



Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

July 14, 2025

Submitted via <http://www.regulations.gov>

RE: Agency Information Collection Activities: Proposed Collection; Comment Request CMS–10882

Dear Administrator Oz,

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the revised model documents for the Contract Year (CY) 2026 Medicare Prescription Payment Plan program per the **Agency Information Collection Activities: Proposed Collection; Comment Request CMS–10882**, published on May 13, 2025.

MAPRx is a national coalition of beneficiary, caregiver, and healthcare professional organizations committed to improving access to prescription medications and safeguarding the well-being of Medicare beneficiaries with chronic diseases and disabilities. The MAPRx Coalition is pleased to provide CMS with our comments on the revised Medicare Prescription Payment Plan model documents.

We commend CMS for making important changes to the model documents to provide more clarity about the Medicare Prescription Payment Plan, the purpose of the documents and to improve readability and accessibility, including the addition of Chinese, Vietnamese and Korean language version of the Likely to Benefit Notice, among other changes.

These improvements are aligned with recommendations included in our previous comments and are important to help beneficiaries understand this benefit, determine whether it is right for them, and understand their obligations. Given the critical role the Medicare Prescription Payment Plan can play in alleviating financial burdens for beneficiaries and because the Medicare Prescription Payment Plan is relatively new and has low beneficiary awareness and uptake, we are making additional recommendations for improvements.

We urge CMS to develop and implement a process to further engage with stakeholders about the program and model materials to get their feedback on overall program improvements and edits to the model documents. Beyond the model materials, we implore CMS to look for ways to partner with key stakeholders like health care providers, pharmacists, pharmaceutical manufacturers, patient organizations and plans to broaden awareness of the Medicare Prescription Payment Plan program and its potential benefits for patients. The CY 2025 roll-out has seen limited program uptake and awareness. A survey by the PAN Foundation found only 25 percent of Medicare beneficiaries are aware of the Medicare Prescription Payment Plan and 41% of those individuals do not understand it well. In other words, only 10% of beneficiaries feel they understand the Medicare Prescription Payment Plan.¹

Additionally, as we mentioned in previous comment letters, we believe CMS should consistently engage State Health Assistance Insurance (SHIP) counselors on these documents, as they work with Part D beneficiaries daily and have visibility into their challenges with Part D.

Clearly Describing the Purpose and Source of the Mailing

We appreciate CMS that the Likely to Benefit Notice (Exhibit 1), Election Request Form (Exhibit 2), Notice of Election Approval (Exhibit 3) and Notice of Participation Renewal (Exhibit 7) each include an upfront, concise overview of the Medicare Prescription Payment Plan. However, we believe this upfront section should be included for all model documents – including the Notice of Failure to Pay (Exhibit 4) and Notices of Involuntary and Voluntary Termination (Exhibits 5 and 6.)

Given patients’ potential confusion around this relatively new program, MAPRx believes that each of the other model documents should educate or at least remind the recipient about the basics of the program. Without this overview, we are concerned beneficiaries will be confused when receiving one of these documents. By including a brief description of the Medicare Prescription Payment Plan at the outset of each document, beneficiaries will be able to orient themselves to the purpose of the specific document, thereby better understanding the purpose of the document and the action they may need to take.

In addition, to further help beneficiaries understand the purpose of the mailing, the subject of each document should be consistent and not merely suggested. For example, “Exhibit 4 – Part D Sponsor Notice for Failure to Make Payments under the Medicare Prescription Payment Plan” includes a suggested title to introduce the document. A standardized subject and “Why am I receiving this document?” section that includes a brief description of the Medicare Prescription Payment Plan and the purpose of the document (failure to make payment, voluntary disenrollment, etc.) would set the objective of the document from the start and provide additional clarification.

¹ PAN Foundation, “PAN Foundation poll finds awareness of new Medicare Part D reforms has increased, but more education and outreach still needed,” March 18, 2025. <https://www.panfoundation.org/pan-foundation-poll-finds-awareness-of-new-medicare-part-d-reforms-has-increased/>

To that end, we also believe the model documents should clearly state that they originate from the beneficiary's Part D plan sponsor and include the plan's logo unless it is distributed at the point of sale by the pharmacy.

We are concerned beneficiaries may review the documents and not recognize they were sent by their Part D plans, thereby potentially disregarding the information. Beneficiaries receiving that document may confuse it with so-called "junk mail" and not give it the attention it needs, a possibility that is especially concerning given the large amount of Medicare Advantage-related mail that beneficiaries often receive.

We believe plans should be strongly encouraged to brand the document with their logo and to consider making it a requirement that plans include logos on materials in through future rule-making. In addition, the model materials should be revised to include an upfront summary of the purpose of the document will increase the chance that beneficiaries recognize the importance of the information and, therefore, be more likely to act.

Building more patient protections into the model documents

The patient protections that Congress and CMS embedded in the Medicare Prescription Payment Plan are key to program's success. MAPRx believes that the model documents should better highlight the patient protections built into the program; otherwise, beneficiaries may elect to not opt into the program or fail to make a timely payment after receiving a late payment notice. This information is included in the Notice of Failure to Pay but could be carried over, in part, to other model materials.

MAPRx suggests the following patient protections should be more clearly highlighted in the model documents, but especially in the Notice of Participation Renewal.

- Grace period of at least 2 months if a beneficiary has failed to pay a monthly billed amount
- Part D sponsors must reinstate an individual who has been terminated from the plan if the individual demonstrates good cause for failure to pay their program bill within the grace period and pays all overdue amounts billed
- Appeals process
- Meaningful procedures for the timely hearing and resolution of grievances

Ensuring accessibility to the model documents

As Part D plan sponsors will send these documents to many beneficiaries, it will be important to ensure the documents are accessible to all Part D beneficiaries. While MAPRx appreciates that CMS created multiple-language versions of the Likely to Benefit Notice, we encourage the agency to supply similar multiple-language versions of **all** model documents.

Model document-specific feedback

In addition to the above feedback for all model documents, MAPRx offers proposed enhancements to each specific resource.

Exhibit 1: Likely to Benefit Notice

Of the model documents, this resource may be the most important one as it seeks to educate prospective participants on their likelihood to benefit from the program. We applaud CMS in creating an overview of the Medicare Prescription Payment Plan. This notice may be the first time a prospective Medicare Prescription Payment Plan participant reads about the program, and it will be critical that they have a foundational understanding of this program.

In the “How will my costs work?” section of the notice, there is language to explain the mechanics of the program. We believe the notice should more clearly explain the impact of not enrolling. We propose adding a sentence like this one: “If you do not elect into this new program, you may be responsible for paying up to the annual plan maximum amount of \$2,100 at one time if you are prescribed a high-cost medication.” An explanation of the maximum out-of-pocket cap would also be helpful to beneficiaries.

Furthermore, for prospective participants to understand the benefit of the Medicare Prescription Payment Plan and to show how it might help them, we suggest including example calculations following the brief overview of the program in this document. Seeing a clear example of how a beneficiary could benefit from the Medicare Prescription Payment Plan may increase the likelihood he or she may enroll in the program.

While we appreciate previous revisions and the need to keep the document succinct, it now lacks information on who the program might not be right for. For example, patients that rely on other forms of prescription drug coverage such as AIDS Drug Assistance Programs (ADAPs), State Pharmaceutical Assistance Programs (SPAPs) or other state programs, charitable assistance, or who receives Extra Help may not benefit from the program.

Exhibit 2: Election Request

MAPRx appreciates CMS creating a concise form for opting into the Medicare Prescription Payment Plan. While we believe this form will be effective to facilitate enrollment into the program, we believe it is important for beneficiaries to have a sense of when the plan will finalize enrollment. The form says that the enrollment is not complete until notice is given but for beneficiaries who are waiting to fill a prescription until they are participating in the program, this is not sufficient. We suggest adding language outlining the timing by when prospective participants should hear from the plan or when they should contact the plan to inquire about their enrollment status.

Exhibit 3: Notice of Election Approval

MAPRx appreciates CMS devising a notice to inform participants that they are enrolled in the Medicare Prescription Payment Plan. At the beginning of the form, CMS provides this optional text: “Part D sponsors may insert a title for the notice, such as ‘You’re now participating in the Medicare Prescription Payment Plan.’” This is plain language that beneficiaries at all literacy levels are likely

to understand, so we believe this sentence should be strongly encouraged and CMS should consider making it a requirement through future regulation.

There are several modifications that may be helpful to incorporate into the form. There is no information on how the bill can be paid (online, mail, phone, using a check or credit card, etc.). In the “What happens if I don’t pay my bill?” section, the form should introduce the grace period and its overall timing of two months. In the “Can I leave the Medicare Prescription Payment Plan?” section, the language should explicitly state that beneficiaries do not have to pay the remaining balance immediately upon disenrollment.

Exhibit 4: Notice of Failure to Pay

Like the other documents, MAPRx believes this document should offer a concise overview of the program. Beneficiaries who have not paid may be unsure of the benefit so reminding them of what they signed up for is critical.

As this notice seeks to inform Medicare Prescription Payment Plan participants of a late payment, we recommend that CMS strongly encourage the Part D plan to send the latest monthly billing statement—which includes information such as total drug costs, dates the prescription(s) were filled, at what pharmacy, patient OOP portion, portion paid by plan, amount remaining in annual \$2,000 OOP max—so participants have a clear understanding of their costs and responsibilities. Sending the latest monthly billing statement could be made a requirement in future rulemaking.

The language in the second paragraph of the “What Happens if I don’t Pay My Bill” section is confusing because it refers to bill and premiums. This may lead some beneficiaries to confuse the two payments. We would suggest starting the question with the last sentence, “As long as you continue to pay your plan premium (if you have one), you’ll still have drug coverage through [plan name].” Then the answer should continue with language that clarifies that premiums are separate billing for the program with. For example, the language could say, “if you do not pay your outstanding bill for your out-of-pocket drug costs...” with a reference to the amount owed in the monthly billing statement. Beyond patients, caregivers may be assisting beneficiaries with their correspondence and clear, comprehensive communication can improve delinquent payments.

Exhibit 5: Notice of Involuntary Termination

MAPRx believes the Notice of Involuntary Termination is a critical resource to inform beneficiaries they have been involuntarily disenrolled due to failure to pay. We offer a modification; we believe the statement “As of <effective date>, you’ll pay the pharmacy directly for all your out-of-pocket drug costs” might confuse disenrolled participants into thinking they have to pay 100% in OOP costs without any coverage from their plan. Therefore, we suggest making it clear that they would have to pay the pharmacy for their OOP share of cost after the plan pays its share.

Exhibit 6: Notice of Voluntary Termination

MAPRx appreciates CMS including additional optional language for plans for different scenarios in which a participant may leave the program. However, MAPRx requests CMS include language

informing the patient of the amount already applied to their OOP cost. We also recommend including a “What happens if I don’t pay my balance” section.

Exhibit 7: Notice of Participation Renewal

MAPRx applauds the decision to allow autoenrollment of participation in the Medicare Prescription Payment Plan and the development of this Notice of Participation Renewal. We request that the “What programs can help lower my costs?” include the more comprehensive suggestions found in the Notice of Election Approval and the Notices for Voluntary and Involuntary Disenrollment including language on Extra Help, Medicare Savings Programs, SPAPs and PAPs.

Overall Feedback on the Medicare Prescription Payment Plan Program:

MAPRx appreciates CMS’ work on these model documents but, beyond these efforts, more needs to be done to educate beneficiaries and allow them to easily utilize this benefit. To this end, we believe CMS should:

- Require plan sponsors to include Medicare Prescription Payment Plan information and the election mechanism prominently on their Medicare website home page to ensure the greatest number of beneficiaries view the information
- Require Part D plans to ensure the election mechanism on plan websites is easy to navigate, certainly no more difficult than enrolling in the plan
- Adopt a standardized auditing process of the Medicare Prescription Payment Plan, which would promote consistency of reviews and also provide Part D sponsors with a clear example of implementing and administering an effective Medicare Prescription Payment Plan
- Establish the threshold for targeted outreach to be based on cumulative costs, not a cost threshold for a single prescription CMS’ own data also show that a lower threshold of \$400 would result in targeting 2.9 million beneficiaries who “might” benefit and would result in informing 2,600,000 (90% success rate) who “actually” would benefit. This would empower beneficiaries to make a decision that works for them in the current year but also have broader awareness as their circumstances change.
- Offer a clear enrollment mechanism on the Plan Finder website, similar to what is used to enroll into a Part D plan today
- Produce and deploy public service announcements from Medicare at waiting rooms at healthcare facilities such as physician offices, federally qualified health centers, etc.
- Require all Part D plans to offer a pharmacy point of sale election as soon as possible, but no later than CY 2027

Conclusion

Thank you for your consideration of our comments on the Medicare Prescription Payment Plan model documents. The undersigned members of MAPRx appreciate your leadership to improve beneficiary access and affordability in Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvglc.com.

Sincerely,

AiArthritis

Alliance for Aging Research

Alliance for Patient Access

American Association on Health and Disability

American Cancer Society Cancer Action Network

American Kidney Fund

Arthritis Foundation

Autoimmune Association

Bone Health and Osteoporosis Foundation

Coalition of Skin Diseases

Eosinophilic & Rare Disease Cooperative

Epilepsy Foundation of America

GO2 for Lung Cancer

HealthyWomen

HIV + HEP Policy Institute

International Myeloma Foundation

Lakeshore Foundation

LUNGevery Foundation

Lupus and Allied Diseases Association, Inc.

Lupus Foundation of America

Mental Health America

Muscular Dystrophy Association

National Alliance on Mental Illness (NAMI)

National Council on Aging

National Eczema Association

National Kidney Foundation

National Psoriasis Foundation

PAN Foundation

RetireSafe

The AIDS Institute

The Headache and Migraine Policy Forum

The Leukemia & Lymphoma Society

The National Multiple Sclerosis Society

Triage Cancer