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	Winning (	Lume	9	BCBS N merican Society of Hematology (AS	CVS Hea	Uca Eli Lilly and Compa	Huma	American Lung Associati Medicare Rights Cent	ety Cancer Action Network (ACS CAI	MAP	PCN Phrn	UnitedHealth Gro Medical Card Syste	Viva Heal	x Patient Access Network Foundati	The Leukemia & Lymphoma Sock	National Health Cour Segal	Id	Justice in Agi	
		V		4					American Cancer Soci					< Alliance for Aging Research					
2				v							^						,		A couple of commenters noted that CMS did not provide model inaterials for other required communications, including the notice of required and the model inaterials of the commenter support of the CMS provide a billing invoice template. A couple of commenter support of the CMS provide a limit invoice template, A couple of commenter support of the CMS provide a limit invoice template. A couple of commenter support of the CMS provide a limit invoice template, A couple of commenter support of the CMS provide a limit invoice template. A couple of commenter support of the CMS provide a limit invoice template of the commenter support of the CMS provide a limit invoice template of the commenter support of the CMS provide a limit invoice template of the commenter support of the CMS provide a limit invoice template of the commenter support of t
2				x					*		*				*		X		CMS encourages sportions to provide additional information, tools, and resources to best serve their Part D enrollees and ensure they properly understand the program and how it may benefit them. As stated in section 30,15 of the draft part two guidance, Part D sponsors are required to provide examples of how the program calculation with least your desired explanations; sponsors may utilize a calculation tool to the folial this requirement. CMS encourages Part D sponsors to use the searn part of the program calculations included in the final part on eguidance or in the technical memorands will be a particular to the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculations included in the final part on eguidance or in the technical memorand understand the program calculation in the part of the program calculation in the program calculation in the program calculation in the program can be program calculation in the program calculation in the program can be program calculation in the program can be program calculation in the program can be program calculation in the program calculation in the program can be program calculation in the program
3								х			x x								CMS is making every effort to provide materials timely and believes the planned timelines provide Part D sponsors with sufficient lead time to implement necessary changes, prepare materials, and comply with the education outcreach requirements outlined in the draft part two guidance Several commenters requested that CMS finalize model documents as soon as possible, and no later than June 2024.
4								x		x x	X					х	x	K	CMS agrees that Medicare Prescription Payment Plan materials must be accessible, appropriate, and easy to understand for all Medicare Part D enrollees.  CMS has provided a Spanish translation of the Likely to Benefit Notice for public comment as part of this KTB, paradage and will consider additional translations in the future. Additionally, CMS directs commenters sensouraged CMS to ensure that all model materials are accessible for people with limited English proficiency as well as people with disabilities. A couple of commenters to section 30.4 of the draft part two guidance, which states that Part D sponsors must with limited English proficiency as well as people with disabilities. A couple of commenters to section 30.4 of the draft part two guidance, which states that Part D sponsors must be stringly as the profit of the Medicare in the CMP of the Medicare part of the Likely to Benefit Notice for public comment as part of this KTB part of the Likely to Benefit Notice for public comment as part of this KTB part of the Likely to Benefit Notice for public comment as part of the KTB part of the Likely to Benefit Notice for public comment as part of the KTB part of the Likely to Benefit Notice for public comment as part of the KTB public publi
5										х				Х		х			Several commenters requested that CMS add an explanation of the document's purpose and a brief overview of the Medicare Prescription Payment Plan to each of the model notices.  (CMS thanks commenters for this suggestion. CMS has added an "instructions" section to each document for plan sponsors and other stakeholders, which includes an explanation of the purpose of the document and notes to plan be pired exception of the Medicare Prescription Payment Plan to the purpose of the document and notes to be pired exception of the Medicare Prescription Payment Plan to the appropriate model notices.
6								x		x			×						Several commenters suggested that model documents clearly state that they originate from the beneficiary's Part D sponsor, to help patients and consumers recognize difficial correspondence and recitor the risk of frauk. A couple of commenters and required that Okc darly whether any plansate that plan lago, return address, plan name, or plan-specific dictainers) are permitted on notices.  (MS thanks the commenters for their feedback. The "Instructions" section for each model notice states that plans may include plan-specific information and branding on all notices.  The Likely to Benefit Notice may be plan-branded when the notice is provided by the Part D sponsor directly to the enrolled such in the prior to plan year outreach as described in section 30.2.2.1 of the draft part two guidance); however, when the notice is provided by the pharmacy directly to the enrolled section 30.2.2.3, the pharmacy will provide the standardized notice without any planspecific branding.
7	General									x						х			A couple of commenters requested that CMS implement a process to consistently incorporate stakeholder feedback through regular engagement with platients, caregivers, patient organizations. SHIP counselors, and other stakeholders during the stakeholders during the first year of the program. CMS will conduct ongoing outreach to stakeholders during the first year of the program. CMS will monitor the program and documents through a public comment opportunity.
8												x				x	y	×	Acouple of commenters requested that CMS provide additional flexibility to tailor Medicare Prescription Payment Plan related that provide group May be related to the provide provide model in a provide mo
10	-				Н			H^	x	11"	$\Box$		$\sqcup$	+	$\perp$	4	[ ]		their appreciation for the opportunity to provide feedback. CMS thanks the commenters for their support.
_																			A commenter requested that CMS note in all model materials that the Medicare Prescription Han is optional, free to join, and offered by all Part D plans.  (MS thanks the commenter for their suggestion and agrees that Part D sponsors should include language in their materials figure their prescription are should be prescription and offered by all Medicare plans with Part D prescription coverage. This language is included in the Medicare Prescription Payment Plan Likely to Benefit Notice.

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11		+	+	H	х	_	+	+	H	+	_	H	+	+	+	+	+	Н	+	H	A commenter requested that CMS ensure consistency in the naming conventions and references to	
					Ш																	CMS thanks the commenter for their feedback and will ensure consistency across references to these model materials in the ICR package and guidance documents. The official name of each model
					Ш																	material is listed below.  Medicare Prescription Payment Plan Likely to Benefit Notice
					Ш																	Medicare Prescription Payment Plan Participation Request Form     Part D Sponsor Notice to Acknowledge Acceptance of Election into the Medicare Prescription Payment Plan
					Ш																	<ul> <li>Part D Sponsor Notification of Voluntary Removal from the Medicare Prescription Payment Plan</li> </ul>
					Ш																	Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan     Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan     Notification of Termination of Participation in the Medicare Prescription Payment Plan
12	-				Н				Н	Н	x		Н	+	+	+		+	+		A commenter requested that CMS provide additional information in the model materials related to	
					Ш																beneficiary protections, such as the grace period, good cause reinstatement, appeals process, and prohibition on Part D plan disenrollment as a result of failure to pay Medicare Prescription Payment	CMS thanks the commenter for their feedback and agrees that enrollee protections are a critical part of the program. The Notice for Failure to Make Payments and the Notice for Failure to Make
					Ш																Plan balances.	Payments - Notification of Termination both direct enrollees to contact their plan if they think they've received the notice in error and also informs them of their right to appeal through the grievance process. CMS also notes that the payment due date that plan sponsors must include in
					Ш																	the Notice for Failure to Make Payments must reflect the full grace period.
13					П					П	х		П		Х	П	Х		П	Х	A couple of commenters expressed support for the inclusion of information about other assistance programs for people with limited income in the model materials. Several commenters requested	
					Ш																that CMS provide additional information related to financial assistance programs, including the expansion of the Low Income Subsidy in 2024, opportunities for retroactive coverage through LI- NET, and other significant benefits under Medicare Part D such as the elimination of copays for	CMS thanks the commenters for their support and agrees that raising awareness of other financial assistance programs, such as Medicare Extra Help, is paramount to ensuring that eligible Medicare
					Ш																recommended vaccines and \$35 monthly insulin cap. A couple of commenters also suggested that CMS consistently define the "other programs" available to lower costs.	beneficiaries are aware of and able to enroll in the program that best fits their needs. CMS also recognizes the importance of educating beneficiaries on the recent changes to the Part D benefit
					Ш																	under the IRA, particularly those that increase affordability for beneficiaries. In section 30.1.5 of the draft part two guidance. CMS requires Part D sponsors to include on their websites general
					Ш																	information about the LIS program, including information on the recent LIS expansion of eligibility and how to enroll in the program, with a note that LIS enrollment, for those who qualify, is likely to be more advantageous than participation in the Medicare Prescription Payment Plan. Additionally,
					Ш																	CMS encourages Part D sponsors to include information on the new \$2,000 COP cap on Part D knowledge of the courage Part D sponsors are certainly encouraged to educate their beneficiaries on
					Ш																	other important changes to the Part D benefit under the IRA, and CMS is undertaking efforts to strengthen beneficiaries' awareness of the changes.
					Ш																	CMS has reviewed the sections on other financial assistance on each of the model materials to
					Ш																	ensure consistency across the documents.
14	-	+			Х				Н	+		X X	+	+	- x	+	+	Н	+	+	Several commenters encouraged CMS to ensure that model materials are clear, concise, and easy to	
					Ш																understand. Commenters noted the importance of emphasizing that materials relate only to the Medicare Prescription Payment Plan, to limit possible beneficiary confusion about changes to their	CMS appreciates the commenters' concerns regarding potential confusion between the new
					Ш																	program and the Part D enrollee's Part D prescription drug benefit plan and shares the commenters' goal of making model materials clear, concise, and easy to understand. To this end, CMS performed multiple rounds of focus
					Ш																	multiple rounds of focus group testing with a representative sample of Medicare Part D enrollees to evaluate the materials and products newly developed for the Medicare Prescription Payment Plan. The updated model materials in this ICR package include revisions made in response to focus group
					Ш																	feedback.
					Ш																	Additionally, the model notices include language clarifying that the notice only applies to Medicare Prescription Payment Plan participation. For example, in the Part D Sponsor Notice for Failure to Make Payment under Medicare Prescription Payment Plan, additional for Exprinction of
					Ш																	Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation in the Medicare Prescription Payment Plan, we have included language stating, in bold, that the notice of removal only applies to program participation and not to Part D plan enrollment
					Ш																	or drug coverage.
15	Likely to Benefit Notice			х	Х	х	х		$\vdash$	+		хх	<del>     </del>	х	хх	+	Х	Н	x >		Many commenters suggested edits to the Likely to Benefit notice to improve readability and plain	
					Ш																language and provide additional information. These suggestions included further differentiating the bills for Part D premiums and Medicare Prescription Payment Plan balances, clarifying that the program covers only covered Part D drugs and is not available for medical services or Part B drugs,	CMS thanks the commenters for their careful review of the Likely to Benefit Notice and has made
					Ш																and explaining why someone who uses other health insurance or receives extra help with prescription drug costs might not benefit from the program.	revisions to improve readability and plain language throughout the document.
16				x	Ш		y		$\sqcup$		¥	L L	<u> </u>	$\perp$	$\perp$	$\sqcup$	×	$\Box$	χ,		Many commenters recommended that CMS add examples to the Likely to Benefit notice or provide	
10				^			^			^	^	^	^				^		^ '		Many commenters recommended that CMS and examples to the Likely to Benefit notice or provide a link/QR code to additional examples. Commenters also suggested that CMS use illustrations or visual aids to help enrollees understand the mechanics of the program, including how the monthly	
																						CMS encourages sponsors to provide additional information, tools, and visualizations to best serve their Part D enrollees and ensure they properly understand the program and how it may benefit
																						their Part D enrollees and ensure they properly understand the program and how it may benefit them. As stated in section 30.1.5 of the draft part two guidance, Part D sponsors are required to provide examples of how the program calculation works with easy-to-understand explanations;
																						sponsors may utilize a calculator tool to help fulfill this requirement. CMS encourages Part D sponsors to use the example calculations included in the final part one guidance or in the technical
																						memoranda available here: https://www.cms.gov/inflation-reduction-act-and-medicare/part-d- improvements/medicare-prescription-payment-plan. Part D sponsors are also encouraged to use CMS-provided resources as outlined in section 40 of the draft part two guidance.
17	<del> </del>				Н	Х			+	+	+	+	+	+	+	+	+	+	+	Х	A couple of commenters recommended that CMS provide additional information in the Likely to Benefit notice on other changes increasing affordability in Part D, such as the \$35 copay for covered	ιms-provided resources as outlined in section 40 of the draft part two guidance.
																					Benefit notice on other changes increasing affordability in Part D, such as the \$35 copay for covered insulins, the expansion of the Extra Help program, and the changes with patient financial responsibility for certain vaccines. A commenter also suggested that CMS provide additional	CMS thanks the commenters for their support and agrees that raising awareness of other financial
																					information on what the Low Income Subsidy does and how a beneficiary can access it.	assistance programs, such as Medicare Extra Help, is paramount to ensuring that eligible Medicare beneficiaries are aware of and able to enroll in the program that best fits their needs. CMS also
					Ш																	recognizes the importance of educating beneficiaries on the recent changes to the Part D benefit under the IRA, particularly those that increase affordability for beneficiaries. In section 30.1.5 of the draft part two guidance, CMS requires Part D sponsors to include on their websites general
					Ш																	information about the LIS program, including information on the recent LIS expansion of eligibility land how to enroll in the program, with a note that LIS enrollment, for those who qualify, is likely to
																						be more advantageous than participation in the Medicare Prescription Payment Plan. Additionally,
																						covered drugs in 2025. Part D sponsors are certainly encouraged to educate their beneficiaries on other important changes to the Part D benefit under the IRA, and CMS is undertaking efforts to
																						strengthen beneficiaries' awareness of the changes.  The model notices include a list of additional financial assistance programs, including Extra Help,
																						with a description of the program and a link to learn more.
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, 18 H											x		х				x			Several commenters requested that CMS permit plan sponsors to customize the Likely to Benefit notice for specific enrollee populations, such as enrollees in EGWPs or D-SNPs with zero cost a haring.  CMS thanks the commenters for their feedback. The Likely to Benefit Notice is a standardized material that Part D sponsors are required to use verbatin when they have identified an enrollee a likely to benefit thront the program. Part D sponsors must identify individuals likely to benefit thront the program, part D sponsors must identify individuals likely to benefit thront the program part of pa
19				×							х						Н			A couple of commenters requested that CMS condense the Likely to Benefit Notice to a single page or provide a one page version for pharmacies to use. A commenter noted that many pharmacy systems with automated printing capabilities are restricted to printing a single page document, similar to the Medicare Know Your Rights model notice in secessary in the control of the provided in the Likely to Benefit Notice is necessary in the control of the provided in the Likely to Benefit Notice is necessary in the control of the provided in the Likely to Benefit Notice is necessary in the control of the provided in the Likely to Benefit Notice is necessary in the control of the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the provided in the Likely to Benefit Notice is necessary in the Provided in the Likely to Benefit Notice is necessary in the Provided in the Likely to Benefit Notice is necessary in the Provided in the Likely to Benefit Notice is necessary in the
		t	Н			Н	Х								Н		H	$^{+}$		A commenter requested that CMS provide an explanation of the purpose of the Likely to Benefit Notice and instructions for how the notice should be utilized.  CMS thanks the commenter for their feedback and has added an "instructions section to each document, including the Likely to Benefit Notice, which includes an explanation of the purpose of the document and notes the requirements fulfilled by using the document.
																				the document and notes the requirements full billion by using the document.  Section 30.2.1 of the draft part two guidance states that Part D sponsors are required to use the standardized Likely to Benefit Policy to Benefit Notice to satisfy their obligation to perform targeted outreach to Part D enrollees who are identified two benefit prior to and during the pan year, including the part of the properties of the part of t
										х		C							l	Acoupte of commenters suggested that CMS revise the Lilley to Benefit notice to make the potential benefit of the program clearer to enrolles and better communicate the potential impact of not enrolling. Commenters suggested that CMS seek to balance the tone of the notice to avoid discouraging beneficiaries from learning more and enrolling. In particular, commenters noted that language focused on how beneficiaries and "enanage" monthly drug costs and the emphasis on potential variation in monthly cost under the program could confuse beneficiaries and lead them to believe there is no benefit to a program from which they have been identified as "likely to benefit the program and ensure enrollees understand that the Medicare Prescription Payment Plan will no save them money or lower their drug costs.
									х		)									A commenter expressed their support for the standardization of the Likely to Benefit Notice.  (MS thanks the commenters for their feedback. Section 30.2.1 of the draft part two guidance state that Part D sponsors are required to use the standardized Likely to Benefit Notice to safety their obligation to perform targeted mache to Part D remotes who are identified as likely to benefit prior to and during the plan year, including those identified as likely to benefit prior to and during the plan year, including those identified as likely to benefit prior to and during the plan year, including those identified as likely to benefit prior to and during the plan year, including those identified as likely to benefit prior to and during the plan year, including the pharmacy notification process, this outreach must be completed at the pharmacy Policy and the pharmacy process, this outreach must be completed at the pharmacy of the pharmacy
														x						A commenter requested that the Likely to Benefit notice's alternative format disclaimer copy be consistent with the copy and the phone number provided in other CMS required materials. The commenter recommended that CMS direct enrollees to their plans' Member Services phone number instead of 1-800-Medicare.  CMS thanks the commenter for their feedback. Because the Likely to Benefit Notice is a standardized notice that, in many cases, will be provided by the pharmacy to the enrollee at POS, the alternative format disclaimers used in other Part D materials and does not include plan specific contact information because Part D sponsors are under the pharmacy. The disclaimer direct enrollees who need help contacting their plan to 1-800-Medicare.
						1	×													A commenter requested that the Likely to Benefit Notice expressly indicate the payment plan is optional and the program does not reduce costs in any way. The commenter urged CMS to avoid conflating the program with an enroller's choisen part D plan and recommended the document explain that the program does not replace or supplement Part D coverage. This language is included in the Likely to Benefit Notice.
Participation Request Form				х			x x		х				X		x		,	x		Several commenters asked CMS to daily the minimum elements that must be included for a plan to consider the Patricipation Requise from complete. A couple of commenters requested that the Tare of Patricipation Requise from complete. A couple of commenters requested that the Tare of the Patricipation Requise form complete. A couple of commenters requested that the Tare of the Patricipation Requise form complete of it is that enrolled we revolve supon plan enrollement or to add fields to streamline plan processing of enrollment requests, such as health plan ID number of billing information.  **ATO I possors are not be regional or the program of they are already provided by the requirement for communications with prospect and current program participants (with the exception of the "Net Care of Patricipation Regions are required to passors are required elements and information are included in their materials.

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		Prim		l <sup>®</sup>	cys (S		밀	క	g Assc Rights	¥ (A)	Ę C			tealth	Viva	ce Blu	Perm	noma	S	stack	stice i		
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										ncer S						16000							
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										meric						for 4	5						
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J				Ц	_		v		4	Ш		Ш	_		Ш	4			Ш	_	L	Several commenters requested that CMS remove the question on the Participation Request form	CMS thanks the commenters for their feedback and has replaced this question on the participation
							^									ľ	` ^					asking whether the beneficiary receives assistance in paying for their prescription drugs through	for them if they get help paying for their dues, and suggesting they call their plan for additional
																						question is not necessary to process the request to participate in the Medicare Prescription Payment Plan and CMS has not provided sufficient explanation or instructions for why this	information.
																						information is being collected on the model form.	
							х			х	х	П	Х									Several commenters suggested that CMS provide a brief overview of the program on the election request form to ensure enrollees understand what they are signing up for.	CMS thanks the commenters for their suggestion and has added a description of the program to the participation request form.
					×		X						x x				×		П			Several commenters requested that CMS align fields for an authorized representative on the participation request form with current MA-PD/PDP enrollment forms or otherwise clarify the	CMS thanks the commenters for their feedback and has revised the participation request form to
																						participation request form with current MA-PD/PDP enrollment forms or otherwise clarify the signature panel to indicate that either a Part D enrollee or that enrollee's legal representative may complete and sign the request to participate.	note that the authorized representative fields should be completed only if the person making the request is not the enrollee.
					×					x			х									Several commenters suggested that CMS add language to the participation request form directing enrollees to Medicare.gov or 1-800-MEDICARE as a resource for additional information on the program or provide plan contact information for enrollees who may need assistance completing the	CMS thanks the commenters for their feedback and has added language directing enrollees to call
																						program or provide plan contact information for enrollees who may need assistance completing the election request form.	their plan if they have questions or need assistance completing the participation request form.
							×									,				x x		Several commenters asked CMS to clarify the means by which election request forms may be submitted and to provide information on mechanisms besides the paper election form to opt into the program.	CMS thanks the commenters for their feedback and has added instructions to plan sponsors to insert their instructions for submitting the Participation Request form online, over the phone, or by mail
_	-			Н			х			H	хх		+		+	+			Н	хх	H	are program.	
																						Many commenters suggested that CMS include information on the election request form on the	CMS thanks the commenters for their suggestion and declines to include this information in the model Participation Request form, in order to keep model materials concise and easy to
																						timeline for plan sponsors to respond to election requests or reasons a plan sponsor might have for denying a request.	understand. The Participation Request form provides enrollees with plan contact information for questions and additional assistance ("If you have questions or need help completing this form, call us at <pre>-point</pre>
_				Ш					_	Ш			1		Ш	4			Ш	V V	L	Several commenters requested that CMS provide guidelines for plan sponsors on what may be	, , , , , , , , , , , , , , , , , , , ,
													^							^ ^		included in their terms and conditions.	CMS thanks the commenters for their suggestion and declines to provide additional guidelines on terms and conditions for Part D plan sponsors. CMS will monitor program implementation in 2025 and evaluate whether additional guidelines are necessary in future years.
					Х						х			Х	х	,				х		Many commenters suggested edits to the Election Approval notice to improve readability and plain language.	CMS thanks the commenters for their careful review of the Notice to Acknowledge Acceptance of Election and has made revisions to improve readability and plain language throughout the document.
	1		х	П					Х	П		П			П				П				
																							CMS thanks the commenters for their support and agrees that raising awareness of other financial assistance programs, such as Medicare Extra Help, is paramount to ensuring that eligible Medicare beneficiaries are aware of and able to enroll lin the program that best fits their needs. CMS also
																							beneficiaries are aware of and able to enroll in the program that best fits their needs. CMS also recognizes the importance of educating beneficiaries on the recent changes to the Part D benefit under the IRA, particularly those that increase affordability for beneficiaries. In section 30.1.5 of the
																						A couple of commenters recommended that CMS provide additional information in the Election Approval notice on other changes increasing affordability in Part D, such as the \$35 copay for	
																						covered insulins, the expansion of the Extra Help program, and the changes with patient financial responsibility for certain vaccines.	information about the LIS program, including information on the recent LIS expansion of eligibility and how to enroll in the program, with a note that LIS enrollment, for those who qualify, is likely to be more advantageous than participation in the Medicare Prescription Payment Plan. Additionally,
																							CMS encourages Part D sponsors to include information on the new \$2,000 OOP cap on Part D covered drugs in 2025. Part D sponsors are certainly encouraged to educate their beneficiaries on
																							other important changes to the Part D benefit under the IRA, and CMS is undertaking efforts to strengthen beneficiaries' awareness of the changes.
			×																			A commenter expressed concern that the description of monthly bills in the Election Approval	CMS appreciates the commenter's concern. Given that not all Part D enrollees are likely to benefit from the program and that the program creates a new financial relationship between the Part D
																						Notice noting that payments may change every month and enrollees might not know what their bill will be ahead of time will create confusion or cause enrollees concern that they may receive surprise medical bills.	enrollee and the Part D sponsor, CMS believes it is important to ensure that Part D enrollees understand the nuances of the program, including the possibility that bills may change month-to-
_		4		Ш			V		_	Ш	-	Ш	-	4	Ш	4	$\perp$		Ш	_	L	surprise medical pins.	month depending on the prescriptions the enrollee fills.  CMS thanks the commenters for their feedback and notes that the Notice to Acknowledge
		1	^				^				^		^									Several commenters suggested that CMS provide more clarity under the header "Can I leave the Medicare Prescription Payment Plan?" in the Flortion Approval Notice about amounts that must still	Acceptance of Election states that enrollees who choose the leave the Medicare Prescription
																						Medicare Prescription Payment Plan?" in the Election Approval Notice about amounts that must still be paid upon termination from the program. Commenters requested that CNS emphasize enrollees are not required to pay the remaining balance immediately upon disenrollment.	be billed monthly.
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	Election Approval Notice																					Several commenters requested that CMS provide additional information in the Election Approval	CMS thanks the commenters for their feedback and agrees that enrollee protections are a critical part of the program. The Notice for Failure to Make Payments and the Notice for Failure to Make Payments - Notification of Termination both direct enrollees to contact their plan if they think
																						Notice related to beneficiary protections, such as the grace period, good cause reinstatement, opportunities to opt back into the program following termination or plan switching, and how to reelect the program in a subsequent plan year.	Payments - Nothication of Termination both direct enrollees to contact their plan if they think they've received the notice in error and also informs them of their right to appeal through the grievance process. CMS also notes that the payment due date that plan sponsors must include in
																					L		the Notice for Failure to Make Payments must reflect the full grace period.
										П	х						Х			х	Г	Several commenters asked CMS to clarify whether program participation will automatically renew beyond the plan year for which the beneficiary opts in. Commenters recommended that if	CMS thanks the commenters for their feedback. Automatic re-election into the Medicare Prescription Payment Plan will be addressed in future guidance; CMS will consider whether updates
																						beyond the plan year for which the beneficiary opts in. Commenters recommended that if participation is limited to the current plan year, CMS insert language into the Election Approval notice clearly stating that expectation.	Prescription Payment Plan will be addressed in future guidance; CMS will consider whether updates to the model materials are necessary at that time.
							х			П			×	х			T		П	х х		Several commenters requested that CMS include other mechanisms besides a phone call for participants to opt out of the program in the Election Approval notice.	CMS thanks the commenters for their feedback and has added instructions to plan sponsors allowing them to add their preferred contact mechanisms for participants opting out of the program.
	†		t	Н					+	$\forall$	+	$\forall$	$^{+}$	+	$\dagger \dagger$	х	$^{\dagger}$	$\dagger$	$\forall$	+		A commenter requested that CMS use consistent links for Social Security Administration resources related to the Extra Help program.	CMS thanks the commenter for their feedback and has confirmed consistency for the Social Security Administration resources provided across all of the model materials.
_	j			Н		H	х		+	H	+	$\dagger\dagger$	$\top$	х	H	х	$\top$	+	$\forall$		Г	Several commenters requested that CMS provide clarity on plan sponsors' ability to make changes	CMS thanks the commenters for their feedback and has provided additional instructions to plan
																						to the Election Approval notice, including the ability to add copy directing members online or to call the Member Help Team to find their EOC, and the ability to make the Rx ID, Rx Group, Rx Bin, and Rx PCN optional fields.	sponsors in the model notice indicating where they may make changes to the notice. The updated instructions state that the Rx ID, Rx Group, Rx Bin, and Rx PCN fields are all optional for sponsors to
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																					A (		CMS encourages sponsors to provide additional information, tools, and visualizations to best serve their Part De nncillees and ensure they properly understand the program and how it may benefit them. As stated in section 30.1.5 of the draft part two guidance, Part D sponsors are required to provide examples of how the program calculation works with easy-to-understand explanations; sponsors may utilize a calculator tool to help fuffill this requirement. CMS encourages Part D sponsors to use the example calculations included in the final part one guidance or in the technical memoranda available here: https://www.cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescripton-payment-plan. Part D sponsors are also encouraged to use CMS-provided resources as outlined in section 40 of the draft part two guidance.
															x							commenter suggested edits to the Voluntary Termination notice to improve readability and plain anguage.	CMS thanks the commenter for their careful review of the Notification of Voluntary Removal and has made revisions to improve readability and plain language throughout the document.
			х																		Vo	A commenter expressed concern that referring to the program as a "payment option" in the foluntary Termination notice could confuse beneficiaries who think of "payment options" as anyment through the mail or credit/debit card.	2AS appreciates the commenter's concern regarding potential confusion around the new program and other between immenting spat of models needed reliable clear source and easy to content of the content o
					Х		х		П		х										cle	ome commenters requested that CMS add language to the Voluntary Termination notice making lear that voluntary termination does not require an enrollee to pay an immediate lump sum in full;	CMS thanks the commenters for their feedback and has revised the language related to payment of outstanding balances. The Notification of Voluntary Removal states "You'll continue to be billed
																					un	ther commenters requested CMS emphasize the need for payment of any outstanding balance inder the Medicar Prescription Paymen Plan even who participation is ended voluntarily. A commenter suggested that CMS remove specific unpaid amounts from the "How Do I Pay My salance" section and refer enrollees to monthly invoices for information on unpaid amounts.	monthly, or you can choose to pay the amount you owe all at once. You'll never pay any interest or fees on the amount you owe. Contact <plan name=""> if you have questions about paying your balance."</plan>
		Х											x x								vol	commenters requested to differentiate voluntary termination as a result of plan switching from coluntary termination as a result of no longer wanting to participate in the program in the Voluntary	CMS thanks the commenters for their suggestion and has revised the Notification of Voluntary Removal to provide plan sponsors with the option to tailor the notice based on the reason for voluntary termination. This will reduce potential enrollee confusion. The notice also states that unpaid balances will confiture to be paid monthly, unless the enrollee chooses to pay the amount
	Voluntary Termination Notice																					remination notice. Commenters asked CMS to specify that there may still be payments owed to heir former plan and enrollees must re-elect the program under their new plan.	they owe all at once, and provides information about how the enrollee may elect into the Medicare Prescription Payment Plan in the future under a new Part D plan.
			x				x			X			X		X						ad ba	everal commenters requested that CNS provide fairly on plan sponsors' ability to make changes or the Voluntary Termination notice, including the ability to add other payment methods, add an or the Voluntary Termination of the CNS provides the particular of the processor of the Voluntary and salance?" and "What lappeds" if I con't pay my balance?" if the member does not owe a balance, and make the Rx ID, Rx Group, Rx Bin, and Rx PxX optional fields.	CMS thanks the commenters for their feedback and has provided additional instructions to plan sponsors in the model notice indicating where they may make changes to the notice. The Rx ID, Rx Group, Rx Bin, and Rx PCN fields are all optional for sponsors to include.
																	x				mi au	commenter recommended that CMS clarify whether, in situations where a beneficiary makes a	CMS thanks the commenter for the question. As discussed in section 70.4 of the Medicare Prescription Paymer Plan: Final Part One Guidance on Select Topics, Implementation of Section 18600-2 of the Social Security Act for 2025, and Response to Relevant Comments, when a Part D enrolled edsenroll from a Part D plan, such as when switching plans during the coverage year of for a subsequent coverage year, their participation in the Medicare Prescription Payment Plan, as administered by the Part D sponsor losing the enrolled, effectively ends. This is the case even when the first plan and second plan are administered by the same Part D sponsor. The Part D sponsor he new plan may not automatically sign up the individual for the Medicare Prescription Payment Plan under the individual's new plan. The Part D enrollee may choose to elect finite the program with the new Part D plan, regardless of any balance owed to the Part D plan sponsor of the prior plan.
_		$\vdash$	-	+		$\perp$		_	++	+		+	+	Н	x	H	+	Н	+	Н	+		CMS thanks the commenter for their feedback. The variable "Date" has been added to the model
				$\vdash$	x	X		$\vdash$	+	+	$\vdash$	+	x	+	x	H	+	$\vdash$	x	x	A.	a commenter noted that the variable "Date" is missing from the Voluntary Termination notice.	notice.
																					dif cla en fro	Aany commenters suggested edits to the initial Notice of Failure to Pay to improve readability and blain language and provide additional information. These suggestions included further lifferentiating the bills for Part D premiums and Medicare Prescription Payment Plan balances, larifying that the notice is not referring to missed payment or possible termination from the inrollee's Part D plan, and clarifying that responsibility for out-of-pocket costs after termination rom the program will be limited to the enrollee's remaining share of out-of-pocket costs up to the 2,000 threshold.	CMS thanks the commenter for their careful review of the Initial Notice of Failure to Pay and has made revisions to improve readability and plain language throughout the document.
						х	х														A c	couple of commenters expressed concern that using language in the Initial Notice of Failure to Pay uch as "urgent" is too harsh and suggested revisions to soften the messaging; other commenters incouraged CMs to emphasize the urgency of past due payments.	suggested title provided by CMS has been revised to "Reminder: Pay your Medicare
			X			х					х										"lik sin	ome commenters expressed concern that the sentence in the Initial Notice of Failure to Pay stating like any other debt, you're required to pay the amount you owe' could be too harsh or confusing, ince the next sentence says that enrollees will keep their drug coverage as long as they pay their remium.	you owe, even if your payment is late. If you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled in <plan name="">.")</plan>
							X														A c Ini	A commenter recommended that plans state the actual date of the deadline for payment in the nitial Notice of Failure to Pay.	CMS thanks the commenter for their suggestion and notes that the first paragraph of the Notice for failure to Make Symments includes a field for the plant apposon to insert the payment due date, ("To stay in the Medicare Prescription Payment Plan, you must pay -insert the full amount or a partial amount(s) should the plan choose to allow enrollees to pay the balance over separate payments > by rissert date for the end of the grace period (the, the date that is two calendar months from the first day of the month for which the balance is unpaid or the first day of the month following the date on which the payment is requested, whichever is later)>-?)
	initial Notice of Failure to Pay											х	Х								Par en a p	Acouple of commenters requested that CM5 remove the language in the Initial Notice of Failure to ay indicating that a Medicare Prescription Payment Plan payment can be redirected to the profile of premium. Commenters noted that the management of the program may be delegated to plan's PBM and the PBM/vendor would have to coordinate with the plan to apply a Program's sayment to premiums, introducing further complexities and potential for error.	CASS thanks the commenters for their feedback and has removed this language from the Notice for railure to Make Payments. As stated in section 40.10 of the final part one guidance, Part Disponsors and the part of the bedge their Part D coverage who it is unclear whether a payment exceeded from a part op and intended by the participant to cover their outstanding Part D plan premium or Medicare Prescription Payment Plan balance.
_													х				X	Х			Fai	everal commenters requested that CMS include additional information in the Initial Notice of aillure to Pay about the process of reinstatement, or how an enrollee can re-elect the program after eing terminated.	CMS thanks the commenters for their feedback. The Notice for Failure to Make Payments and the Notice for Failure to Make Payments – Notification of Termination of Participation both direct enrolless to contact their plan to opt back into the program (once they've paid all outstanding balances, if applicable).

Review of PRA Comments - June 2014						
# Common Theme	West BIO S MA (ASH)	Jcare mana tal Rx tal canter	CAN) IUNITY IAPRX AMCP CMA IRMA	stem lealth lealth ation ation ation or lealth or lealth l	Summary of Comment	Proposed Reponses
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	a late	m   m   m   m   m   m   m   m   m   m	Sort C	UnitedHealth Medical Card S Viva Viva Viva Ndependence Bluu Kaiser Permi Kaiser Permi ia & Lymphoma S National Health C S S Haystack		
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			<sup>∢</sup>	auce		
			*		A few commenters asked CMS to clarify in the Initial Notice of Failure to Pay whether an overdue	CMS thanks the commenters for their feedback and has removed the language indicating that an overdue amount can be billed monthly.
					amount can be paid monthly; if the balance has to be paid by a specific due date, the language in the notice on how to pay a bill is confusing. A commenter also asked CMS to clarify whether	As stated in section 80.2.2 of the final part one guidance, the two-month grace period must carry
					monthly payments can be made after December of the plan year.	over into the next calendar year if non-payment occurs at the end of a prior calendar year.
			X		A commenter suggested that CMS provide a brief overview of the program in the Initial Notice of Failure to Pay.	CMS thanks the commenter for their feedback and has added a one sentence overview of the Medicare Prescription Payment Plan to the first paragraph of the notice as a reminder for enrollees.
				X	A commenter noted that the variable "Date" is missing from the Initial Notice of Failure to Pay.	CMS thanks the commenter for their feedback. The variable "Date" has been added to the model notice.
		X	x	X X	Several commenters requested that CMS provide clarity on plan sponsors' ability to make changes to the initial Notice of Fallure to Pay, including the ability to add other payment methods, add address or maling instructions for payments by mail, add copy directing members online or to the plan's Member Help Team to find their Evidence of Coverage, and make the Rx ID, Rx Group, Rx Bin, and Rx PX No ploroal fields.	CMS thanks the commenters for their feedback and has provided additional instructions to plan sponsors in the model notice indicating where they may make changes to the notice, including tailoring payment methods and including a mailing address for payments made through the mail. The Rx ID, Rx Group, Rx Bin, and Rx PCN fields are all optional for sponsors to include.
		x			A commenter requested that CMS permit plan sponsors to provide a customized list of other financial assistance options to include plan-specific programs in the Initial Notice of Failure to Pay.	CMS thanks the commenter for their suggestion and has noted in the instructions to plan sponsors that plan sponsors may include their plan-specific assistance programs, if applicable, to the list of resources in the section "Are there programs that can help lower my costs?"
	X	X	x x	X X	Many commenters requested that CMS include additional information in the Notice of Removal for Failure to Pay about how an individual can re-enroll in the program after termination.	CMS thanks the commenters for their feedback and has added language to the section "Can I use this payment option in the future?" directing enrollees to contact their plan for more information on reinstatement after paying back any outstanding balances.
			X		A commenter requested that CMS state more clearly in the Notice of Removal for Failure to Pay that enrollees terminated from the Medicare Prescription Payment Plan are not being disenrolled from their Part D plan.	CAS thanks the commenter for their concern. The Notice for Failure to Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation states; in bold text, "This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be emolled in 'plan name? for your drug coverage."
Removal for Failure to Pay			x x x	X X	Several commenters suggested edits to the Notice of Removal for Failure to Pay to improve readability and plain language and provide additional information. These suggestions included clarifying that responsibility for out-of-pocket costs after termination from the program will be limited to the enrollee's remaining share of out-of-pocket costs up to the \$2,000 threshold.	CMS thanks the commenter for their careful review of the Notice for Failure to Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation and has made revisions to improve readability and plain language throughout the document.
		X		X	Several commenters requested that CMS provide clarity on plan sponsors' ability to make changes to an the Notice of Removal for Failure to Pay, including the ability to add other payment methods, and address or mailing instructions for payments by mail, add copy directing members online or to the plan's Member Help Team to find their Evidence of Coverage, and make the Rx 1D, Rx Group, Rx Bin, and Rx Px Dx pottonal fields.	CMS thanks the commenters for their feedback and has provided additional instructions to plan sponsors in the model notice indicating where they may make changes to the notice, including talloring payment methods and including a mailing address for payments made through the mail. The Rx ID, Rx Group, Rx Bin, and Rx PCN fields are all optional for sponsors to include.
	×	x x	x x	x x x x	CMS received a number of comments that are out of scope for this ICR package, including	
Out of Scope						N/A
			++++			