and participation in MP3 by establishing a consistent and mandatory time frame for plans to notify beneficiaries that their participation in the MP3 is active. CMS could further require that plans include participation information as part of the estimated response time for acceptance or denial on the election request form. Additionally, some patients are hesitant to ask for their full Medicare number due to fear of sensitive data leaks, inhibiting participation. We urge CMS to consider only requiring the last four digits of the Medicare number to address these concerns.

¹ <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-template-new.pdf>

Document 3: Notice of Election Approval (“Part D Sponsor Notice to Acknowledge Acceptance of Election to the Medicare Prescription Payment Plan”)

The Notice of Election Approval lacks details beneficiaries may need to ensure compliance with MP3 requirements. We recommend CMS revise the document to clarify whether remaining balances after MP3 termination must be paid by the end of the year and explicitly state the grace period or timeline of payment reminders, including involuntary termination due to missed payments. This additional information will mitigate unexpected surprises and minimize confusion if beneficiaries understand in advance the parameters and expectations for payment.

Finally, as written, it is unclear if beneficiaries who remain in their Part D plan year after year retain participation in the MP3 automatically, unless terminated. If that is not the case, the document should make it clear that participants must opt in each year.

Document 4: Notice of Failure to Pay (“Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan”)

We appreciate that the Notice of Failure to Pay clearly informs beneficiaries that their enrollment in the Part D plan is not impacted by their failure to pay and that the document encourages plans to permit partial payments to enable participants to continue in the MP3.

However, we encourage CMS to outline how beneficiaries can pay by mail by providing the address and mailing instructions of the plan sponsor to provide as many payment options as possible. Additionally, our patients noted that several documents, including the Notice of Failure to Pay, led them to believe that they can make monthly payments for outstanding balances after voluntary termination without specifying an end date. CMS should clarify if the end date for payment of outstanding balances after voluntary termination is December of the plan year.

Document 5: Notice of Involuntary Termination (“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”)

We believe that this document may give beneficiaries the impression that plan sponsors can have different options for paying outstanding balances whereas other documents suggest that beneficiaries can continue to make monthly payments for outstanding balances after leaving the program or changing providers. To increase beneficiary understanding and successful participation in MP3, we recommend CMS reviews all MP3 documents to ensure consistency in wording. We recommend that CMS provides information explaining how to review plan policies and procedures. Lastly, we believe that the document could be improved by including the date that the ‘Failure to Pay’ notice was sent.

Document 6: Notice of Voluntary Termination (“Part D Sponsor Notification of Voluntary Removal from the Medicare Prescription Payment Plan”)

We recommend that CMS outlines re-enrollment options for beneficiaries after their outstanding balance has been paid to promote continued participation and success of the Program. Additionally, we reiterate our previous recommendation to include information on how to pay by mail.

Additional Comments

We greatly appreciate the opportunity to review and provide comments on the MP3 documents. We support policies that improve affordability and help to lower costs for patients, with the goal of decreasing financial burdens and increasing access to lifesaving medications. To that end, MP3 documents outline the requirements of monthly payments, but do not specify a term limit or need for re-enrollment each year. We urge CMS to clarify the term limit for MP3 and also provide reenrollment information.

We thank you for the opportunity to comment on CMS’ Part C and Part D Medicare Prescription Payment Plan Model Documents. We look forward to continuing to work together to ensure that all Medicare beneficiaries have access to the treatments they need without the financial barriers associated with high out-of-pocket costs.

If you have any questions, please contact Daneen Sekoni, MHSA at dsekoni@cancersupportcommunity.org or (202) 659-9707.

Sincerely,

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Association of Cancer Care Centers
CancerCare
Cancer Fashionista Foundation
Caregiver Action Network
FORCE: Facing Our Risk of Cancer Empowerment
LUNgevity Foundation
Lupus and Allied Diseases Association, Inc.
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