April 29, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

RE: The Medicare Advantage and Prescription Drug Programs: Part C and Part D
Medicare Prescription Payment Plan Model Documents (CMS-10882)

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide comments on the Medicare Prescription Payment Plan (MPPP) model documents.

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 34 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

Approximately 25% of seniors report difficulty affording their medications and three in ten adults have not taken their medication as prescribed due to costs. The Lung Association strongly supported the out-of-pocket (OOP) cap in Medicare Part D and related policies to spread patients’ prescription drug costs over the year included in the Inflation Reduction Act (IRA). If implemented well, these policies will be an important step forward in improving the affordability of medications for seniors in Medicare Part D, especially for people with lung disease who often rely on multiple medications to manage their conditions. The Lung Association looks forward to working with you on the implementation of these policies and offers the following comments on MPPP model documents.

A strong set of model document documents is crucial to the success of the MPPP, and the Lung Association urges CMS to finalize the model materials as soon as possible. Overall, the model documents are clear and understandable, but additional clarifications are needed to help to reduce patient and consumer confusion about this new program. First, the removal for failure to pay document should include specific instructions for individuals on how they can re-enroll in the MPPP once they have made any overdue payments. Additionally, CMS should incorporate information into the model materials that help patients and consumers recognize official correspondence from their plan about the MPPP. This would help to reduce the risk of fraud, which is especially important in the first year of this new program.

The model documents are also an important opportunity to educate patients about other benefits in Medicare Part D that can help to reduce their costs. For example, the IRA included provisions that eliminate cost-sharing for recommended vaccines for seniors with Medicare Part D coverage. Including information about this benefit in the section on “are there programs that can help lower my costs” in the election approval notice and other similar materials could help to improve uptake of this benefit and reduce the burden of vaccine-preventable diseases for seniors.
The Lung Association recommends that CMS supplement these model documents with practical examples that can help patients understand whether this program makes sense for them. Examples could include hypothetical patients who have a high prescription drug costs early in the year that will lead them to quickly reach the OOP cap and likely benefit from the program, as well patients who have lower, fairly regular prescription drug costs throughout the year who might not benefit from enrollment. Additionally, the Lung Association continues to recommend that CMS develop online calculators and other similar tools that allow patients to input expected prescription drug costs, tools which could then be referenced in these materials. These types of resources would provide the type of meaningful, actionable information that patients need to determine the benefit of the MPPP for their individual situation.

As the Lung Association highlighted in previous comments on MPPP implementation, all model documents should be accessible for people with limited English proficiency as well as people with disabilities. Simply translating documents or complying with technical standards is often not sufficient to ensure access, and content may need to be adapted to ensure people with limited English proficiency and disabilities fully understand the program. Additionally, accessible materials must be part of a broader effort to reach underserved populations, including partnering with patient and community organizations with relevant expertise to educate patients about the MPPP.

Finally, the Lung Association underscores the importance of CMS launching a broad outreach and enrollment campaign to help patients and other stakeholders understand the OOP cap and their ability to spread payments out over a calendar year. Recent polling suggests that only one third of seniors are aware of the upcoming annual OOP prescription drug limits for people with Medicare coverage. We encourage you to work with patient groups and their call center staff, state health insurance assistance programs and other key organizations in the patient and consumer advocacy communities to maximize their networks and outreach, as well as health plans, pharmacies, provider organizations and other stakeholders.

Thank you for the opportunity to provide these comments. We look forward to continuing to partner with you on the implementation of these critical policies to help reduce patients' prescription drug costs in Medicare.

Sincerely,

Harold P. Wimmer
President and CEO