



April 29, 2024

Dr. Meena Seshamani
Deputy Administrator & Director of the Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Prescription Payment Plan Model Documents

Dear Deputy Administrator Seshamani:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the model documents for the implementation of the Medicare Prescription Payment Plan (MPPP). ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's (ACS) nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

In 2024, more than 2 million Americans are projected to be diagnosed with cancer.¹ Over 1 million of those diagnosed are age 65 or older and rely on the Medicare program as their primary source of health care coverage.² Millions of Medicare beneficiaries will benefit from the Medicare Prescription Payment Plan program but given its optional nature it is vitally important that CMS, working with stakeholders including plans, providers, and patient and consumer organizations work together to ensure that Medicare beneficiaries are provided clear, accurate information about the program and how to enroll.

Broad Education Needed

Survey Findings: In a recent ACS CAN *Survivor Views* survey, we asked Medicare beneficiaries and their caregivers whether they were aware of the option to cap their monthly Part D out-of-pocket costs beginning in 2025 and only 4% of respondents indicated they had heard anything about the new program and 82% of respondents indicated they were unaware of the new program.³ This demonstrates that significant education and outreach is needed to inform beneficiaries of this optional new program.

Material Development: In addition to the model forms, CMS will need to develop educational materials to help inform beneficiaries about this new program and who will benefit from enrolling. We strongly encourage CMS to develop decision tools, such as cost calculators and decision aids, which will better demonstrate to beneficiaries how they could personally benefit if they enroll in the MPPP program. We strongly encourage CMS to make

¹ American Cancer Society. *Cancer Fact & Figures 2024*. Atlanta: American Cancer Society; 2024.

² U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2023.

³ American Cancer Society Cancer Action Network *Survivor Views* Survey. N=766 cancer patient and survivor Medicare beneficiaries, January 3-22, 2024. https://www.fightcancer.org/sites/default/files/national_documents/prespaymplan.pdf.

these materials available on the Medicare.gov website and to provide prominent placement of these materials.

In addition, we encourage CMS to develop materials for stakeholders to use to educate beneficiaries. These materials should be available in a variety of formats including information designed to be printed and shared with beneficiaries and educational materials designed to be shared via social media. Many stakeholders will choose to use CMS materials (to ensure accuracy of information and consistency of message) and it is important that CMS provide an array of options.

ACS Patient Navigation: Beginning January 1, 2024, Medicare Part B now provides reimbursement for principal illness navigation (PIN) services. ACS CAN and ACS strongly support reimbursement for these services, which have been shown to provide additional support to cancer patients and their families by helping lessen the cancer burden during and after treatment. As part of our commitment to increase access to patient navigation services, ACS has launched a new oncology professional navigator curricula and certification program that will provide critical technical training and certification for those who provide PIN services. As part of these efforts, ACS will include in their training modules information about the MPPP program, using educational materials developed by CMS. Integrating MPPP information into the professional navigator curriculum will provide yet another outlet in which to educate Medicare beneficiaries via patient navigators.

Concerns About Fraud: While additional education and outreach is needed, we are concerned about the potential for unscrupulous actors to use the launch of the MPP to defraud beneficiaries. As CMS launches the MPPP program, we encourage the agency to increase their anti-fraud activities and shut down any fraudulent activity as soon as possible.

Comments on Specific Documents

We support many of the materials CMS has developed to educate beneficiaries about the MPPP program. Overall, we would encourage CMS to clearly note in all its materials three important facts:

1. The MPPP program is an optional program that is provided in addition to the Medicare Part D benefit. A beneficiary does not disenroll in Part D when they choose to opt into the MPPP program;
2. The MPPP program is an optional benefit for all Part D plans. A beneficiary does not have to change their existing Part D election in order to take advantage of the benefits of the MPPP program; and
3. Beneficiaries do not have to pay a separate fee to join the MPPP program.

We are concerned that the materials as drafted by CMS fail to mention these important points and as such may give the erroneous impression to beneficiaries that they have to change their existing Part D elections in order to take advantage of the benefits of the MPPP. Clarifying these points will also help to reduce fraud as some unscrupulous actors may lie to beneficiaries, telling them they have to enroll in a specific Part D plan and/or pay a fee in order to enroll in the MPPP.


We offer the following specific comments on the draft materials:

- **MPPP Election Request Form:** We would encourage CMS to provide additional information about the MPPP (for example, using the language under the “What’s the Medicare Prescription Payment Plan?” question included in the Likely to Benefit Notice). We are concerned that without additional information, beneficiaries may not have a proper understanding about the MPPP before they enroll. We would also recommend that this notice direct beneficiaries to Medicare.gov or 1-800-MEDICARE as a resource for additional information.

Conclusion

We thank CMS for offering the opportunity to comment on the model documents for the implementation of the MPPP. We stand ready to work with CMS to develop materials that will help to educate enrollees and stakeholders about the option and what the enrollees’ responsibilities are when they make that election. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at anna.howard@cancer.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", is displayed on a white background with a light yellow shadow effect.

Kirsten Sloan
Managing Director, Public Policy
American Cancer Society Cancer Action Network