



NATIONAL HEALTH COUNCIL

April 29, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) in response to the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan Model Documents information collection request (ICR).

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, equitable, and sustainable health care. Made up of more than 170 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses and organizations representing biopharmaceuticals, devices, diagnostics, generics, and payers.

General Comments

The NHC values CMS's initiatives to enhance the Medicare Prescription Drug Program (Part D) with the out-of-pocket maximum and the Medicare Prescription Payment Plan (MPPP), including through the creation of six model documents aimed at helping Part D sponsors and Medicare Advantage (MA) insurance plans in adhering to new regulatory requirements. Recognizing both the potential benefits and challenges of the MPPP rollout, the NHC views the introduction of these documents as crucial for educating beneficiaries on their options, easing transitions, and possibly lessening the financial impact of prescription costs. While we find these documents generally well-constructed and accessible, there are opportunities for improvement to ensure they fully convey the MPPP's intricacies to all beneficiaries.

The NHC commends CMS for its work in making these materials understandable – a vital component of beneficiary communication and education. However, to amplify their effectiveness, it is essential for CMS to engage more deeply with patient organizations,

including the NHC, on your outreach and engagement strategy and messaging. Such collaboration is key to refining the documents and other strategies to not only meet regulatory standards but to also genuinely reflect the needs and experiences of beneficiaries, ultimately boosting their understanding and participation in the MPPP. The following guiding principles and core recommendations emerged from the NHC's analysis of the model documents:

- **Enhancing Accessibility and Understanding**
 - **Plain Language Use:** We recommend the utilization of plain language across all model documents to ensure they are comprehensible for a broad audience, including individuals with limited health literacy.
 - **Multi-language Availability:** We emphasize the necessity of translating documents and adapting content culturally to meet the needs of non-English speaking beneficiaries, thereby enhancing their understanding and engagement with the MPPP.
 - **Disability Consideration:** We highlight the importance of making documents accessible in formats that accommodate beneficiaries with disabilities, including Braille, large print, audio formats, and ensuring compatibility with screen readers.
- **Beneficiary Engagement and Education**
 - **Direct Engagement:** We recommend establishing a collaborative process that involves beneficiaries and patient organizations in the review and feedback process to ensure materials address real concerns and circumstances.
 - **Educational Outreach:** We suggest the development of supplementary educational resources, such as cost calculators or decision aids, to provide beneficiaries with personalized insights into the financial implications of the MPPP.
 - **Stakeholder Collaboration:** We recommend collaboration with State-based pharmacy associations to enhance educational materials, ensuring they address specific beneficiary needs at the point of service.
- **Continuous Feedback and Improvement**
 - **Feedback Mechanism:** We recommend the creation of a structured feedback loop with stakeholders to gather insights and concerns, enabling timely updates and revisions to the documents.
 - **Periodic Reviews:** We suggest conducting periodic reviews of the MPPP's impact based on quantitative data and qualitative feedback to inform targeted improvements.
- **Communication and Transparency**
 - **Clear Communication:** We emphasize the need for documents to clearly and effectively communicate the nuances of the MPPP to beneficiaries, aiding in their decision-making process.
 - **Fraud Prevention:** We advise incorporating detailed examples within materials to help beneficiaries recognize official correspondence and understand billing statements, thereby preventing potential fraud.

- **Public Awareness**

- **Awareness Campaigns:** We suggest partnering with the patient community for public awareness campaigns to maximize knowledge and participation in the MPPP.

As the health care landscape continues to evolve, the NHC remains dedicated to ensuring that policies and programs like the MPPP are implemented in a manner that prioritizes the needs of patients. While the initiative to develop these model documents is a step in the right direction, continuous monitoring, feedback, and adjustments will be essential to address the challenges and barriers beneficiaries may face in accessing and understanding their health care options. The NHC is committed to working alongside CMS and other stakeholders to ensure that the MPPP serves the best interests of Medicare beneficiaries, particularly those with chronic conditions and disabilities, fostering a more inclusive and equitable health care system. To that end, the NHC offers the following comments.

Emphasis on Beneficiary Engagement

In the deployment of the MPPP and its accompanying model documents, the NHC underscores the importance of direct beneficiary engagement and the involvement of patient organizations in the review and feedback process. This approach is essential to ensure that the documents comprehensively address the real concerns, questions, and circumstances faced by Medicare beneficiaries, particularly those navigating chronic diseases and disabilities. The NHC strongly recommends CMS implement a continuous and collaborative process wherein beneficiaries, patient organizations, and other key stakeholders such as pharmacy entities play a critical role in shaping and disseminating communications to make them more relevant, accessible, and effective.

Engaging beneficiaries and incorporating their feedback and experiences directly into the MPPP's communication strategy are critical to ensuring the program not only meets regulatory standards but effectively addresses the needs of its intended audience. This approach is about more than just enhancing health literacy; rather, it is about making new policy changes clear and accessible to all, especially to older populations who may not engage with digital platforms extensively. These beneficiaries often rely on more traditional forms of communication, like direct interactions with pharmacy technicians, pharmacists, or designated navigators or through paper inserts included in plan mailings. Recognizing this, the NHC emphasizes the need to develop a comprehensive communications strategy that utilizes multiple channels to reach all beneficiaries, ensuring that everyone, regardless of their familiarity with technology or preferred method of receiving information, has access to and can understand the information about the MPPP. By prioritizing such inclusivity, CMS can better fulfill its mission to deliver support and information to all beneficiaries.

Importance of Broad Educational Outreach

The educational and outreach components of the MPPP model documents are crucial to ensure that Medicare beneficiaries fully understand how to navigate the program, appreciate the benefits it offers, and understand the implications of non-payment. Clear,

concise, and accessible materials are fundamental in empowering beneficiaries to navigate the complexities of prescription drug costs under the MPPP.

However, given CMS's primary focus on providing specific materials to those deemed "likely to benefit," we continue to stress the importance of outreach, education, and availability of tools that is as broad as possible in addition to targeted outreach, including through model documents.

In addition to the foundational materials provided, the NHC strongly advocates for the development of **supplementary educational resources, such as cost calculators or decision aids**, that can be integrated with the model documents. These tools, designed with a patient-centered approach, would serve as invaluable assets for beneficiaries, enabling them to visualize the financial implications of participating in the MPPP and to assess how the program aligns with their individual health care needs and financial circumstances. The creation of interactive tools and decision aids acknowledges the diverse needs and preferences of Medicare beneficiaries, ensuring that all beneficiaries, including those with limited English proficiency or disabilities, can benefit from the. By providing personalized insights into potential out-of-pocket costs and savings, these resources would help demystify the program's benefits and encourage more beneficiaries to take advantage of the MPPP's offerings.

Additionally, the MPPP model documents present an excellent opportunity to inform beneficiaries about other significant benefits under Medicare Part D, which may not be widely known. For example, the elimination of copays for recommended vaccines and the introduction of a \$35 monthly cap on covered insulin products are substantial benefits that can aid in managing health care costs and improving health outcomes. The NHC suggests that these benefits be succinctly highlighted within the model documents, potentially in a dedicated subsection that outlines additional resources and benefits available under Medicare Part D. This approach will not only educate beneficiaries about the full spectrum of their coverage but also encourage the utilization of preventative care measures and chronic disease management tools available through Medicare.

The NHC encourages CMS to extend its efforts beyond model documents by collaborating with the patient community to initiate general public awareness campaigns, ensuring widespread knowledge of the program. It is vital to ensure that all Medicare beneficiaries, including those not currently burdened by high prescription drug costs, understand the MPPP's benefits. Given that beneficiaries' health care needs and financial circumstances can evolve, early education about the MPPP's scope and potential benefits is essential. Incorporating a comprehensive overview of the MPPP, explaining its origins, objectives, and long-term benefits, into this educational strategy can ensure that all beneficiaries, regardless of their current medication costs, recognize its value. This approach, complemented by practical tools, will not only foster a more informed beneficiary base but also strengthens community support for and confidence in the Medicare system by addressing the varying needs and circumstances across the beneficiary spectrum. The NHC believes that CMS can, through this comprehensive approach, significantly boost the efficacy of its educational outreach efforts, leading to higher program uptake and satisfaction among beneficiaries.

The NHC recognizes the multifaceted approach needed to effectively educate and engage Medicare beneficiaries about the MPPP. Beyond developing supplementary educational tools and ensuring the comprehensiveness of outreach materials, there is a crucial need for targeted, direct engagement at the point of care. To this end, collaboration with State-based pharmacy associations, leveraging their deep understanding of pharmacy consumerism and the intricacies of pharmacy networks across various states, is essential. This partnership could significantly enhance the educational materials by ensuring they address the specific needs and questions of beneficiaries at the point of service in pharmacies. Such a proactive approach would not only educate pharmacy staff on the nuances of the new policy but also ensure that Medicare consumers are not inappropriately charged or turned away due to misunderstandings about coverage. By integrating the expertise of these associations, the NHC aims to bridge any knowledge gaps and fortify the support system for beneficiaries, thereby enhancing their understanding and engagement with the program and ultimately facilitating a smoother and more informed enrollment process.

Simultaneously, the critical role of local engagement in disseminating information about the MPPP cannot be overstated. By mobilizing networks of Community Health Workers or Health Navigators who collaborate with Community-Based Organizations (CBOs) or Federally Qualified Health Centers (FQHCs), CMS can extend the reach and enhance the effectiveness of the program's messaging, ensuring that it resonates at the community level and reaches consumers who may benefit most. This grassroots approach to education and outreach promises to amplify the impact of the MPPP, fostering a more inclusive and informed beneficiary community.

Enhancing MPPP Documents with FAQs and Real-life Scenarios

To further enhance the clarity and usefulness of the model documents for the MPPP, the NHC suggests that these materials incorporate real-life scenarios and Frequently Asked Questions (FAQs) that reflect the diverse experiences of Medicare beneficiaries. Such content could significantly improve beneficiaries' understanding of the MPPP by providing actionable insights into how the program might affect their prescription drug costs and overall health management. The NHC recommends that all model documents include examples that clearly illustrate how beneficiaries with varying prescription needs could see tangible benefits from enrolling in the MPPP. Such practical demonstrations will simplify complex information and make the benefits of the MPPP more tangible and understandable for all beneficiaries. Moreover, incorporating real-life scenarios provides a relatable context that helps bridge the gap between policy language and the lived experiences of patients, fostering a deeper connection with the program and aids in the comprehension of its features and benefits. FAQs should address common questions and concerns, potentially minimizing confusion and simplifying the process for beneficiaries to find the information they need. To ensure these materials meet the evolving needs of beneficiaries, the NHC recommends that CMS actively engage with a broad spectrum of stakeholders, including Medicare beneficiaries, Part D sponsors, health care providers, and patient organizations. By maintaining a continuous dialogue with these groups, CMS can finely tune the materials to address specific concerns, leading to more effective communications. This ongoing conversation will allow for a dynamic and flexible approach to updating and revising the documents as needed, ensuring the MPPP remains relevant and effectively supports its users.

These enhancements, aimed at incorporating the lived experiences of patients into the MPPP documentation, go beyond merely improving the readability of the materials. They are a critical step towards building trust and transparency between beneficiaries, patient organizations, and health care administrators. By making these modifications, the NHC aims to deepen beneficiary engagement with the MPPP, ensuring that all Medicare recipients have the necessary knowledge and resources to effectively navigate their health care options.

Recommendations for Document Clarity and Accessibility

In advancing the MPPP and ensuring its successful implementation, particular attention must be given to the clarity and accessibility of all associated model documents. The NHC strongly recommends that CMS prioritize the use of plain language in these materials. This approach will facilitate a broader understanding among beneficiaries, catering to the diverse spectrum of individuals the program aims to serve, including those with limited English proficiency (LEP) and disabilities. The essence of clear communication lies not only in simplifying complex legal and health care jargon but also in ensuring that information is direct, engaging, and easily navigable.

It is imperative that these documents are made available in multiple languages and formats, aligning with the inclusivity and accessibility standards set forth in the 2024 Medicare Advantage and Part D Final Rule.¹ This commitment to diversity and accessibility should extend beyond the mere translation of text to include the thoughtful adaptation of content to meet the cultural and contextual needs of non-English speaking beneficiaries. For example, this could involve the creation of culturally tailored informational videos that feature scenarios relevant to diverse communities. These videos could illustrate common situations beneficiaries might encounter, such as navigating prescription drug benefits, and offer guidance in several languages, including sign language. Incorporating visual aids and culturally resonant storytelling can significantly enhance comprehension and engagement, making complex information more accessible and relatable. This approach not only ensures consistency in the information conveyed across different languages and cultures but also directly addresses the diverse informational needs of all beneficiary groups, thereby enhancing understanding and accessibility.

Additionally, ensuring that documents are accessible to those with disabilities involves more than compliance with technical standards; it requires a holistic approach to accessibility that considers the varied ways beneficiaries interact with written materials, including the provision of documents in Braille, large print, audio formats, and ensuring compatibility with screen readers and other accessibility tools. It is equally crucial to guide the consumer through the nuances of this new policy. This includes reiterating what Part D entails and briefly explaining Medicare prescription coverage in its entirety. While it may seem redundant, this step is vital to clarifying any confusion for the general impacted Medicare consumer, ensuring that everyone fully understands the scope and benefits of the policy changes, thereby fostering a more inclusive and informed beneficiary community.

The NHC highlights the critical need for these materials to not only be available in various languages and accessible formats but also to be disseminated through channels that reach beneficiaries where they are. This encompasses a broad spectrum of distribution methods including online platforms, physical mailings, community centers, and health care facilities, to ensure the widest possible reach. To further enhance clarity and safeguard against potential fraud, each model document associated with the MPPP should contain a clear, upfront explanation of its purpose to help beneficiaries understand the required actions. This clarity is crucial to helping beneficiaries navigate their choices effectively. Furthermore, it is essential to incorporate detailed examples within these materials, illustrating what new coverage will entail. This should include samples of the types of bills beneficiaries might receive, clear descriptions of legitimate notices from the Federal government regarding outstanding coverage payments, and the various mediums through which these communications may occur—be it mail, electronically, or by phone. Providing such specific examples serves a dual purpose: it aids beneficiaries in recognizing official correspondence and understanding their billing statements, and it acts as a preventative measure against fraud by informing beneficiaries of the legitimate formats of communication, thereby making it harder for fraudulent entities to exploit any loopholes. By taking these steps, CMS can significantly improve beneficiaries' ability to effectively manage their health care options, while also protecting them from potential scams.

Continuous Improvement

Meeting the evolving needs of beneficiaries requires continuous improvement, a process that extends beyond the launch of the MPPP. To this end, the NHC highlights the crucial role of feedback and engagement from all stakeholders in the Medicare ecosystem — beneficiaries, health care providers, Part D sponsors, and patient organizations — in shaping a program that is truly responsive and beneficial. In light of this, the NHC recommends the establishment of a structured, iterative feedback loop that allows CMS to gather insights, suggestions, and concerns from stakeholders on a regular basis. This process should be transparent and accessible, encouraging open dialogue and the sharing of experiences with the MPPP. Such a feedback mechanism will enable CMS to identify areas of success as well as opportunities for improvement, ensuring that the program remains aligned with its goal of reducing the financial burden of prescription medications for Medicare beneficiaries.

Moreover, the NHC suggests the incorporation of these mechanisms in a manner that allows for the rapid implementation of changes to the MPPP based on stakeholder feedback. This could include regular updates to the model documents, adjustments to program policies, and enhancements to educational and outreach materials. By adopting an agile approach to program management, CMS can ensure that the MPPP remains a dynamic and effective tool in supporting the health and well-being of Medicare beneficiaries.

Additionally, the NHC sees significant value in conducting periodic reviews of the MPPP's impact, utilizing both quantitative data and qualitative feedback to assess the program's effectiveness in meeting its objectives. These reviews should examine not only the administrative and operational aspects of the program but also its effect on beneficiaries' access to necessary medications and their overall satisfaction with the

program. Insights gained from these reviews can inform targeted improvements, ensuring that the MPPP continues to serve as a vital resource for those it aims to help.

Enhancing Procedural Clarity for Beneficiaries

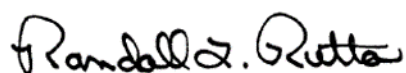
In addition to these improvements, a specific area that requires immediate attention is the process concerning the rights of beneficiaries to be reinstated after termination from the MPPP due to non-payment. Currently, the "Part D Sponsor Notice for Failure to Make Payments" lacks explicit instructions or clarity on how beneficiaries can re-enroll in the MPPP once they have settled their overdue payments. This oversight can lead to unnecessary exclusion from the program, impacting beneficiaries' access to necessary medications. To rectify this, the NHC strongly recommends the inclusion of a new section in the model documents that details the reinstatement process. This section should provide clear, step-by-step guidance on how beneficiaries can regain their enrollment status after fulfilling their payment obligations, thereby ensuring they understand that re-enrollment is possible and the steps they need to initiate it. By making this process transparent and straightforward, CMS can better support beneficiaries in maintaining continuous access to essential care.

Furthermore, to prevent any confusion regarding annual enrollment requirements, we propose the introduction of a 'Year End' notice to be issued to all MPPP participants. This notice should serve to remind beneficiaries that their enrollment in the MPPP does not automatically continue into the next year and that they must re-enroll annually. Additionally, this notice could provide useful information on how to 'close out' their payments for the current year's program, further assisting beneficiaries in managing their health care finances effectively and ensuring clarity about the continuity of their benefits. This proactive communication is crucial for aiding beneficiaries in understanding the annual nature of the program and facilitating a smooth transition into the subsequent year.

Conclusion

The NHC appreciates the opportunity to provide comments to CMS in response to its ICR on MPPP Model Documents. We look forward to continued collaboration with CMS to ensure the successful implementation and ongoing improvement of the MPPP. Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these comments in greater detail. He is reachable via e-mail at egascho@nhcouncil.org.

Sincerely,



Randall L. Rutta
Chief Executive Officer