



June 27, 2024

Dr. Meena Seshamani
Director, Center for Medicare
Deputy Administrator, Centers for Medicare & Medicaid 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 Dr. Seshamani:

Our organizations, the Alliance for Aging Research ([AAR](#)) and the Patient Access Network Foundation ([PAN Foundation](#)), appreciate the ongoing opportunity to work with the Centers for Medicare & Medicaid Services (CMS) on implementing critical elements of the Medicare Prescription Payment Plan (M3P). We thank CMS for the opportunity to comment on the latest model documents for implementing the M3P through the Medicare Plan Finder Enhancements for Contract Year 2025 notice. Our comments to the model documents are attached as Appendix A and briefly summarized below.

Comments on Model Forms and Education Materials

We have included as Appendix A redlined versions of the forms that provide recommendations to help beneficiaries to better understand the M3P program, how they may benefit, their payment responsibilities, and protections to ensure appropriate access to the program. Before the forms are finalized, we urge CMS to incorporate language that reflects the following:

- Reiterating in each form the specifics of the M3P program and relevant changes in the Medicare Part D program, including:
 - stating it is a program offered by all Medicare Part D plans,
 - stating individuals will never pay more than \$2,000 in out-of-pocket costs in 2025,
 - explaining the grace period, and
 - explaining the grievance process and ability to be reinstated for “good cause,” per Section 80.2.2 of the final Part D guidance for the M3P.
- Including “charitable foundations” in each form that lists other programs that may help lower a beneficiary’s costs. The forms include pharmaceutical company sponsored patient assistance programs (PAPs) and we urge a similar inclusion of charitable foundation assistance programs that serve a related function in providing financial assistance to eligible Medicare beneficiaries to access their medications. We further encourage CMS to include charitable foundations as a resource on relevant pages on Medicare.gov, such as <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs>.
- Clarifying when and how you can rejoin the M3P after being removed from the program. Materials should note that Part D plan sponsors must have a reinstatement process in place to allow

individuals to resume participation in the Medicare Prescription Payment Plan and provide complete information on the required steps for reinstatement.

We again highlight that the pharmacy point of sale (POS) notification. While this requirement is in statute and Part D enrollees likely to benefit should be notified, the lack of a POS enrollment will limit the effectiveness of this notice and represents a missed opportunity for opting into M3P.

We again encourage CMS to develop a standardized form for plans to send to beneficiaries enrolled in the M3P at the end of the calendar year. This form should include:

- Notice that the beneficiary will need to re-enroll in the M3P with their selected plan for the following year – even if they are remaining with the same plan – in order to continue to use the program.
- Information about how to make their final payment for the M3P for the current year, including information about the grace period and grievance process.


In the absence of a separate form, we ask CMS to incorporate the proposed edit (listed as Option 4) in Exhibit 6, the Notice of Voluntary Termination, that notes that participants must re-enroll in order to participate in the M3P in the following plan year.

Lastly, we reiterate that CMS should ensure that plans are able to walk beneficiaries through specifics of the M3P program either by phone or through the plan's website. As we suggested before, one idea that may help with this is to include an easy-to-understand infographic of how enrollment in the M3P program will benefit the beneficiary as well as a flow chart of the mechanics of the benefit. We encourage CMS to provide information publicly on the agency's plans to produce additional educational materials on the M3P to assist other stakeholder organizations in the planning and development of supplemental materials on the M3P.

Next Steps and Conclusion

Thank you again for the opportunity to comment on these model forms and education materials. We look forward to continuing our partnership with CMS to ensure that beneficiaries can easily access and benefit from these essential policy reforms. If you have questions about these recommendations or would like to discuss further, please contact us at mward@agingresearch.org or aniles@panfoundation.org.

Sincerely,



Michael Ward
VP of Public Policy and Government Relations
Alliance for Aging Research



Amy Niles
Chief Mission Officer
Patient Access Network Foundation

Attachment