



Submitted via email to PartDPaymentPolicy@cms.hhs.gov

March 15, 2024

Meena Seshamani, M.D., Ph.D.
Deputy Administrator
Director, Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare Prescription Payment Plan Guidance Part Two

Dear Deputy Administrator Seshamani,

As an organization representing cancer patients, survivors, and caregivers, the Cancer Support Community (CSC), would like to thank you for the opportunity to provide feedback and recommendations on the Centers for Medicare & Medicaid Services' (CMS) draft part two guidance on proposing policies and mechanism for implementing the Medicare Prescription Payment Plan (MP3) program under Section 11202 of the Inflation Reduction Act (Social Security Act Section 1860D-2(b)(2)(E)(the Program).

CSC is an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones. As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

The successful implementation of the MP3 program is crucial. For many beneficiaries, the new flexibility will be among the most directly "felt" impacts of the *Inflation Reduction Act* (IRA). With successful implementation, cost smoothing, along with the new annual out-of-pocket (OOP) cap, will protect beneficiaries from high upfront costs while reducing the OOP burden of prescription drug costs. As such, we appreciate the measures taken by CMS to balance timely outreach and participation election for beneficiaries and manageable implementation of this new

program for Part D plans and sponsors. However, to realize the full potential of MP3, a multistakeholder approach that is proactive, comprehensive, and coordinated is key to maximize Medicare beneficiaries' understanding of this program to encourage enrollment.

We are pleased to share our comments and recommendations that focus on enhancements that align with real-life experiences of cancer patients and the Program's intended goal of ensuring all Medicare beneficiaries and caregivers can base treatment decisions on their needs rather than their financial constraints. Consistent with our mission to uplift the voices of people impacted by cancer in policymaking, CSC developed [patient-centered principles](#) to guide and inform engagement with CMS and other policymakers throughout implementation of the Medicare Drug Price Negotiation program and other policies.

We look forward to working with CMS to ensure that all Medicare beneficiaries likely to benefit from the Program and their caregivers have the information they need to make enrollment decisions.

Outreach, Education, and Communications Requirements for Part D Sponsors

CSC appreciates that CMS' requirements around Part D education and outreach materials include an emphasis on clear and uniform messaging through multiple channels, as we agree that CMS-created model notices, forms, and beneficiary communications will be critical to effective outreach. We urge CMS to publish these resources in draft form to allow for stakeholder feedback to maximize patient understanding.

We also support the requirement of plans to provide enrollees with Program information on their website in addition to within current requirements of Part D materials such as the mailings of Membership ID cards and "Likely to Benefit" notices. We strongly recommend CMS require plans to highlight important information about Program availability and opt-in requirements by including prominent language on the envelope and the first page of all documents. This measure is essential to ensure that enrollees do not overlook vital information due to the routine nature of these mailings.

In addition, we urge CMS to require plans to include a clear explanation of opt-in mechanisms by mail, telephone, or online, with step-by-step instructions, as well as information regarding the timeline for receipt, processing, and confirmation of their request. Finally, we recommend that CMS expands outreach of Program information and educational materials by including such documents on the plan finder tool that beneficiaries, families, and caregivers are accustomed to using when selecting their Part D plan as well as in the "Medicare & You" handbook with a phone number and website for beneficiaries to learn more about the Program.

While CSC recognizes that Medicare beneficiaries will have multiple opportunities to learn about MP3 in various settings, we recommend that CMS also develop Program information resources and tools for physicians and other prescribers and pharmacies to provide as many touch points as possible for Medicare beneficiaries to learn about the program, its benefits, and how to enroll. Additionally, we recommend CMS consider broadcasting Program Public Service Announcements, similar to those used to inform individuals about Affordable Care Act coverage and enrollment deadlines.

Targeted Outreach

CSC agrees that increased outreach and education efforts targeted towards individuals that are likely to benefit from the Program is essential for its success, particularly in the early years of implementation, and we appreciate CMS' efforts to provide such individuals with multiple meaningful opportunities to review materials and opt-in. We strongly support the requirement for plans to investigate past prescription expenditures of Part D enrollees and target outreach to those with a history of high OOP costs, both prior to and during the plan year. Similarly, we support targeted outreach during the plan year to individuals based on prior authorization requests for costly treatments but are concerned that mail delays will inhibit individuals from understanding their alternative payment options before their prescription pickup. While there are options to pay at the pharmacy and request a refund based on retroactive participation in the Program, many patients will not have the financial resources to do so. Findings from [Cancer Support Community's Cancer Experience Registry \(CER\)](#) examining financial toxicity among people with metastatic cancer, with 95% confidence intervals, found that patients experiencing financial toxicity are 5.05 times more likely to have suboptimal medication adherence. Additionally, [CER data from 273 rural cancer patients](#) found that "having health care team conversations about treatment costs and distress-related care reduced the negative impact of financial toxicity on depressive symptoms and social function". Because of this, we strongly urge CMS to require plans to use a notification mechanism such as telephone contact to provide Program information and enable a real-time opt-in mechanism to avoid financial barriers that result in treatment delays.

Lastly, we urge CMS to require plans to identify those likely to benefit beyond the costs of one singular prescription. It is very common for cancer patients to fill multiple prescriptions each month in order to treat their cancer, manage side effects, and more, making it likely that cancer patients will reach the OOP maximum during the first quarter without incurring any singularly high cost prescriptions. To combat this issue, we recommend the requirement of plans to calculate the sum of prescriptions filled in a single day towards the part one guidance's single fill threshold of \$600.

Pharmacy Processes

CSC strongly recommends that CMS reconsiders its decision to delay implementation of a pharmacy counter point of service (POS) election mechanism, and at a minimum, enable real-time 2025 plan year elections, ensuring that elections made take immediate effect. It is extremely important that patients impacted by cancer have timely access to prescribed medicines because far too many patients face financial barriers that limit access to treatments that best suit their needs. Financial toxicity is a pressing issue for patients impacted by cancer that is worsened by delays and uncertainty in the Program opt-in process. For these patients, the ability to spread OOP costs over the year can be the difference between confidently starting and maintaining their prescribed course of treatment and having to choose between paying for life-saving prescriptions and affording basic life necessities. To increase confidence in the Program and its benefits, CMS must take action to reduce such delays and enrollment uncertainties.

CSC appreciates CMS' decision to decline feedback to delay or limit the Program, which the IRA requires plans to make available to all enrollees. We understand that plans may require time to process requests and update their systems, but this should not impact patients' ability to receive smoothing benefits. There is no basis to decline an enrollee's opt in request in the 2025 plan year, since nonpayment of the prior year's monthly payment obligations is not relevant in the first year of implementation. With this, we encourage CMS to establish a straightforward mechanism for beneficiaries to present their member ID and program election confirmation number at the pharmacy POS, streamlining processes and ensuring timely access to medication without burdensome ministerial delays.

We similarly believe that offering a POS opt-in option will ensure that patients facing prohibitive costs when picking up their prescriptions can immediately elect to participate and receive the benefits without delays due to financial burdens. Part One Guidance processes allow plans to determine whether a prescription is "urgent," creating additional burdens to providers and therefore barriers to care for patients. Patients impacted by cancer urgently need all their prescriptions, pressing the need for an efficient election process that takes immediate effect, alleviating the burdens on providers and plans to determine whether a treatment is "urgent" for each patient's circumstance.

Lastly, we recommend the POS election option to streamline elections for future years. Many beneficiaries may assume that their plan enrollment and participation in the Program will continue year to year, though this is not the case. With a POS election option, the pharmacist filling a prescription in the last quarter of the plan year can prompt the patient whether they intend to opt-in to the Program the following year and offer real time election processes, the option to terminate participation, or general information for those undecided. This would streamline processes and increase participation for those who benefit for future years.

Conclusion

CSC appreciates the opportunity to comment on CMS' part two guidance outlining CMS' intended implementation of the Medicare Prescription Payment Plan. We look forward to continuing to work with CMS to help ensure that all Medicare beneficiaries, including patients impacted by cancer, can receive the treatments they need without the financial barriers associated with high out-of-pocket costs. If you have any questions or need additional information, please contact me at dsekoni@cancersupportcommunity.org or (202) 659-9707.

Sincerely,

A handwritten signature in blue ink that reads "Daneen G. Sekoni". The signature is fluid and cursive, with the first name "Daneen" and last name "Sekoni" clearly legible.

Daneen G. Sekoni, MHSA
Vice President, Policy & Advocacy