NATIONAL HEALTH COUNCIL

IPAY 2028
PATIENT AND PROVIDER TOOLKIT

Helping patient and provider organizations engage effectively in the Medicare Drug Negotiation Program (MDNP).

Purpose of This Toolkit

This toolkit equips patient and provider organizations with practical guidance, timelines, and tools to participate meaningfully in the Medicare Drug Negotiation Program (MDNP) for the Initial Price Applicability Year 2028 (IPAY 2028). IPAY 2028 represents the first negotiation cycle to include Medicare Part B drugs, increasing the impact and complexity of patient engagement. Early preparation will be essential to ensure community voices inform negotiation decisions. This toolkit outlines when and how organizations can share patient and provider perspectives with the Centers for Medicare & Medicaid Services (CMS) and highlights how the National Health Council (NHC) will support members throughout the process.

Upcoming Webinars and Resources

To help patient and provider organizations prepare, the NHC will host two key webinars:

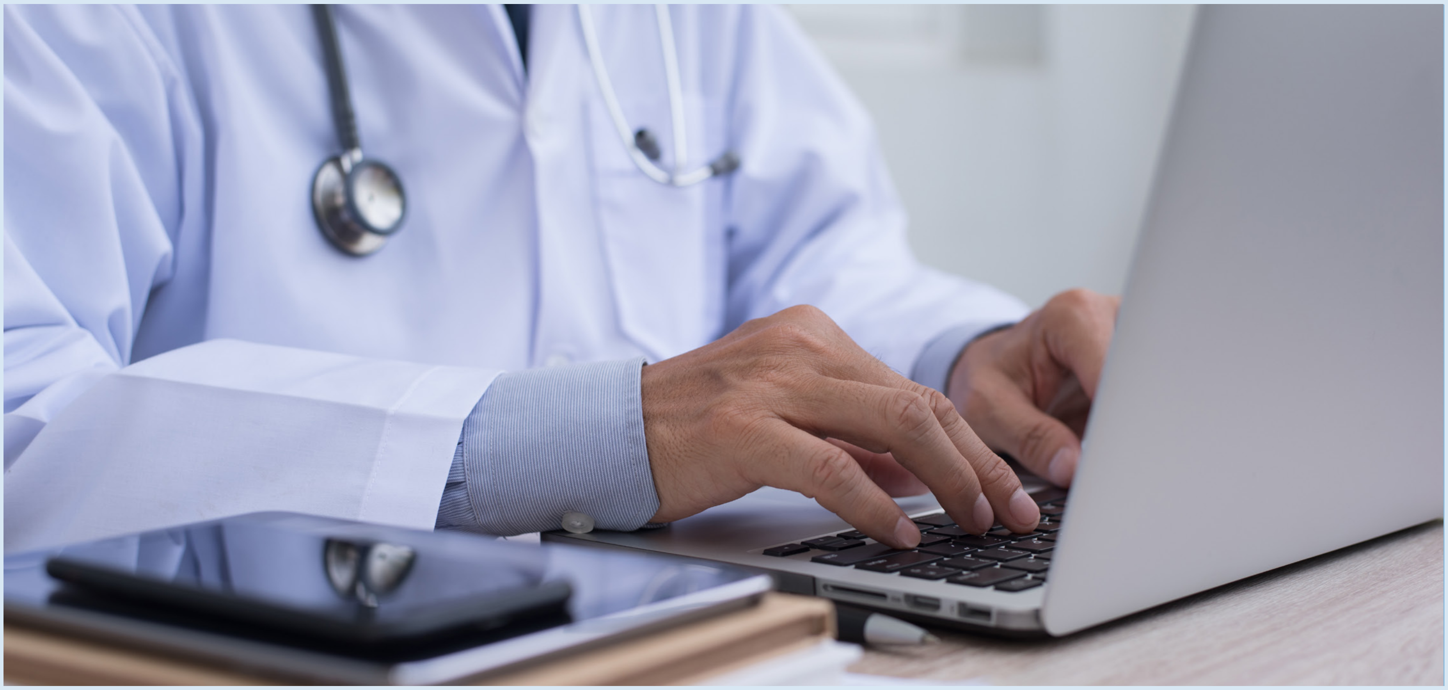
December 18 at 2:00 p.m. ET – Sharing Patient Experience and Introducing the NHC Toolkit.

- The NHC will highlight patient experiences and unveil this new toolkit to guide organizational and individual advocate engagement.

January 22 at 11:00 a.m. ET – CMS-NHC Joint Webinar on Patient Engagement in the Next Round of Negotiations.

- CMS officials will outline the process for patient engagement opportunities for the next round of Medicare drug price negotiations — the first to include Medicare Part B drugs.

The formal guidance on how patients can provide input is expected by the end of 2025, and the list of 15 drugs to be negotiated will be released by February 1, 2026. These webinars will help patient groups understand the process, plan early, and coordinate submissions and participation across the community.



Timeline Overview: Key IPAY 2028 Dates

Date	Milestone	Recommended Organizational Action
2025		
Sept. 30	CMS releases IPAY 2028 Guidance	Begin internal review and map priority therapeutic areas
Oct. 3	Final IPAY 2028 Guidance published	Assign internal point of contact and tracking lead
Late Fall	2025 CMS issues revised Information Collection Request (ICR)	Prepare preliminary data sources and patient story capture tools
Dec. 18	NHC webinar: Sharing Patient Experience & Unveiling Toolkit	Register and distribute materials internally
2026		
Jan. 22	NHC-CMS webinar on patient engagement process	Identify potential speakers and data contributors
Feb. 1	CMS publishes list of up to 15 drugs for negotiation	Activate rapid-response preparation for relevant drug areas
Feb. 28	Manufacturers sign participation agreements	N/A
Mar. 1	Deadline for public ICR submissions	Submit response or finalize coordinated submission via the NHC
Spring	CMS hosts listening sessions and roundtables	Nominate patient and provider speakers and prepare statements
Summer	NHC debrief to inform CMS feedback	Designate one participant
DATE TBD	Negotiation offer and counteroffer period	Track updates and maintain engagement readiness
Nov. 30	Final negotiated prices published	Document lessons learned and prepare for next cycle
2028		
Jan. 1	Negotiated prices take effect	Disseminate policy implications to community members

The Role of Patient Engagement

Patient engagement ensures that CMS decisions reflect real-world experiences and values. Organizations may participate in two complementary ways:

- **Written engagement** – responding to the Information Collection Request (ICR)
- **Direct engagement** – joining listening sessions, roundtables, or town halls

Both channels amplify the patient voice, combining data-driven evidence with human stories. Patient input is a required consideration under the law, strengthening the regulatory relevance of participation.

Information Collection Request (ICR)

The ICR is CMS's formal, written mechanism for collecting structured stakeholder input during the negotiation process. It allows patient and provider organizations to submit quantitative and qualitative patient experiences, treatment value, and access barriers.

Timing

- Released after CMS publishes the list of selected drugs
- CMS typically provides a 30-day response window
- The NHC will issue a draft template and aligned messaging to support coordinated responses

What to Include

- Patient-centered evidence (lived experiences, treatment value, unmet needs)
- Access and affordability barriers
- Other barriers impacting specific demographic or clinical populations
- Caregiver impact
- Supporting materials (surveys, focus groups, registries, provider letters, data tables)
- Treatment burden, comorbidities, and adherence challenges
- Patient-reported outcomes or quality-of-life data, if available

Tips

- Follow CMS's template to ensure data alignment
- Note any deviations clearly, as format departures may reduce weight or acceptance
- Confirm submission receipt for tracking
- Coordinate through the NHC's Policy Team
- Join the NHC Debrief Roundtable (to be scheduled) to refine collective recommendations

Listening Sessions / Roundtables / Town Halls

These interactive sessions allow patients and providers to speak directly with CMS staff about their lived experiences with the drugs under review.

Choosing to Engage

- Consider the relevance of the drug to your community
- Assess bandwidth and patient availability
- It's acceptable — and encouraged — to participate in both ICR and listening sessions
- Prioritize representation that reflects real-world treatment variation

Identifying & Preparing Patient and Provider Participants

- Recurit 2–3 diverse patients or providers per drug area; Medicare status is not required
- Host prep calls to review 2–3-minute statements covering diagnosis, treatment journey, impact, access barriers, and caregiver experience
- Provide emotional support and framing tools — sessions often involve personal disclosure

During & After the Session

- Encourage authentic conversation over scripted remarks
- Capture key themes and questions for future feedback
- Compile speaker notes immediately following the sessions
- Participate in the NHC post-session debrief to help shape recommendations that will be presented to CMS

NHC Support for Members

Throughout the IPAY 2028 cycle, the NHC will:

- Host educational webinars and “office hours”
- Provide templates and aligned language for ICR submissions
- Offer communications and technical support for participating patients and providers
- Coordinate shared feedback through the NHC roundtables and policy update meetings
- Convene a post-cycle debrief/roundtable to strengthen future engagement
- Maintain a shared resource repository of templates, examples, and structured talking points

Checklist: What Patient Organizations Can Do Now

☐ Review the IPAY 2028 timeline and add internal reminders.

☐ Assign internal point(s) of contact for tracking developments.

☐ Join the NHC’s Government Relations Action Team (GRAT) and access key contact information for NHC policy staff.

☐ Prepare to collect patient experiences or data relevant to expected drugs.

☐ Plan whether to engage via ICR, listening sessions, or both.

☐ Register for the January webinar.

☐ Coordinate with peer organizations for aligned messaging.

☐ Track all engagement activities for inclusion in the NHC debrief session.

☐ Develop reusable story-capture forms and draft testimony frameworks.

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