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January 17, 2025

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly [CMS-4208-P; RIN 0938-AV40]

Dear Administrator Brooks-LaSure,

On behalf of The Patient Access Network (PAN) Foundation, one of the nation's largest charities, I write to provide comments on the proposed rule to revise the Medicare Advantage (MA) Program, Medicare Prescription Drug Benefit Program (Part D). We appreciate the continued commitment to strengthening these important programs for seniors and those with disabilities.

As a leading charitable foundation and healthcare advocacy organization, the PAN Foundation is dedicated to accelerating access to treatment for those who need it most and empowering patients on their healthcare journeys. We provide critical financial assistance for treatment costs, advocate for policy solutions that expand access to care, and deliver education on complex topics—all driven by our belief that everyone deserves access to affordable, equitable healthcare.

Since 2004, our financial assistance programs have helped more than 1.2 million people to start or stay on life-changing treatment. In addition, we've achieved major policy victories that increase access to care, mobilized patient advocates to call for change, and educated people nationwide on critical healthcare-related topics. We're committed to working towards a future where equitable health outcomes are a reality for all.

### **Medicare Prescription Payment Plan (MPPP)**

PAN has long advocated for Medicare Part D enrollees to have the ability to smooth out their prescription drug out-of-pocket costs rather than be faced with high costs in January. Adding some level of predictability is a boon to enrollees on fixed monthly incomes. As a new patient-centered component of Medicare Part D, it is essential that Centers for Medicare and Medicaid (CMS) and Part D plans educate Medicare beneficiaries about this new payment option. Because smoothing is set up as a voluntary program and beneficiaries must reenroll each year, it is critical that its availability and benefits are clearly communicated, especially to patients

with high prescription drug costs. The Centers for Medicare and Medicaid (CMS) must implement robust outreach and education efforts to ensure that patients are aware they can voluntarily enroll in the smoothing program. Polling from PAN's Center for Patient Research highlights the need for continued education on Medicare Part D reforms for beneficiaries. According to our national survey, most people enrolled in Medicare (87%) have not seen, read, or heard anything about the upcoming Medicare Part D reforms.<sup>1</sup> This gap in awareness presents an opportunity for stakeholders to support the older adult and disability communities in the enrollment process and help beneficiaries understand how the plan will help them manage their prescription drug payments.

Our recommendations on strengthening the MPPP is as follows:

- **Codifying program requirements for 2026 and beyond**

PAN supports CMS in pursuing rulemaking to codify the requirements of the existing MPPP guidance for 2026 and subsequent years. While the IRA allowed for the implementation of MPPP through guidance, codifying the requirements would provide an annual opportunity to review the program's performance and revise the requirements as lessons are learned during the implementation phase of the program and beyond.

- **Modifying the grace period**

CMS proposes to modify the timing requirements for the grace period. Specifically, in the final part one guidance, the grace period must begin on the first day of the month for which the balance is unpaid or the first day of the month following the date on which the payment is requested, whichever is later. CMS is proposing to change the date on which the grace period must begin to the first day of the month following the date on which the initial notice is sent. PAN agrees with CMS that this would simplify the timing requirements for the notice of nonpayment and the required grace period. Simpler is better in this case given the complexity inherent in the program.

- **Automatic election renewal process**

CMS is proposing an automatic election renewal process that extends a Part D enrollee's participation in MPPP program for the next calendar year, unless the enrollee opts out. PAN strongly support this proposal. Allowing beneficiaries to automatically renew participation in MPPP removes a hurdle they would have to take every open enrollment period (assuming they remain in the same plan). This policy will especially help beneficiaries with chronic diseases, who may need assistance accessing high-cost medications in January of a new plan year. Since beneficiaries can disenroll from the MPPP program at any time, there is little downside to this proposed change.

- **Real-time enrollment via phone or web**

PAN appreciates CMS' efforts to investigate and research the logistical challenges of MPPP enrollment at the point-of sale (POS). PAN continues to urge CMS to pursue this option as soon

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<sup>1</sup> PAN Foundation. "[Medicare Reform Awareness Research Among Medicare Beneficiaries.](#)" July 2024.

as feasibly possible. In the meantime, PAN appreciates CMS is seeking an interim solution through the potential requirement for Part D sponsors to effectuate election requests received via phone or web in real-time for 2026 or future years. This would allow those wanting to opt-in the ability to step away from the pharmacy counter to enroll in the MPPP via phone or web and then return to the pharmacy counter to pick up their medications. While this may work for some tech-savvy Part D enrollees and pharmacies with strong wifi, many others are likely to abandon their medications until they can get assistance in opting into the MPPP.

Again, PAN strongly urges CMS to effectuate a POS enrollment option as soon as possible. Pharmacy-based enrollment provides a critical, real-time solution for beneficiaries who may lack access to or familiarity with digital platforms, ensuring they can seamlessly enroll when their healthcare needs are most immediate. This approach not only reduces administrative burden for beneficiaries but also fosters inclusivity by addressing the unique challenges faced by underserved populations, such as older adults, individuals in rural areas, and those with limited internet connectivity. By leveraging the trusted role of pharmacists and the accessibility of pharmacy locations, this enhancement would significantly reduce enrollment barriers and ensure timely access to life-saving medications.

- **Additional Enhancements to MPPP**

PAN appreciates CMS's continued outreach and collaboration with stakeholders on the implementation of MPPP. We urge the agency to continue partnering with patient and provider organizations to gauge the impact of and explore enhancements to the MPPP. While not specifically addressed in this proposed rule, PAN supports the following enhancements to the MPPP program:

- CMS should expand educational outreach efforts for the 2026 program year to ensure that beneficiaries that are likely to benefit are fully informed about MPPP's benefits. Strengthening plan requirements around beneficiary communication is essential for widespread awareness and engagement.
- Enrollment options should be broadened to include seamless processes, such as enrolling through the Medicare Plan Finder or re-enrolling automatically for each new plan year.
- Release data on MPPP participation and modify the Part D plan deadline for MPPP reporting to occur on a more regular basis (e.g., quarterly) rather than simply the quarter following a given plan year (as outlined in the final Part D reporting requirements HPMS memo released on December 5, 2024)
- Provide transparent reporting on prescription drug event (PDE) data associated with those enrolled in MPPP to enable stakeholders to understand how we can best serve the agency in closing gaps in enrollment among patient populations who stand to benefit from the program.

### **\$0 cost sharing for Part D vaccines**

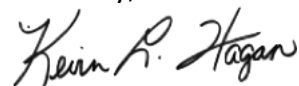
CMS proposes to codify the requirements related to \$0 cost-sharing for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) under Part D for 2026 and subsequent years. PAN supports the proposal to facilitate adherence with ACIP's recommendations and to ensure that cost is not a barrier in protecting Part D enrollees from vaccine-preventable diseases.

### **Medicare Advantage provider directories**

CMS is proposing to require MA organizations to make provider directory data available to CMS so the agency can populate plan-specific information on the Medicare Plan Finder tool. PAN supports this proposal that will ensure prospective enrollees can determine if their providers are in-network with prospective Medicare Advantage plans. This proposal will help prospective plan enrollees to make more informed decisions about which MA plan best meets their healthcare needs.

The PAN Foundation appreciates your leadership to increase access to and affordability of health care for more Americans. Thank you for your consideration of our comments. If you have questions about the issues raised, please contact Amy Niles, Chief Mission Officer at [aniles@panfoundation.org](mailto:aniles@panfoundation.org).

Sincerely,



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