

2025 Part D Reporting Requirements - 60 day Comments and Responses

CMS received comments from 5 entities including Part D sponsors, professional organizations and trade associations. Comments were focused on two reporting sections – Medication Therapy Management and Medicare Prescription Payment Plan.

- **Reporting section – Medication Therapy Management (MTM)**

Comment: One organization raised concern over the proposed removal of data element J, “Date met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). Required if met the specified targeting criteria per CMS – Part D requirements. (May be same as Date of MTM program enrollment).” They stated the removal of data element J affects the MTM measure in the Star Ratings, specifically altering how the denominator is determined, and asked for clarification.

Response: CMS will keep data element J in the MTM reporting section and will reassess changes in the future. The element is not used directly to calculate the MTM measure in the Star Ratings but is part of the data integrity checks which help confirm the accuracy of the plan-reported data.

- **Reporting section – Medicare Prescription Payment Plan**

Comment: Two commenters noted that a data collection deadline of the last Monday in February may be too early to collect complete data on uncollected program balances through the end of the full plan year. Because Part D sponsors will be sending December program bills in mid-January, program balances for the month of December may still be uncollected by the end of February. Additionally, due to the two month grace period, some program balances for the months of October and November may also still be uncollected by the proposed reporting deadline. The commenters suggested that CMS establish a reporting deadline of late April or early May to account for program payments made after the end of the year, but during the program grace period for the plan year and allow for data production time prior to reporting.

Response: CMS thanks the commenters for their suggestion. CMS’ intent is to collect data on uncollected balances through the end of the full plan year; we have updated the Medicare Part D Reporting Requirements for Medicare Prescription Payment Plan data elements to reflect a data collection deadline of the last Monday in April.

Comment: One commenter urged CMS to use the information collected from Part D plan sponsors to monitor patterns of beneficiary behavior and develop stronger incentives for enrollees to make the required monthly payments.

Response: CMS thanks the commenter for their feedback. As stated in section 80.3 of Medicare Prescription Payment Plan: Final Part One Guidance on Select Topics, Implementation of Section 1860D-2 of the Social Security Act for 2025, and Response to Relevant Comments, a Part D sponsor may preclude an individual from opting into the Medicare Prescription Payment Plan program in a subsequent year if the individual owes an overdue balance to that Part D sponsor. In addition, as stated in section 80.3, preclusion is permitted in plans that are offered by the same parent organization and may extend beyond the immediately subsequent plan year. If an individual pays off the outstanding balance during a subsequent year, the enrollee is eligible to request to participate in the program again. CMS intends to

use the collection of data as outlined in this Information Collection Request to assess the operations of the Medicare Prescription Payment Plan and ensure financial stability in the Medicare Part D program. CMS may use this data to inform future program requirements.

Comment: Commenters suggested that CMS collect additional data elements to ensure individuals likely to benefit from the Medicare Prescription Payment Plan are being made aware of the program by their plan sponsors and opting into the program as appropriate, evaluate the effectiveness of different mechanisms for enrolling beneficiaries in the program, and inform future outreach and education efforts. Suggested data elements included:

- Breakdown of total number of individuals a plan identifies as likely to benefit from the program into individuals identified a) by the Part D sponsor, prior to the plan year, b) by the Part D sponsor, during the plan year, or c) following interaction with the pharmacy at the point of sale
- Breakdown of total number of individuals who opted into the program, as well as total number of individuals who were notified but chose not to opt in, by notification mechanism (at the point-of-sale, by the plan sponsor prior to the plan year, and by the plan sponsor during the plan year)
- Mean and median annual and average monthly out-of-pocket costs of enrollees who elect to participate
- Mean and median annual and average monthly out-of-pocket costs of enrollees notified that they were likely to benefit but who did not elect to participate, including each mechanism of notification (at the point-of-sale, by the plan sponsor prior to the plan year, and by the plan sponsor during the plan year)
- Number of enrollees who meet the annual out-of-pocket cap that were notified or not notified that they were likely to benefit from the program and the distribution of such enrollees for each month of the calendar year
- Number of beneficiaries who opted into the program who were not identified as likely to benefit
- Breakdown of total number of beneficiaries who opted into the program by election method (election request form sent with membership ID card, plan website, telephone, mail)
- Number of program participants who missed payments
- Number of program participants with a missed payment who paid after receiving first notice of a late payment
- Number of program participants with a missed payment who paid after receiving second notice of a late payment

Response: CMS thanks the commenters for their suggestions. CMS has endeavored to strike a balance between the burden on Part D plan sponsors in the first year of the program and collecting critical data elements that are necessary to assess the operations of the Medicare Prescription Payment Plan and ensure financial stability in the Medicare Part D program. In response to public comment, CMS is adding eleven additional data elements to the Part D Reporting Requirements to support monitoring and oversight of the Medicare Prescription Payment Plan. These elements include:

- Total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period on one or more of the following methods: prior plan year criteria; during the plan year criteria; POS criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan)
- Total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on prior to plan year criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan)

- Total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on during the plan year criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan)
- Among individuals identified as likely to benefit based on prior to plan year, during the plan year or point of sale criteria, the total number of those individuals who submitted an election request to participate in the Medicare Prescription Payment Plan during the reporting period
- The total number of Medicare Prescription Payment Plan election requests received during the reporting period.
- Of the total number of Medicare Prescription Payment Plan election requests received during the reporting period, the number of election requests that were accepted during the reporting period.
- Of the total number of Medicare Prescription Payment Plan election requests received during the reporting period, the number of election requests that were not complete at the time of initial receipt and for which the sponsor was required to request additional information from the applicant (or his/her representative)
- Of the total number of election requests that were not complete at the time of initial receipt and for which the sponsor was required to request additional information from the applicant, the number of election requests received that are incomplete upon initial receipt and completed within established timeframes.
- Of the total number of election requests that were not complete at the time of initial receipt and for which the sponsor was required to request additional information from the applicant, the number of election requests denied due to the applicant or his/her authorized legal representative not providing the information required to complete the enrollment request within established timeframes.
- Of the total number of Medicare Prescription Payment Plan election requests received during the reporting period, the number of election requests that were denied during the reporting period.
- The collected Medicare Prescription Payment Plan amounts from the reporting period.

CMS may consider revised or additional reporting requirements for future years.

Comment: One commenter suggested that CMS collect additional data elements to determine whether the \$600 single prescription threshold is appropriate for identifying individuals likely to benefit prior to the plan year, during the plan year, and at point of sale.

Response: CMS thanks the commenter for their suggestions. CMS has endeavored to minimize burden for Part D plan sponsors in the first year of the program by limiting data collection to those critical data elements that are necessary to assess the operations of the Medicare Prescription Payment Plan and ensure financial stability in the Medicare Part D program. CMS may consider revised or additional reporting requirements for future years.

Comment: Commenters encouraged CMS to consider collecting demographic information of those electing and opting against electing into the Medicare Prescription Payment Plan, including income level, geographic location, age, race/ethnicity, and sex, to ensure that the program is being implemented in a manner that is fair and equitable to all Medicare beneficiaries.

Response: CMS thanks the commenters for their suggestion. CMS is committed to advancing health equity by addressing the health disparities that underlie our health system and recognizes the importance of collecting data that assesses whether programs like the Medicare Prescription Payment Plan are aligning with the needs of communities and individuals. CMS has proposed to collect beneficiary-level data on participation in the Medicare Prescription Payment Plan through the Medicare Advantage Prescription Drug (MARx) System; these data elements are available for public comment through the Office of Management and Budget's Information Collection Request (ICR) process until May 8, 2024.

Comment: One commenter recommended that CMS make data reported by Part D plan sponsors publicly available to inform broader outreach and education efforts. The commenter also requested that CMS provide oversight of plans to ensure they do not seek to pass the administrative burden of data reporting onto patients via access restrictions or higher premiums.

Response: CMS thanks the commenter for their suggestion and looks forward to working with stakeholders to support outreach and education related to the Medicare Prescription Payment Plan program. Our main objective in collecting data for CY 2025 is to assess the operations of the Medicare Prescription Payment Plan and ensure financial stability in the Medicare Part D program. CMS will evaluate data submissions once we review them and consider opportunities for increased data transparency. We also note that plans submit bids to cover benefit and operational costs for a payment year, and plan sponsors have a strong incentive to keep bids as low as possible.