



The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

March 15, 2024

Dear Administrator Brooks-LaSure,

Submitted via PartDPaymentPolicy@cms.hhs.gov

RE: Part 2 of the Medicare Prescription Payment Plan Guidance

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the implementation of the Medicare Prescription Payment Plan program set to take effect for Contract Year (CY) 2025 per the Memorandum *Medicare Prescription Payment Plan: Draft Part Two Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025, and Solicitation of Comments*, published on February 15, 2024.

Our group, 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 undersigned members of the MAPRx Coalition are pleased to provide CMS with our official commentary in response to your efforts to implement the Medicare Prescription Payment Plan (MPPP).

MAPRx appreciates the opportunity to comment on how CMS intends to implement Part D plan sponsor and agency education and outreach efforts for the MPPP, a program that will help ease beneficiary financial burdens for medications by making out-of-pocket (OOP) costs more manageable and predictable through monthly payments. When advocating for Congress to enact a true OOP cap in Medicare, MAPRx was consistently a strong proponent of this type of program. Given the critical role this program will play in alleviating financial burdens for beneficiaries, we want to ensure that beneficiaries are fully informed of this new program. Specifically, MAPRx would like to address the following issues CMS raised in this second round of guidance:

- **Part D plan general outreach and education requirements**
- **Part D sponsor website requirements**
- **Part D sponsor operational requirements**
- **Targeted outreach and education**
- **Election options**
- **Guidelines for different types of election requests**
- **Plan notifications and guidelines**
- **CMS education approach**
- **CMS' approach to updating existing Part D resources**
- **Pharmacy role in operationalizing the MPPP**
- **Other considerations to ensure the success of the education and outreach**

Part D plan general outreach and education requirements

Under the proposed guidance, Part D sponsors must provide Part D enrollees with educational information on the MPPP through existing marketing materials, including the following: membership ID cards, Annual Notice of Change (ANOC), Evidence of Coverage, Explanation of Benefits, and Part D sponsor websites.

MAPRx strongly supports CMS' proposal to require plans to furnish educational information on the MPPP within in or alongside core documents received by beneficiaries, as well as on Part D sponsor websites. We encourage CMS to ensure that educational materials provided by Part D plans are created with easy-to-understand language for beneficiaries and also in multiple languages. Furthermore, to ensure consistency across the information provided by Part D sponsors about the MPPP, we request that CMS encourage Part D sponsors to rely on educational resources developed and provided by CMS. To further foster the consistency of information communicated to beneficiaries, we also request that CMS be more prescriptive with Part D sponsors about the MPPP information they provide and how they provide it. We offer additional detailed feedback on the educational resource to be created by CMS in the *CMS educational outreach to Part D beneficiaries* section of the comment letter.

Part D sponsor website requirements

CMS proposes that Part D sponsors include information on the MPPP on their websites and offer an MPPP election request mechanism that enrollees can use to opt into the program and one that provides the individual with a receipt of enrollment.

Specifically, CMS specifies the type of MPPP information that plan sponsors must include on their websites. MAPRx largely agrees with CMS' requirement to include the following on plan websites:

- Overview of OOP cap and MPPP
- Enrollment options and processes
- Easy-to-understand calculation examples
- Who is likely to benefit
- Implications for failing to pay
- Information on LIS
- Complaints and grievances process
- How to obtain additional information

Of note, MAPRx believes plan sponsors should also prominently display information about the low-income subsidy (LIS) program, as prospective LIS enrollees will benefit more in LIS than in the MPPP. This distinction will help eliminate confusion and promote increased LIS enrollment by those who are eligible. We also believe plan sponsors should state clearly on websites that the MPPP is not a newly created Part D plan being marketed to beneficiaries as part of sales pitch; rather, plan sponsors should indicate the MPPP is a new Medicare program in which they can voluntarily participate and may help them better manage their prescription drug costs.

In addition to identifying the type of information plan sponsors must include, CMS should draft and publish model language that specifies how such information is to be conveyed. With this approach, CMS would ensure the consistency about how this new Medicare program will be communicated to beneficiaries. MAPRx respectfully requests that CMS require plan sponsors to include MPPP information and the election mechanism prominently on their Medicare

websites to ensure the greatest number of beneficiaries view the information. As most of the Part D plan sponsors offer other products (eg., employer-sponsored insurance, Marketplace plans), this critical information could easily get lost amid the other content on the website. Therefore, we strongly believe this information and mechanism should be front and center on the applicable Medicare pages that a beneficiary is likely to view.

In addition to the information highlighted on plan websites, we believe it is imperative the election mechanism be easy to navigate, certainly no more difficult than enrolling in the plan. We strongly encourage CMS to require a true online enrollment and not to enable plan sponsors to design the election mechanism such that it results in beneficiaries completing, for example, a PDF enrollment application that is submitted to the plan. Such a process delays enrollment and creates more opportunities for confusion, errors and mistakes to occur. We respectfully ask that the agency explore processes to prevent beneficiaries from engaging in multiple enrollments. As this scenario could easily occur, it would confuse beneficiaries and delay enrollment into the program, thereby potentially negatively affecting access to treatment. CMS could minimize this possible confusion by creating a process allowing beneficiaries to easily verify if they are enrolled in the MPPP.

Part D sponsor operational requirements

CMS also outlined several operational requirements for Part D plan sponsors, specifically focused on the following:

- Part D bidding guidance
- Medical loss ratio (MLR) instructions
- Monitoring and compliance
- Audits
- Direct and indirect remuneration (DIR) reporting guidance

Overall, MAPRx supports CMS' expectation that plan sponsors incorporate the MPPP into their compliance programs to ensure the program is meeting the needs of beneficiaries. To confirm compliance, MAPRx supports the proposed audit approach, as this action will help validate plan sponsors are implementing the new program properly. MAPRx believes CMS should adopt a standardized auditing process, which would promote consistency of reviews and also provide Part D sponsors with a clear example of implementing and administering an effective MPPP. Furthermore, to further ensure compliance, MAPRx suggests CMS require plans submit information on their MPPP and associated compliance approach in annual plan bid submissions so that the agency can proactively review them in advance of the upcoming plan year. Finally, to ensure transparency around these programs, MAPRx respectfully requests CMS to publicly release audit results at the sponsor and plan level on an ongoing basis.

Targeted outreach and education

Overall, MAPRx strongly supports a broad outreach and education to all Medicare Part D enrollees regarding the MPPP. We are concerned that a targeted approach alone will miss some beneficiaries who not only could immediately benefit from the program, but also could benefit in the future as their medication needs evolve. While we recognize targeted outreach should be for those beneficiaries most likely to benefit in the MPPP, we believe a broad educational campaign inclusive of timely and clear communication on the program and enrollment options is critical especially for the first year of the MPPP. Generally, MAPRx is supportive of the proposed requirement for Part D plan sponsors to provide notice for those who will likely benefit the most via the *Notice for Part D Enrollees Likely to Benefit*. We also strongly support Part D plans notifying enrollees based on their preferred and authorized notification

method as this approach is likely to facilitate greater program enrollment as opposed to only allowing one method of notification.

While MAPRx agrees with a targeted approach for those most likely to benefit, we respectfully disagree with one of the approaches in calculating which Part D enrollees are likely to benefit. To be clear, MAPRx supports the proposed approach of determining beneficiaries likely to benefit prior to the plan year. Informing beneficiaries with OOP costs exceeding \$2,000 in CY 2024 is a sensible approach as these beneficiaries may very well incur similar OOP costs in 2025. We urge CMS to require plan sponsors to initiate outreach a few months prior to the annual election period so Part D enrollees have adequate time to ask questions and get answers about the program prior to the enrollment period. While MAPRx supports the proposed calculation for identifying those likely to benefit prior to the plan year, we strongly recommend CMS reconsider the calculation for identifying those likely to benefit during the plan year. We appreciate the agency taking a thoughtful approach in determining who may best benefit; however, we disagree with the calculation. CMS is proposing for plans to inform beneficiaries likely to benefit during the plan year and at the point of sale (POS) if they have a single prescription cost exceeding \$600. Rather, we believe that any threshold should be based on cumulative costs, not a cost threshold for a single prescription. Calculating the threshold based on cumulative costs aligns with congressional intent that the MPPP not be limited to costs from a single prescription, and therefore, we believe CMS should adopt a revised methodology.

In addition to the overall approach for targeted outreach, MAPRx also supports the requirement for Part D sponsors to notify the pharmacy when an enrollee incurs OOP costs exceeding a defined threshold. We believe it will be important for the pharmacy to help inform those likely to benefit from participation in the MPPP. For education by pharmacists to be successful, we recommend that CMS provide effective educational materials (eg., MPPP brochures) that pharmacists can easily hand to beneficiaries at the pharmacy. Furthermore, we also recommend CMS provide model language for pharmacists to leverage when counseling patients on MPPP to ensure the interaction is as quick and informative as possible. Specifically, we support CMS providing information for pharmacists directing patients to contact their Part D plan leveraging the contact information on their Part D membership ID card.

Election Options

Overall, MAPRx supports beneficiaries having wide latitude in the timing of enrollment into the MPPP, including Part D plan annual enrollment periods, initial enrollment periods, and special enrollment periods. We appreciate the agency's approach in seeking to ensure that prospective participants have multiple enrollment options, including a toll-free telephone number, website application, and fax or mail option. As there is likely to be significant variation across the Part D population in terms of preferred enrollment methods, we strongly support the requirements for plans to accept the election request regardless of format.

As mentioned previously in our comments, we largely support the requirement for Part D plans to send the *Medicare Prescription Payment Plan Participation Request Form* with the membership ID card to new Part D enrollees as we think this will help facilitate greater program participation for those who do not enroll into the MPPP upon plan enrollment. As this will be a new program for beneficiaries in 2025, there is potential for confusion. Therefore, we support CMS' requirement of plan sponsors to reach out to a prospective MPPP enrollee for any missing information following the submission of an election request. We especially agree that the plan sponsor must contact the Part D enrollee either telephonically or electronically to collect all necessary information, but we request the agency require plan sponsors to conduct this

outreach within a 72-hour time frame, so this does not adversely affect access to an important medication.

Guidelines for Election Requests

MAPRx appreciates CMS outlining the Part D plan sponsor guidelines for engaging enrollees electing to participate in the MPPP. Overall, MAPRx supports the CMS proposal as it relates to the process for providing paper applications, how to address incomplete applications, enrollee signature options, and phone engagement between Part D plan sponsors and enrollees. For Part D enrollees, having the option to engage with the plan sponsor by phone or email affords enrollees with the option to communicate via their preferred method.

MAPRx agrees with the following requirements for paper elections:

- Part D sponsors should ensure that paper election requests sent to enrollees include all the information, including terms and conditions, needed to enroll the patient.
- If the request is incomplete or missing information, the sponsor must contact the enrollee by phone or email to collect the missing information.
- Paper election requests can either be filled out electronically and printed or filled out by hand by a Part D enrollee or their representative.
- Plan sponsors must have an option for either a pen-and-ink or electronic signature.

MAPRx supports CMS' process for Part D plan sponsors when receiving election request calls from enrollees. Specifically, we agree that calls received by the plan sponsor must be recorded and follow a script previously approved by the Part D sponsor to ensure the information listed in the CMS model request form is obtained during the phone call with the enrollee. We also strongly support CMS' expectation of Part D sponsors to complete the entire MPPP election process in a single telephone interaction if the Part D enrollee wishes to participate in the program. Given the potential inconvenience of multiple phone calls, engaging patients more than once could result in prospective enrollees failing to successfully enroll and participate in the program. While we support this proposal, we respectfully suggest CMS draft a model call script for plan sponsors to standardize how information listed on the CMS model request form is obtained during the call. Finally, we suggest CMS include a requirement for plan sponsors to exhaust multiple outreach attempts to a beneficiary before stopping such outreach for gaining missing information.

In addition, we appreciate CMS' proposal for providing an online election request option, including the ability to read and agree to terms and conditions through the website during the election request process. In an effort to bolster visibility and accessibility for the election request online, we recommend CMS consider two additional enhancements: offering a "pop-up" for an election request following enrollment into a Part D plan and mandating that Part D sponsors display a link to an online election request on the Medicare homepage on the plan website. Additionally, given the guidance for the pharmacy's role in operationalizing the MPPP, we recommend CMS require, not just encourage, Part D plans to submit enrollment data to pharmacies.

Plan notifications and guidelines

In addition to the educational outreach from Part D plan sponsors and CMS prior to enrollment into the MPPP, communication regarding elections, failures to pay, and terminations will also be important. MAPRx largely agrees with CMS' proposed approach for these notices with several recommendations for each.

Notice of Acceptance of Election

For this notice, CMS would require the Part D sponsor to deliver a written notice of acceptance of an election in the MPPP to the program participant either via mail or electronically, depending on the participant's preferred and authorized communication method, within three calendar days of delivering the initial telephone notice. MAPRx appreciates this thorough communication process and supports the proposal.

Notice of Failure to Pay

For a beneficiary failing to make a timely payment, CMS would require the Part D sponsor to send the beneficiary an initial notice explaining that he or she has failed to pay a monthly billed MPPP amount within 15 calendar days of the payment due date.

MAPRx suggests that CMS employ a policy similar to when beneficiaries miss a premium payment. For example, if a Part D sponsor has a policy to disenroll the member when a member has not paid plan premiums, the sponsor must send an appropriate written notice of non-payment of premium to the member within 15 calendar days of the premium due date. The sponsor may send interim notices after the initial notice, and we believe Part D plan sponsors should send interim notices for missed MPPP payments. We believe CMS should align the timing of this notification to CMS' missed premium policy. Additionally, MAPRx also urges CMS to require Part D sponsors email a payment link to the beneficiary, so he or she can quickly and easily submit the missed payment, and to create a verification process for beneficiaries.

Notice of Termination of Election Following End of Grace Period

Under the proposed guidance, Part D sponsors must provide a notice of termination to Part D enrollees who have failed to pay their outstanding balance within the required grace period. This notice must be sent within three calendar days after the end of the grace period. MAPRx supports this proposal as it requires Part D plans to send a quick response to the beneficiary.

MAPRx also requests that CMS design the termination forms to ensure they are incredibly clear as to minimize confusion. Additionally, MAPRx requests that CMS require Part D sponsors to clearly state on the termination forms that while they may be terminated from the MPPP, they are not terminated from Part D coverage or enrollment in the plan. Also, the termination notices should state that termination will not inhibit future eligibility and participation in MPPP.

Notice of Voluntary Termination

After a participant voluntarily terminates their participation in the program, Part D sponsors must work with the enrollee to determine how they will pay their outstanding balance, which may include a lump sum payment; however, Part D sponsors cannot require full immediate repayment. The Part D sponsor must process the participant's voluntary termination request and send the individual a notification confirming the termination within 10 calendar days of receipt of the request.

MAPRx supports this proposal and appreciates CMS requiring Part D sponsors to allow beneficiaries to pay their balances over time. MAPRx suggests CMS require sponsors to use a prorated approach for paying outstanding balances. Similar to the *Notice of Termination of Election Following End of Grace Period*, MAPRx believes the form should be clear and underscore that voluntary termination does not prevent MPPP participation in the future or overall, Part D eligibility.

CMS educational outreach to Part D beneficiaries

As mentioned throughout our comment letter, MAPRx strongly believes it is imperative to deploy a robust educational campaign to ensure Part D beneficiaries have a complete and full understanding of the MPPP well in advance of the annual election period. Given this important effort, MAPRx appreciates the role CMS will play in this process and its planning to deploy educational resources for Part D enrollees. However, MAPRx has significant concerns that the proposed approach in the Part 2 guidance falls short of effectively educating beneficiaries. In this next section, we offer our feedback on the proposed approach and offer several ideas for enhanced education.

CMS educational resources

MAPRx applauds CMS' plan to develop and provide an educational product for Part D enrollees on the Medicare.gov website and through other communication channels. For this resource to effectively educate prospective enrollees on the MPPP, we strongly believe it should cover the following core topics and concepts:

- Overview of the OOP cap and the MPPP (eg, costs cannot exceed OOP cap regardless of plan or product)
- Enrollment options and processes
- Easy-to-understand calculation examples
- Who is likely to benefit
- Implications for failing to pay
- Monthly billing statement information
- Information on LIS
- Complaints and grievances process
- How to obtain additional information (eg, how to identify and contact local SHIP counselor)

In addition to these core concepts, we encourage CMS to ensure the MPPP promotional and educational materials are as easy as possible for beneficiaries to understand. We suggest the information be conveyed in plain language and in multiple languages to maximize understanding by the most beneficiaries. We also encourage CMS to convey to beneficiaries that the MPPP is not a new Medicare or Part D benefit. Rather, we suggest CMS inform beneficiaries that MPPP is a new Medicare *program* that will help patients. And, given the significant variation in health literacy among the Part D population, we strongly recommend that CMS leverage the expertise of health literacy experts to ensure the resource is broadly applicable.

Furthermore, we are also supportive of the agency encouraging Part D sponsors, pharmacies, healthcare providers, beneficiary advocates, and others to use this product for education. All these stakeholder groups will be critical in delivering effective education to Part D beneficiaries. Especially important are the patient advocacy community, many of which are members of this coalition. Given our constant interactions with patients, caregivers, and local advocates, we encourage CMS to partner with our community and leverage our expertise in developing this resource. Going further, we respectfully request that CMS provide the patient advocacy community and independent charitable foundations with model language or a script for how to discuss the MPPP with Part D beneficiaries. Healthcare providers are another critical stakeholder group as many beneficiaries trust the opinions and guidance of their providers. To that end, we believe there is a strong need to broadly educate the provider community, and it will be important for CMS to target them with these resources.

MAPRx also believes Part D plan sponsors have a significant role in providing education to these stakeholders, too. Therefore, we appreciate CMS' effort in encouraging Part D plan sponsors to provide additional information that pharmacists can give to those likely to benefit, communicate details of the educational materials to the contracted provider and other parties, and describe the MPPP in materials (eg, educational materials, communications, marketing materials). However, we believe that Part D plan sponsors should be required, not simply encouraged, to do these activities, especially communicating details to key stakeholders and describing the MPPP in plan marketing materials.

CMS' approach to updating existing Part D resources

MAPRx appreciates that CMS plans to revise existing Part D resources, specifically that CMS will collaborate with interested parties to ensure stakeholders have the appropriate information to support enrollees regarding the MPPP. MAPRx suggests that CMS consider developing a more prescriptive plan for updating resources to boost effectiveness in supporting the Part D population. To help CMS with this more prescriptive effort, we recommend that CMS incorporate input from patient advocacy groups, SHIP counselors, and beneficiary advocates when updating resources. Particularly, SHIP counselors and beneficiary advocates may have valuable insights into the most frequent questions that Part D enrollees typically have and may likely ask about the MPPP.

The Medicare & You handbook is a foundational resource for Part D patients. For this resource, we recommend creating a clear, concise section focused on the MPPP. Given the handbook's length, we recommend either including pop-up images and language on cover and the table of contents to ensure readers can easily identify and navigate to the MPPP section.

While Medicare & You is a valuable tool for Part D beneficiaries, the Medicare.gov Plan Finder tool may be the most important resource in effectively reaching Part D beneficiaries as they use this tool to weigh plan options, assess annual costs, and enroll into a plan. More than any other resource, this is the one CMS must get right in educating and informing this population. To meet this objective, first, MAPRx believes Plan Finder should offer a clear enrollment mechanism on the website, similar to mechanism used to enroll into a Part D plan today. We strongly recommend Plan Finder deploy a pop-up message about the MPPP immediately following an enrollment into a Part D plan; it may also be effective to have a pop-up message if a beneficiary inputs drugs into the search function. Finally, we ask CMS to consider offering an online calculator tool to help patients understand their benefits and costs under the MPPP. For the MPPP to be successful, Plan Finder must be an effective tool, and we are hopeful that CMS will consider these recommendations to enhance it further.

Pharmacy role in operationalizing the MPPP

MAPRx greatly appreciates CMS' approach in seeking to enlist pharmacists in educating Part D beneficiaries, especially at the point of sale. Specifically, we appreciate pharmacists providing the *Medicare Prescription Payment Plan Likely to Benefit Notice* at POS and that pharmacies must reprocess claims if a patient enrolls after receiving the *Likely to Benefit Notification* (triggered by a high-cost Part D covered prescription drug). As pharmacists will play a crucial role in this overall effort, we ask that CMS focus on best equipping them with helpful and efficient resources without overburdening an already-overtaxed workload.

Other suggestions around beneficiary education

MAPRx is appreciative of CMS' efforts in drafting the Part 2 guidance. We recognize this is a significant undertaking, and we are thankful to be a partner with the agency in this endeavor.

While the guidance lays out some foundational steps, we believe there is more the agency can do to ensure beneficiaries are well-informed of this new benefit. In this section, we offer some additional suggestions to ensure the success of your outreach in advance of CY 2025.

Name of the MPPP

We strongly urge CMS to reconsider the name of the program. Medicare Prescription Payment Plan does not adequately convey to beneficiaries what the program is or how it may help them manage their prescription drug costs. In fact, the name may limit, rather than promote, participation as beneficiaries simply may not understand from the name that the program may help them. The Agency encountered a similar situation with the creation of the Low-Income Subsidy and subsequently adopted the term Extra Help to more effectively communicate the nature of the program. In late 2023, we conducted a focus group with SHIP counselors, and they unanimously agreed with exploring a name change. While we do not propose a specific name for the program, we believe CMS should shift the nomenclature from MPPP closer to a “budgeting” benefit, given that this may resonate more with beneficiary populations as they are generally savvy with living off a fixed income. Additionally, having the word “plan” in the name may be problematic as this may confuse beneficiaries into thinking that this is an actual Part D plan. Finally, we also believe that “Part D” should be incorporated into the name, as well.

MPPP Advertising Campaign

While we appreciate CMS’ effort in creating educational resources and updating existing ones, we believe the agency should go further in its outreach, namely through a public advertising campaign. Recalling the launch of the Marketplaces in 2013 (for the 2014 plan year), Health and Human Services and/or CMS should deploy an advertising campaign (ie., with television ads and brochures) during the summer months, well in advance of the annual election period. Going further, we urge CMS to produce and deploy public service announcements from Medicare at waiting rooms at healthcare facilities such as physician offices, federally qualified health centers, etc. As retail pharmacies will be an important healthcare site for beneficiaries, we also ask that CMS explore offering QR codes for patients to enroll/learn more about MPPP at retail pharmacy counters and check out areas. Finally, we also ask CMS to explore other avenues, such as having a focused social media play.

Educational Resources

We appreciate CMS’ detailed guidance on the various educational resources in this guidance. While CMS has offered valuable guidance to plans and stakeholders, we offer some additional feedback from our coalition. Namely, we believe CMS should create a new letter with MPPP details outside of the ANOC process and with a different color to further stand out. We believe it would be important for CMS to highlight this new letter further in the Medicare & You handbook. While we also support the monthly billing statements, we urge CMS to ensure the monthly billing statements offer clear information for the enrollee—especially the remaining balance amount, so that these statements clearly stand out from the Explanation of Benefits. And finally, throughout all materials, we ask that CMS clearly communicate that patients have to reenroll into the program on annual basis.

SHIP Counselors

MAPRx believes SHIP counselors will play a critical role in this endeavor as they engage with Part D beneficiaries on a daily basis. We strongly support that CMS ensure SHIP counselors are well resourced to educate beneficiaries on the MPPP. One idea would be to offer SHIP counselors a short tip sheet with key information that can be used at events and on SHIP websites.

Part D Plan Sponsor Requirements

We generally support CMS in holding Part D plan sponsors accountable for their role in educating beneficiaries, but we have some additional considerations. As there have been recent reports of Part D plan sponsors being non-compliant in several areas, we think this oversight is of critical importance. Specifically, we request that CMS require plans to continually send information on MPPP to beneficiaries, even if beneficiaries initially opt against enrollment. Additionally, throughout this comment letter, we have highlighted the importance of equipping SHIP counselors with the resources they need to educate beneficiaries. However, the guidance failed to discuss the role of agents and brokers in this process. Plan sponsor agents and brokers engage many prospective enrollees. Therefore, we respectfully ask that CMS require agents and brokers to educate beneficiaries on this benefit and undergo mandatory training on it.

POS Enrollment Option

As CMS is aware from prior comments and in discussions with CMS staff, MAPRx strongly believes that a Point of Sale (POS) enrollment option is critical to the successful implementation and adoption of the MPPP. While we understand it is a significant challenge to operationalize a POS option for CY 2025, and appreciate CMS' efforts to work with the beneficiary community and other stakeholders on this issue, we continue to strongly request that a POS be an option as soon as possible, but no later than CY 2026. This will be critical for the success of the program in future plan years.

Beneficiary Feedback

We recognize that CMS is seeking to design the most useful and effective program for Part D beneficiaries to help them minimize and manage their OOP costs. As the beneficiary is at the heart of all of this, we believe it is vital to continually gain their feedback on the program. To that end, we encourage CMS to conduct regular focus groups with Part D beneficiaries and to continually engage the patient advocacy community to ensure program and educational outreach are meeting objectives. Such engagement will help establish a "feedback loop" that ultimately can enhance the beneficiary experience with Part D and MPPP.

Conclusion

Thank you for your consideration of comments on the Part 2 guidance of the implementation of the MPPP. We have also attached a MAPRx Coalition issue brief to inform your efforts. The undersigned members of MAPRx appreciate your leadership to improve beneficiaries' 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@nvgllc.com.

ACLU Volunteers for Iowa

AiArthritis

Allergy & Asthma Network

Alliance for Aging Research

Alliance for Patient Access

ALS Association

American Association on Health and Disability

American Cancer Society Cancer Action Network
American Kidney Fund
Arthritis Foundation
Epilepsy Foundation
HealthyWomen
HIV+Hepatitis Policy Institute
International Myeloma Foundation
Lakeshore Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Medicare Rights Center
Mental Health America
Muscular Dystrophy Association
National Alliance on Mental Illness
National Council on Aging
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation
Patient Access Network (PAN) Foundation
The AIDS Institute
The Assistance Fund
The Headache and Migraine Policy Forum
The Leukemia & Lymphoma Society
Triage Cancer