



March 16, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via regulations.gov

Re: 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

Dear Administrator Brooks-LaSure:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the Medicare Prescription Payment Plan: Draft Part Two Guidance.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP's nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

Outreach, Education, and Communications Requirements for Part D Sponsors

AMCP supports CMS' efforts to clarify the requirements around outreach and education but is concerned about the administrative burden faced by Part D sponsors in implementing these requirements and integrating them into existing processes in a short time period. The ability to send point-of-sale (POS) messaging that is specific to a particular beneficiary varies depending on the systems and technology infrastructure of individual Part D plans and their contracted pharmacies. Some plans may have the capability to send targeted POS notifications based on individual member profiles and eligibility criteria, while smaller plans may need to rely on manual interventions. AMCP encourages CMS to minimize this burden by exercising enforcement discretion during the initial year while plans determine how best to integrate the new requirements into their existing processes.

AMCP encourages CMS to continue to work closely with plans and provide ongoing guidance as they incorporate information about the Medicare Prescription Payment Plan (M3P) into their existing educational and communication materials. Plans will need to ensure that the information is clear and understandable for beneficiaries while also fitting into the limited space

available on these materials. Presenting information about the M3P program in a clear and understandable manner is crucial to ensuring that enrollees comprehend their options and make informed decisions. Part D plans must carefully craft the language and design of the outreach materials to effectively communicate the purpose and benefits of the M3P program. The effort needed to configure existing systems and the increased costs of disseminating the information will add to the cost of plan administration. AMCP anticipates that these outreach efforts will also drive traffic to plans' call centers, further increasing costs for plans. CMS should promote the use of technology wherever possible in outreach to enrollees. Utilizing online portals, mobile apps, and social media channels to disseminate information about the M3P program could reach enrollees who prefer digital communication channels and enhance accessibility to educational materials. AMCP encourages CMS to provide model language for these digital channels and to consider introducing decision aids or interactive online platforms, such as a monthly cost calculator, to help beneficiaries better understand how the M3P will help them manage their personal prescription drug costs.

“Likely to Benefit” Notification

AMCP is concerned about the burdens of implementing the “likely to benefit” notifications as they may pose potential technical challenges and will require coordination between different IT platforms, specifically for smaller plans which may not already have the ability to target communications at the POS. These notifications will require the creation of efficient processes to analyze claims data as well as real-time data exchange between Part D plans and pharmacies. AMCP encourages CMS to expand the standardized tools and templates it develops for Part D sponsors to use in identifying and notifying eligible enrollees.

Part D Sponsors Communication with Providers/Pharmacies

CMS should encourage consistent, effective communication with prescribers and pharmacists to enhance engagement and collaboration with providers and pharmacies in promoting the M3P program and ultimately improve enrollee awareness and participation. CMS should consider developing standardized, easy to understand primers and other educational materials specifically geared toward these front-line audiences (e.g., "a train the trainer" for prescribers).

Part D sponsors may face difficulty in communicating with pharmacies about the M3P program, specifically in ensuring consistent messaging and adequate education for pharmacies and other healthcare providers. Encouraging active engagement and participation from providers and pharmacies in promoting the M3P program may be challenging, especially given the competing priorities and limited time available for them to dedicate to education and outreach efforts. Providers and pharmacies likely already receive a significant amount of information from various sources, including pharmaceutical companies, health plans, and regulatory agencies. Adding information about the M3P program to existing communications may risk overwhelming providers and pharmacies and diminishing the impact of the message. Additionally, integrating information about the M3P program into existing provider and pharmacy workflows will potentially disrupt established processes and require additional time and resources for training and implementation. Ensuring buy-in and support from providers and pharmacies for the M3P program will require building trust, addressing concerns, and demonstrating the program's value proposition. Providers and pharmacies may be more receptive to communication efforts if they perceive tangible benefits for themselves and their patients.

Opportunities to streamline communications with providers and pharmacies about the M3P program include tailoring communication efforts to specific subgroups of providers and pharmacies based on specialty and prescribing patterns to increase relevance and effectiveness. For example, focusing on providers who frequently prescribe high-cost drugs or pharmacies that dispense specialty medications may yield better results than more generalized messaging. Leveraging existing communication channels and platforms already used by providers and pharmacies, such as electronic health record systems, pharmacy management software, or professional associations, may also help to streamline communications. CMS should consider partnering with pharmacy associations, patient advocacy groups, and provider organizations through joint educational events, resource sharing, and mutual support to enhance the reach of communication efforts.

Pharmacy Network Contracts

AMCP's members are concerned about how to successfully implement and administer the M3P program, including best practices for coordinating with their pharmacy networks. Implementing the contract changes necessary for POS notice and pharmacy network requirements may pose potential difficulties for Part D plans, including negotiation, monitoring, and quality control. Requiring pharmacies to provide POS notifications to enrollees will likely require contract negotiations with pharmacy partners, some of which may be resistant to undertaking new responsibilities. Part D plans must also establish mechanisms to monitor and enforce compliance with the POS notification obligations across their pharmacy network. Part D plans will need to establish mechanisms to assess the completeness, timeliness, and consistency of notifications and address any issues or discrepancies identified.

Timeline for Implementation

AMCP's members are concerned about the timeline for implementation and ensuring that Part D sponsors are not penalized despite their good faith efforts at compliance. For this reason, AMCP recommends a good faith compliance safe harbor or enforcement discretion. AMCP also recommends that all forms and educational materials be finalized by CMS as early as possible.

Conclusion

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact AMCP's Director of Regulatory Affairs, Geni Tunstall, at etunstall@amcp.org or (703) 705-9358.

Sincerely,



Susan A. Cantrell, MHL, RPh, CAE
Chief Executive Officer