



September 20, 2023

The Honorable Meena Seshamani  
Deputy Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Submitted electronically to [PartDPaymentPolicy@cms.hhs.gov](mailto:PartDPaymentPolicy@cms.hhs.gov).

**Re: Maximum Monthly Cap on Cost-Sharing Payments Under Prescription Drug Plans:  
Draft Part One Guidance**

Dear Deputy Administrator Seshamani:

AARP, which advocates for the more than 100 million Americans over age 50, appreciates the opportunity to comment on the August 21, 2023, draft guidance pertaining to the new Medicare Prescription Payment Plan (MPPP) that was created by the Inflation Reduction Act of 2022. This policy will help ensure greater payment flexibility to help make drugs more accessible.

Overall, we appreciate Centers for Medicare & Medicaid Services' (CMS) efforts to obtain feedback during the MPPP implementation process and to ensure that, starting in 2025, people in Medicare prescription drug plans will have the option to spread their prescription drug costs over the course of the plan year. This new process will provide relief and flexibility for older Americans, particularly those with high out-of-pocket (OOP) costs earlier in the plan year. As with all of the prescription drug provisions included in the new prescription drug law, we encourage CMS to pursue a timely and robust implementation of this program with a focus on benefiting consumers.

With respect to the draft memorandum guidance, we offer the following comments:

**1. Education and Outreach (Overview)**

Education and Outreach Materials and Methods: AARP believes that both public and private sectors should prioritize consumer and family caregiver engagement and support in health care. We urge CMS to ensure that all MPPP-related materials are culturally competent and readily available in multiple languages. We also encourage CMS to conduct listening sessions and focus groups with Medicare beneficiaries, caregivers, and other patient advocates to help ensure that MPPP education and outreach materials meet their needs.

Decision Tools: AARP appreciates that not all enrollees will benefit from the MPPP and strongly supports CMS' commitment to providing decision support tools that will help Medicare Part D enrollees determine whether to participate. We also encourage CMS to use focus groups to ensure that these tools meet the needs of enrollees and their families.

AARP also believes that CMS should consider developing online decision support tools to provide real-time, individualized assistance with MPPP enrollment. Such tools should be easily accessible and understandable, and ideally available on websites that Part D enrollees already utilize, including Medicare.gov, Medicare Plan Finder, and Part D plan sponsors' websites. Further, given the role that caregivers often play in assisting with Part D plan selection and enrollment, we strongly encourage CMS to ensure that the larger public is aware of the availability of the MPPP program and related decision support tools.

Lastly, AARP supports the requirement that Part D plan materials contain a variety of information, including information about the Low-Income Subsidy (LIS) "Extra Help" program. It is critical that Medicare Part D enrollees and their loved ones are fully informed about the eligibility, benefits, and enrollment process for both the MPPP program and the LIS "Extra Help" program to ensure consumers have the opportunity to select the most appropriate program to meet their needs.

## **2. Leveraging Existing Resources to Reach Medicare Enrollees Who May Benefit from MPPP (Overview)**

Leveraging Existing Resources for Outreach: AARP urges CMS to utilize all potential and appropriate resources to conduct outreach to Medicare enrollees who may benefit from the MPPP. This includes existing resources such as monthly Medicare Part D premium and explanation of benefits (EOB) statements, State Health Insurance Assistance Programs (SHIPs), Federally Qualified Health Centers (FQHCs), and programs under the Older Americans Act, such as senior centers. We also encourage the utilization of Medicare.gov and 1-800-MEDICARE to communicate information about the MPPP program, particularly before Medicare annual open enrollment periods.

## **3. General and Targeted Enrollee Outreach Prior To and During the Plan Year**

Requirements Related to Part D Enrollee Outreach (Section 60): AARP believes that it is imperative that outreach occurs every year well in advance of Medicare's annual open enrollment period. We urge CMS to ensure that outreach occurs over multiple points in time and that communications are clear, consistent, and easy to understand. We agree that this outreach should be from both CMS and Part D plan sponsors, with targeted attention on individuals who are most likely to benefit from enrolling in the MPPP. Such outreach should include a list of factors that could help Part D enrollees self-identify as someone who could benefit from the program, as well as an explanation of the billing process for their out-of-pocket costs. Further, any MPPP-related information included in monthly Medicare Part D premium and EOB statements should be delineated as a separate program and payment.

General Outreach (Section 60.1): We applaud CMS' commitment to providing additional guidance on marketing and communications procedures at the pharmacy, model language, and

standardized materials, including language about the LIS program under Part D. Again, we urge CMS to ensure that all MPPP-related materials are culturally competent and readily available in multiple languages. We also strongly encourage CMS to conduct further listening sessions and focus groups with Medicare beneficiaries, caregivers, and other patient advocates to obtain feedback on the types of education and outreach materials that would be effective and which communications materials would benefit from CMS templates, samples, or model language.

Targeted Outreach (Section 60.2): As CMS notes, while the MPPP program is open to all Part D enrollees, enrollees incurring high OOP costs earlier in the plan year are generally more likely to benefit. AARP strongly supports targeted early outreach, ideally well before the plan year starts. As previously noted, we strongly encourage CMS to leverage existing resources in outreach to Medicare enrollees who may benefit from the MPPP. This includes existing monthly statements, SHIPs, FQHCs, and programs under the Older Americans Act, such as senior centers.

Further, there should be outreach from both CMS and Part D plan sponsors, with special attention/targeted attention on individuals who have high OOP costs in the prior plan year. AARP also urges CMS to consider focusing on enrollees utilizing specialty pharmacies, which typically dispense high-priced medications. Finally, AARP strongly encourages CMS to use lessons learned from the first few years of the MPPP to identify enrollee characteristics—such as health conditions and medications—that make it more likely that they will benefit from the program and use this information to guide future outreach efforts.

Targeted Part D Enrollee Notification at Point-of-Sale (POS) (Section 60.2.3): AARP appreciates CMS’ efforts to provide guidance to ensure that Medicare Part D enrollees who are likely to benefit from the MPPP are notified at the point-of-sale, which is where many enrollees realize that they are facing high out-of-pocket costs. We support the creation of a POS notification threshold that can help identify which enrollees could benefit from the MPPP. We also encourage CMS to consider applying this proposed POS notification threshold range to OOP costs for all prescriptions filled in a single day.

However, AARP is also aware that the benefits of enrolling in MPPP are dependent on a variety of factors that often cannot be quickly or easily explained. For example, it is unlikely that retail pharmacists will have time to fully explain the implications of enrollment, and a general brochure may not provide information for an enrollee to make an informed decision. Thus, any materials or information shared at the POS should include where and how to obtain more individualized information. Similarly, efforts to develop real-time election for MPPP should include a comprehensive assessment of what level of assistance is available and feasible at the POS, as well as whether that assistance will support appropriate enrollee decision making.

#### **4. Consumer Protections**

Participant Billing Requirements (Sections 40 and 40.1): AARP believes that consumers should have access to a variety of meaningful options to ensure choice in consumer products and services. In that spirit, AARP strongly supports CMS encouraging Part D plan sponsors to offer multiple means of payment in the MPPP, including electronic fund transfer mechanisms, cash, or check and the prohibition on late fees, interest payments, or other fees (such as for certain payment mechanisms). We also strongly support encouraging Part D sponsors to offer

participants flexibility around requesting a specific day of the month for the program charges and withdrawals from a bank account.

AARP believes that consumers should also have the right to accessible, appropriate, and adequate redress, including the full range of legal remedies. We strongly support consumer protections that prohibit termination from the MPPP program if the enrollee pays overdue balances within the required grace period of at least two months.

Further, in circumstances where an MPPP enrollee makes a payment directly to the Part D sponsor and it is unclear whether a payment should go towards the Part D plan premium or the MPPP balance, we support CMS' encouragement of prioritization of payments towards Part D plan premiums to avoid an enrollee losing their overall Part D coverage.

Lastly, AARP strongly encourages CMS to track any downstream effects from this change, including the number of people who do not meet their financial obligations under the program and any related implications for beneficiary premiums.

Thank you again for the opportunity to express our views on this important program, which will help provide financial relief and flexibility to Medicare enrollees with high OOP prescription drug costs. We look forward to continuing to work with you on this effort. If you have any additional questions, feel free to contact me or Gidget Benitez on our Government Affairs team at [gbenitez@aarp.org](mailto:gbenitez@aarp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "David Certner", with a long horizontal flourish extending to the right.

David Certner  
Legislative Counsel and Legislative Policy Director  
Government Affairs