



March 15, 2024

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

Dr. Meena Seshamani
Deputy Administrator & Director of the Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
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**Re: Medicare Prescription Payment Plan: Draft Part Two Guidance on Select Topics,
Implementation of Section 1860D-2 of the Social Security Act for 2025**

Dear Secretary Becerra and Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the second draft guidance related to the maximum monthly cap on cost-sharing payments under Medicare prescription drug plans. 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 nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

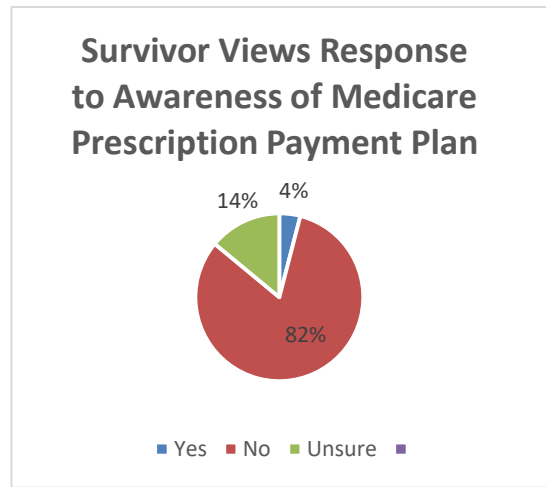
In 2024, more than 2 million Americans are projected to be diagnosed with cancer.¹ Over 1 million of those diagnosed are age 65 or older and rely on the Medicare program as their primary source of health care coverage.² A majority of these individuals will use prescription drugs, which is why ACS CAN strongly advocated for provisions to be included in the *Inflation Reduction Act* to provide a cap on annual out-of-pocket costs for Medicare beneficiaries and the optional program to impose a monthly out-of-pocket cap (the Medicare Prescription Payment Plan program).

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. Unfortunately, more education and outreach is needed to realize the full benefits of this program.

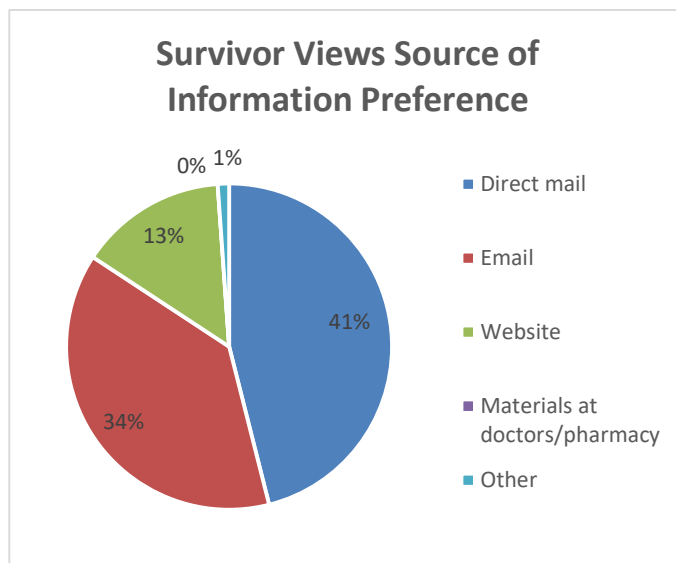
¹ American Cancer Society. *Cancer Fact & Figures 2024*. Atlanta: American Cancer Society; 2024.

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.

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. As part of the education effort, CMS, health plans, and stakeholders need to make clear that the Medicare Prescription Payment Plan program is an optional benefit in addition to and not as a replacement for Part D coverage.



In that same survey we asked respondents how they prefer to get information about changes to Medicare benefits. Almost half of respondents (41%) indicated they preferred to get information via mail. Few beneficiaries (13%) indicated a preference for information via a website and only a fraction of respondents (9%) indicated a preference for materials available in a provider’s office or a pharmacy. This is not to suggest that CMS should consider educating beneficiaries solely by the use of direct mail. In fact, as the lack of general awareness discussed previously indicates, there is a general lack of awareness of the Medicare Prescription Payment Plan option and much education needs to be done. However, this information is important because it suggests that CMS will need to prioritize the use of direct mail rather than a website.

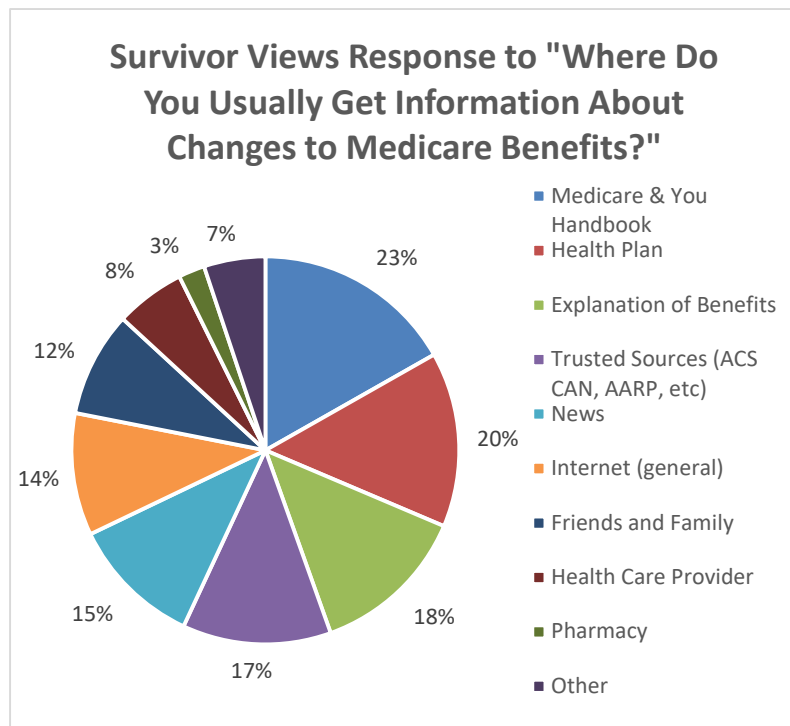


³ American Cancer Society Cancer Action Network *Survivor Views* Survey. N=1,132 cancer patient and survivor Medicare beneficiaries, January 3-22, 2024.

https://www.fightcancer.org/sites/default/files/national_documents/prespaymplan.pdf.

As CMS contemplates how to inform beneficiaries about the new Medicare Prescription Payment Plan option, it is important to have a sense of where cancer patients and caregivers currently receive their information. According to our Survivor Views survey, most beneficiaries (23%) report receiving information directly from the Medicare & You handbook. Beneficiaries also highly rely on information from their health plan, which is why it is important to ensure that information provided by health plans is clear and accurate. Another interesting note is that roughly 14% of respondents reported getting information about changes in Medicare from the Internet. While Medicare.gov and health plan websites should contain information about the Medicare Prescription Payment Plan option, there is a concern that the Internet can also contain fraudulent information. Older adults are particularly vulnerable to fraud.^{4,5}

As discussed in more detail below, we support many of the efforts CMS proposes to raise beneficiary awareness of this new program. However, it is clear that a significant additional investment in outreach and education is needed and we look forward to working with the Agency to assist in these efforts. As noted in our comments on the first draft guidance, we strongly encourage CMS to reevaluate its decision to not allow an option for beneficiaries to enroll at the point-of-sale. We continue to be concerned that without a point-of-sale election many beneficiaries will fail to enroll in this vitally important program.



⁴ Yu L, Mottola G, Kieffer CN, et al. Vulnerability of Older Adults to Government Impersonation Scams. *JAMA Netw Open*. 2023;6(9):e2335319. doi:10.1001/jamanetworkopen.2023.35319.

⁵ Protecting Older Consumers 2022-2023: A Report of the Federal Trade Commission. Oct. 18, 2023. Available from https://www.ftc.gov/system/files/ftc_gov/pdf/p144400olderadultsreportoct2023.pdf.

30. Outreach, Education, and Communications Requirements for Part D Sponsors

30.1.1. Required Mailings with Membership ID Card Issuance

CMS will require Part D sponsors to include with membership ID hard copy mailing information regarding the Medicare Prescription Payment Plan and a Medicare Prescription Payment Plan request form. CMS will encourage – but not require – Part D sponsors to provide the CMS-developed educational product. Part D sponsors will be permitted to use alternative informational materials in lieu of the CMS-developed educational products, provided these materials contain accurate information.

We strongly support the requirement that Part D sponsors provide information about the Medicare Prescription Payment Plan option with the enrollment card. This ensures that beneficiaries are provided notice about the program. However, given the need for beneficiary education and outreach, we urge CMS to require – not simply encourage – Part D sponsors to provide additional educational materials. If Part D sponsors choose not to use CMS-developed materials, we would suggest that CMS review plan educational materials prior to their release to ensure the accuracy of the materials.

30.1.5 Part D Sponsor Websites

CMS is requiring Part D sponsors to include on their websites information on the Medicare Prescription Payment Plan. Plans will be required to provide examples of how the program calculation works. CMS is encouraging – but not requiring – Part D sponsors to include information about the \$2,000 Medicare Part D out-of-pocket cap in 2025. Part D sponsors are encouraged – but not required – to use information from the CMS-developed educational product on the Medicare Prescription Payment Plan and other CMS-provided resources.

We support the requirement that Part D sponsors must provide information about the Medicare Prescription Payment Plan on their websites. We would encourage CMS to ensure that this information is featured predominantly on the website with detailed information available in fewer than 2 clicks. General information should be available publicly and not require the user to provide log-in information. Plan sponsors should also be required to monitor links to specific pages that contain information about the Medicare Prescription Payment Plan to ensure the links are in working order.

We also urge CMS to require – not simply encourage – Part D plan sponsors to provide beneficiaries information about the \$2,000 Medicare Part D out-of-pocket cap. This cap represents a significant policy improvement to the Part D program and beneficiaries should be made aware that regardless of whether or not they enroll in the Medicare Prescription Payment Plan option, they will be required to pay no more than \$2,000 in total annual out-of-pocket costs in 2025.

30.2 Targeted Outreach and Education Requirements for Part D Sponsors

30.2.2 Requirements for Identifying Part D Enrollees Likely to Benefit Prior to and During the Plan Year

CMS is requiring Part D sponsors – both prior to and during the plan year – to identify beneficiaries likely to benefit from the Medicare Prescription Payment Plan program and undertake targeted outreach to inform these enrollees of the program.

ACS CAN supports CMS' clarification that Part D sponsors are required to provide notice to enrollees prior to and during the plan year. We appreciate that Medicare Prescription Payment Plan education efforts are needed during the plan year to provide relief for a beneficiary who is prescribed a high-cost medication for chronic use after the plan year has begun.

30.2.2.1 Identifying Part D Enrollees Likely to Benefit Prior to the Plan Year

CMS is requiring that prior to the plan year Part D sponsors identify current Part D enrollees who are likely to benefit from the Medicare Prescription Payment Plan program and notify these individuals in writing of the availability of the program and that the beneficiary will likely benefit from enrollment in it. This outreach may be done via mail or electronically and will allow an initial notice to be made via telephone so long as the written notice and additional information is provided within 3 calendar days.

ACS CAN supports the requirement that Part D sponsors proactively reach out to enrollees who are likely to benefit from the Medicare Prescription Payment Plan based on their prior year's out-of-pocket costs. We appreciate that follow-up information is to be provided in writing or electronically. While we believe that telephone calls may serve as one way to inform beneficiaries, we do caution that telephone calls are also commonly used by unscrupulous actors. We recommend that telephone calls should be used for informational purposes only and should direct individuals to well-established sources (such as Medicare.gov, 1-800-Medicare, or their specific plan sponsor) for additional information.

30.2.2.2 Identifying Part D Enrollees Likely to Benefit During the Plan Year

CMS is requiring that, at a minimum, Part D sponsors must undertake targeted outreach to beneficiaries if the sponsor becomes aware in advance of a new high-cost prescription that would trigger the pharmacy point-of-service notification process, set at \$600 for a single prescription.⁶

While we appreciate CMS' requirement that Part D sponsors engage in active surveillance throughout the plan year to determine who could benefit from the Medicare Prescription Payment Plan, we urge CMS to broaden the proposed policy. CMS should not tie the triggering mechanism to the cost of a single prescription drug. Many beneficiaries – particularly those who have complex medical needs such as cancer medications – often take many prescription drugs each month and incur cumulative monthly out-of-pocket costs that meet or exceed \$600, even if an individual drug cost does not meet that threshold.

30.3 Communications with Program Participants and Model Materials Requirements for Part D Sponsors

30.3.1 Overview of Election Requirements

CMS is strongly encouraging – but not requiring – Part D sponsors to provide interested Part D enrollees with additional information about the Medicare Prescription Payment Plan, including offering a review of what their estimated monthly payments may be under the program and support tailored to the potential participant's unique situation. CMS also reminds Part D sponsors they must provide general information about applying for the low-income subsidy (LIS) program, noting that it is more advantageous than the Medicare Prescription

⁶ CMS Medicare Prescription Payment Plan: Final Part One Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025 (section 60.2.4). Available from <https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf>.

Payment Plan.

ACS CAN appreciates CMS' reminder to Part D sponsors to include information about the LIS program. This program has been in existence since the Part D program began and has provided millions of beneficiaries who qualify with much-needed financial relief from high out-of-pocket costs.

We urge CMS to require Part D sponsors to provide interested enrollees with information tailored to their specific needs based on their prior year's prescription drug out-of-pocket costs. As CMS notes throughout this draft guidance (and as also noted in the final version of the Part 1 guidance), not all beneficiaries will benefit from the Medicare Prescription Payment Plan, which is why the program is optional. However, in order for beneficiaries to make an informed choice they need to be given some idea of what their monthly out-of-pocket cost obligations would be under the program. This information can be provided to potential enrollees with the clear caveat that the calculations are being made based on medications filled in the prior plan year. At the same time, the information must also make clear that in no case will the beneficiary pay more than \$2,000 in out-of-pocket costs for Part D-covered drugs in 2025.

30.4 Language Access and Accessibility Requirements

CMS is requiring outreach materials and communications be provided in a culturally competent manner to all Part D enrollees, including those with limited English proficiency (LEP) or reading skills and diverse cultural and ethnic backgrounds. CMS also reminds Part D sponsors of the requirement to provide translated materials to Part D enrollees on a standing basis in any non-English language that is the primary language of at least 5% of individuals in a plan benefit package service area.

ACS CAN applauds CMS for ensuring that educational and outreach materials are provided in multiple languages and in a manner that meets the needs of a diverse population. We also encourage CMS to specifically require that any tailored material – such as that provided under section 30.3.1 – also be available in multiple languages and meet the needs of anti-discrimination requirements.

40. CMS Part D Enrollee Education and Outreach

CMS notes some of the processes it plans to undertake to inform beneficiaries about the Medicare Prescription Payment Plan. CMS notes that it will make modifications to some of its existing materials but notes that specific resources CMS "may" modify include the Medicare & You Handbook, Medicare.gov, and the Medicare Plan Finder, among others.

ACS CAN appreciates the operational challenge in educating beneficiaries and their caregivers about the new Medicare Prescription Payment Program. We urge CMS to use every tool at its disposal to accomplish this goal. As noted above, our survey found that the Medicare & You Handbook is the number one source of information for Medicare beneficiaries. While we recognize that it may require some operational tweaks, the Medicare Plan Finder tool is also popular with beneficiaries and caregivers and should display information on the new Medicare Prescription Payment Plan program. Using existing CMS materials is not only cost-effective for the Agency, but directing individuals to these resources can also help to minimize potential fraud.

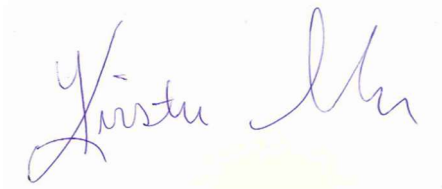
CMS notes that it intends to work with stakeholders – including Part D sponsors, pharmacies, providers and beneficiary advocates (including State Health Insurance Assistance Program (SHIP) counselors) – to bolster its education and outreach efforts. We strongly support this collaboration. We note that given the complexity of

the Medicare Prescription Payment Plan program, it will be helpful for CMS to develop as many materials as possible for stakeholder groups to use and disseminate. This will better ensure the accuracy of information being provided to beneficiaries.

Conclusion

We thank CMS for offering the opportunity to comment on the Medicare Prescription Payment Plan draft guidance. We stand ready to work with CMS to develop materials that will help to educate enrollees 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 written over a light yellow rectangular background.

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