

June 27, 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) – IRA

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) on the Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare Prescription Payment Plan (MPPP) Model Documents (updated model documents).

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 commends CMS for its efforts in revising the MPPP model documents to enhance clarity, accessibility, and beneficiary engagement. The use of plain language throughout the revised documents is a significant improvement, ensuring that the information is comprehensible to a broader audience, including those with limited health literacy. This enhancement is crucial for making the MPPP more accessible and user-friendly for all Medicare beneficiaries. While the changes made aim to provide clearer guidance and information to beneficiaries, there remains an opportunity to collaborate further with the patient community for broader public awareness campaigns. We continue to urge CMS to work to educate all beneficiaries – not just those deemed likely to benefit from the program – to ensure they are well-informed about the MPPP, which will enhance the program's reach and effectiveness. Additionally, to further enhance the effectiveness of the documents, we recommend the formal establishment of a feedback loop and periodic reviews. These mechanisms would

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ensure that the materials remain dynamic and responsive to the evolving needs of beneficiaries.

We appreciate CMS' inclusion of a Spanish language version of the "Likely to Benefit Notice." This change aligns with the NHC's previous recommendation for multi-language availability and represents a positive step toward making the program more inclusive for non-English speaking beneficiaries. However, to fully meet the diverse needs of all beneficiaries, we encourage CMS to expand this effort to include more documents in additional languages.

The revised documents now provide additional guidance for requesting information in formats such as Braille and large print, reflecting a strong commitment to accessibility for beneficiaries with disabilities. This enhancement is commendable and aligns well with the NHC's previous emphasis on ensuring that all beneficiaries, regardless of their physical abilities, can access and understand the information provided.¹

The inclusion of more detailed explanations of the MPPP and its benefits is another positive change that aligns with the NHC's suggestions for increased educational outreach. However, there remains a need for other supplementary educational tools, such as interactive and customizable cost calculators, to further aid beneficiaries in their decision-making process.

The inclusion of more flexible and customizable sections for sponsors in the revised documents can allow sponsors to tailor the information to make the information more relevant to their beneficiaries. However, while this flexibility can be beneficial, it could also potentially make it harder for beneficiaries to compare plans consistently if there is not uniform language. To address this, CMS could provide guidelines outlining permissible and impermissible content for the customizable sections, ensuring that critical information remains standardized while still allowing for some degree of customization. Alternatively, CMS could create a bank of uniform language that plans can select from for the customizable sections. This approach would ensure that all plans communicate essential information consistently, making it easier for beneficiaries to compare options, while still allowing sponsors to tailor specific details to better meet the needs of their beneficiaries.

Overall, the revised documents have improved the clarity in communicating billing processes, payment calculations, and consequences of non-payment. This addresses the NHC's previous call for clear communication and is crucial for helping beneficiaries understand the financial aspects of the MPPP. Nonetheless, there is still room to incorporate detailed examples within the materials to help beneficiaries recognize legitimate correspondence from their Part D sponsors, aid in fraud prevention, and better understand how the program applies to their individual situations. Please see the NHC's comments in response to Exhibit 3: Notice of Election Approval, for an illustrative example.

¹ National Health Council. (2024). NHC comments RE MPPP Model Documents ICR. Retrieved from https://nationalhealthcouncil.org/wp-content/uploads/2024/04/NHC-Comments-RE-MPPP-Model-Documents-ICR.pdf

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All documents could benefit from detailed examples and scenarios specific to various notices, as well as an FAQ section with a core set of common questions and concerns relevant across all documents. This could include topics such as what the MPPP is, how the program works, how to enroll, what to do if a bill seems incorrect, how to set up automatic payments, and where to find help if there are difficulties making a payment.

For example, in the Notice of Election Approval, detailed examples could illustrate the billing process and the consequences of non-payment. In the Notice of Failure to Pay, examples could demonstrate the steps taken if a payment is missed, and in the Notice of Voluntary Termination, scenarios could explain the implications of voluntarily ending participation in the MPPP. Additionally, document-specific FAQs should be included, addressing concerns such as what to do if a termination notice is received, how to appeal a decision if there is believed to be an error, the steps needed to reapply for the MPPP for voluntary termination notices, and the implications of termination on current and future coverage for non-payment notices.

Providing this information upfront, through detailed examples and a comprehensive FAQ section, would empower beneficiaries to manage their participation in the MPPP more effectively and confidently, helping them navigate the process and avoid unintentional lapses in payment.

Specific Comments

Exhibit 1: Likely to Benefit Notice (English)

The NHC appreciates the expanded guidance and detailed information in the revised version of this notice, especially regarding eligibility, potential benefits, and contact information. The rephrased title and opening statement provide a clearer explanation of the program's benefits, which is essential for beneficiary understanding. This change helps beneficiaries immediately recognize the potential value of the MPPP, making it more likely that they will consider enrolling in the program.

The description of the payment plan has been improved to emphasize the spreading of costs across the calendar year. This change makes it easier for beneficiaries to understand how the payment plan works, which can help them better manage their monthly budgets and alleviate concerns about fluctuating drug costs. By specifying that the payment plan helps manage out-of-pocket Medicare Part D drug costs, the revised document provides more concrete information on how the plan can benefit beneficiaries financially.

The updated resource links, such as the new URL for the MPPP, ensure that beneficiaries can easily access relevant information online. This update is particularly valuable in today's digital age where many beneficiaries seek information on the internet. The inclusion of additional guidance on obtaining information in other formats, such as Braille, large print, and audio, reflects a strong commitment to making the MPPP accessible to all beneficiaries, including those with disabilities. This aligns with the NHC's previous recommendations to improve accessibility and ensures that no beneficiary is left without the information they need to make informed decisions.

The detailed points added to explain situations where the payment option might not be helpful, such as eligibility for Extra Help from Medicare, Medicare Savings Programs, and assistance from other organizations, provide important context for beneficiaries. This helps them understand whether the MPPP is the right choice for their individual circumstances and reinforces the availability of other programs that may better benefit them. However, given CMS' limited beneficiary outreach on other changes to Part D, such as monthly copay caps on certain insulin products or the out-of-pocket (OOP) cap, beneficiaries may be confused and have incomplete information on their potential OOP exposure. Including contextual details on other changes would ensure that beneficiaries have a comprehensive understanding of all the benefit changes to Part D and can make fully informed decisions about their participation in the MPPP.

The updated contact information, which now includes specific instructions on finding the plan's phone number on the back of the membership card, is a practical enhancement. This detail makes it easier for beneficiaries to get in touch with their plans if they have questions or need further assistance. The new signup instructions are clearer and more direct, guiding beneficiaries through the enrollment process more effectively.

While these changes are highly appreciated, the NHC believes there is still room for further improvement. For example, integrating real-life scenarios or examples within the notice could help beneficiaries better understand how the MPPP might impact their specific situations. Additionally, further enhancing the clarity of the cost management explanations and reintroducing details about the cost cap and coverage gap could provide a more holistic view of the benefits and limitations of the MPPP.

Exhibit 2: Election Request

The NHC appreciates the detailed instructions included in the new version of the Election Request form, which offer improvements over the original document. These instructions provide Part D sponsors with guidance on how to use the form, ensuring consistency and accuracy in its implementation across different plans. This clarity is crucial for beneficiaries as it helps them understand how to participate in the MPPP effectively.

The inclusion of a brief description of the MPPP within the form is particularly commendable. This description outlines the voluntary nature of the program and explains how it helps beneficiaries manage their out-of-pocket Medicare Part D drug costs by spreading them across the calendar year. By explicitly stating that the program does not save money or lower drug costs, the document sets realistic expectations for beneficiaries. Additionally, the cautionary note advising beneficiaries who receive help through programs like Extra Help from Medicare or State Pharmaceutical Assistance Programs to consider whether the MPPP is the best choice for them provides valuable context and helps prevent potential misunderstandings.

The revised form offers clearer and perhaps easier submission options, which is a significant improvement. By providing detailed instructions for submitting the participation over the phone, fax, or by mail, and adding instructions for submitting online, the document caters to the diverse preferences and capabilities of beneficiaries. This flexibility ensures that all beneficiaries, regardless of their access to or comfort with

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technology, can easily enroll in the MPPP. Including specific instructions for Part D sponsors to provide contact information for questions or assistance further enhances the form's utility. This ensures that beneficiaries know exactly whom to contact if they need help, reducing potential frustration and improving the overall user experience.

However, while these changes are highly beneficial, there is still room for further enhancement. Supplementary educational tools from CMS, such as interactive and customizable cost calculators or decision aids, would significantly improve the document's utility. These tools could provide beneficiaries with personalized insights into the financial implications of the MPPP, helping them make more informed decisions. For example, an interactive cost calculator could allow beneficiaries to input their current prescription drug costs and see how their payments would be spread out over the year under the MPPP. This type of interactive tool would make the benefits of the program more tangible and easier to understand. We continue to urge CMS to create such a tool that can be used by all beneficiaries.

Additionally, the form could benefit from incorporating real-life scenarios or examples that illustrate how the MPPP works in practice. This could help beneficiaries visualize the program's impact on their specific situations, making the information more relatable and easier to grasp. Clear, step-by-step examples of the enrollment process and potential outcomes would enhance the educational value of the document and further encourage participation.

Exhibit 3: Notice of Election Approval

The NHC acknowledges the detailed instructions and clarity provided in the revised version of the Notice of Election Approval. These improvements are vital for ensuring that beneficiaries fully understand their enrollment status and the implications of participating in the MPPP. The clear communication of these details helps to build trust and confidence in the program.

To further enhance the utility of the Notice of Election Approval, the NHC suggests incorporating a clear statement regarding the nature of enrollment in the MPPP. Specifically, it should clarify whether enrollment is a one-time process that carries over automatically each year or if beneficiaries are required to re-elect annually. This clarification will prevent any potential confusion and ensure that beneficiaries are fully informed about their ongoing participation requirements.

Additionally, the NHC recommends incorporating detailed examples that illustrate the billing process and the consequences of non-payment. These examples could provide clear, practical scenarios that beneficiaries can relate to, helping them to better understand how their monthly bills will be calculated and what actions they need to take to remain in good standing with the MPPP.

For instance, a detailed example could walk beneficiaries through the process of receiving their monthly bill, showing how the total amount due is calculated based on their out-of-pocket costs for prescriptions and any previous balances. This example could also illustrate what happens if a payment is missed, explaining the steps the beneficiary needs to take to avoid removal from the program and the potential financial

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consequences of non-payment. Such practical examples would demystify the billing process and make it more transparent, reducing anxiety and confusion among beneficiaries.

Exhibit 4: Notice of Failure to Pay

The NHC acknowledges and appreciates the improvements made in the revised version of the Notice of Failure to Pay. The inclusion of detailed instructions for Part D sponsors ensures consistency and clarity in the communication process. This is critical for making sure that all beneficiaries receive the same accurate and clear information regarding their payment obligations under the MPPP.

The clarity provided on the grace period and the consequences of non-payment is particularly important. By clearly outlining the timeline beneficiaries having to make their payments and the specific steps that will be taken if payments are missed, the revised notice helps to reduce uncertainty and anxiety for beneficiaries. This clear communication is essential for helping beneficiaries understand their responsibilities and the potential repercussions of non-payment, thereby encouraging timely payments and continued participation in the MPPP.

The flexibility for customization within the document ensures that the information provided is relevant and specific to each beneficiary's plan. This allows Part D sponsors to tailor the notice to include specific contact information, payment methods, and any additional details that might be pertinent to their plan. This customization enhances the relevance of the notice for each beneficiary, making it more likely that they will read and understand the information provided.

However, to further improve the effectiveness of the Notice of Failure to Pay, the NHC recommends incorporating detailed examples that illustrate the payment process and consequences of non-payment. These examples can provide beneficiaries with clear, relatable scenarios that demonstrate what happens if a payment is missed, how the grace period works, and the steps needed to avoid removal from the program. For instance, a detailed example could show a month-by-month breakdown of what happens when a payment is late, including any notices sent, grace periods offered, and final steps before removal from the program.

Exhibit 5: Notice of Involuntary Termination

The NHC appreciates the detailed instructions and clarity provided in the revised version of the Notice of Involuntary Termination. This is critical for ensuring that beneficiaries fully understand the termination process, the reasons behind it, and their options moving forward. The clear communication of these details helps to build trust and transparency, which are essential for maintaining the integrity of the MPPP.

The detailed instructions, particularly regarding the effective date of termination and the payment methods, provide beneficiaries with the necessary information to comprehend the timeline and requirements for their continued participation in the program. By specifying the exact date when the termination takes effect and outlining the payment

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methods available to settle any outstanding balances, the revised document helps beneficiaries plan and take necessary actions to avoid disruptions in their coverage.

However, to further enhance the utility of the Notice of Involuntary Termination, the NHC suggests adding detailed examples that illustrate the steps beneficiaries need to take if they are terminated from the program. These examples could provide clear, practical scenarios that beneficiaries can relate to, helping them understand what actions they need to take to rectify the situation and potentially re-enroll in the MPPP.

For instance, a detailed example could guide beneficiaries through addressing an involuntary termination by demonstrating how to settle outstanding payments, contact their Part D sponsor for assistance, and reapply for the program if eligible. Additionally, it could highlight the need to provide proof of good cause for nonpayment when reapplying, if applicable. This example would also clarify the consequences of nonpayment, such as the loss of benefits, and outline the steps needed to prevent such outcomes. By including such practical scenarios, the termination process becomes more transparent and less daunting, ultimately reducing anxiety and confusion among beneficiaries.

Exhibit 6: Notice of Voluntary Termination

The NHC appreciates the detailed instructions and clarity provided in the revised version of the Notice of Voluntary Termination. This is crucial for ensuring that beneficiaries fully understand the process and implications of voluntarily terminating their participation in the MPPP. The clear communication of the effective date and reason for termination helps beneficiaries plan their actions and understand the immediate impact on their coverage.

The detailed instructions for Part D sponsors ensure consistency and accuracy in the communication process. By providing clear guidelines on how to handle voluntary terminations, the document helps Part D sponsors effectively manage these situations and provide accurate information to beneficiaries. This is essential for maintaining the integrity of the MPPP and ensuring that all beneficiaries are treated fairly and consistently.

The inclusion of multiple options for explaining the reason for voluntary termination and future participation significantly improves the document's usability and clarity. These options provide a tailored approach to different scenarios, ensuring that beneficiaries receive information that is relevant to their specific situation. This flexibility is particularly important for addressing the diverse needs and circumstances of Medicare beneficiaries.

However, to further enhance the utility of the Notice of Voluntary Termination, the NHC recommends incorporating detailed examples and scenarios to help beneficiaries understand their rights and responsibilities upon voluntary termination. These examples can provide clear, relatable scenarios that demonstrate what happens when a beneficiary decides to voluntarily terminate their participation in the MPPP and the steps they need to take to manage their prescription drug coverage effectively.

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For instance, a detailed example could walk beneficiaries through the process of voluntarily terminating their participation, showing how they can notify their Part D sponsor, settle any outstanding payments, and transition to alternative coverage options if needed. This example could also illustrate the potential consequences of voluntary termination, such as the loss of certain benefits or the need to reapply for the program in the future. Such practical examples would demystify the voluntary termination process and make it more transparent, reducing anxiety and confusion among beneficiaries.

Conclusion

The NHC appreciates the improvements CMS has made in revising the MPPP model documents. These changes address many of our initial recommendations and improve clarity, accessibility, and beneficiary engagement. However, we believe there is still room for further enhancement, particularly in providing supplementary educational tools such as an interactive cost calculator, incorporating detailed examples, and expanding multi-language availability. We look forward to continuing our 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, at egascho@nhcouncil.org if you or your staff would like to discuss these comments in greater detail.

Sincerely,

Randall L. Rutta

Chief Executive Officer

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