



June 27, 2024

Dr. Meena Seshamani
Director, Center for Medicare
Deputy Administrator, Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Dr. Seshamani:

Our organizations, the Alliance for Aging Research ([AAR](#)) and the Patient Access Network Foundation ([PAN Foundation](#)), appreciate the ongoing opportunity to work with the Centers for Medicare & Medicaid Services (CMS) on implementing critical elements of the Medicare Prescription Payment Plan (M3P). We thank CMS for the opportunity to comment on the latest model documents for implementing the M3P through the Medicare Plan Finder Enhancements for Contract Year 2025 notice. Our comments to the model documents are attached as Appendix A and briefly summarized below.

Comments on Model Forms and Education Materials

We have included as Appendix A redlined versions of the forms that provide recommendations to help beneficiaries to better understand the M3P program, how they may benefit, their payment responsibilities, and protections to ensure appropriate access to the program. Before the forms are finalized, we urge CMS to incorporate language that reflects the following:

- Reiterating in each form the specifics of the M3P program and relevant changes in the Medicare Part D program, including:
 - stating it is a program offered by all Medicare Part D plans,
 - stating individuals will never pay more than \$2,000 in out-of-pocket costs in 2025,
 - explaining the grace period, and
 - explaining the grievance process and ability to be reinstated for “good cause,” per Section 80.2.2 of the final Part D guidance for the M3P.
- Including “charitable foundations” in each form that lists other programs that may help lower a beneficiary’s costs. The forms include pharmaceutical company sponsored patient assistance programs (PAPs) and we urge a similar inclusion of charitable foundation assistance programs that serve a related function in providing financial assistance to eligible Medicare beneficiaries to access their medications. We further encourage CMS to include charitable foundations as a resource on relevant pages on Medicare.gov, such as <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs>.
- Clarifying when and how you can rejoin the M3P after being removed from the program. Materials should note that Part D plan sponsors must have a reinstatement process in place to allow

individuals to resume participation in the Medicare Prescription Payment Plan and provide complete information on the required steps for reinstatement.

We again highlight that the pharmacy point of sale (POS) notification. While this requirement is in statute and Part D enrollees likely to benefit should be notified, the lack of a POS enrollment will limit the effectiveness of this notice and represents a missed opportunity for opting into M3P.

We again encourage CMS to develop a standardized form for plans to send to beneficiaries enrolled in the M3P at the end of the calendar year. This form should include:

- Notice that the beneficiary will need to re-enroll in the M3P with their selected plan for the following year – even if they are remaining with the same plan – in order to continue to use the program.
- Information about how to make their final payment for the M3P for the current year, including information about the grace period and grievance process.


In the absence of a separate form, we ask CMS to incorporate the proposed edit (listed as Option 4) in Exhibit 6, the Notice of Voluntary Termination, that notes that participants must re-enroll in order to participate in the M3P in the following plan year.

Lastly, we reiterate that CMS should ensure that plans are able to walk beneficiaries through specifics of the M3P program either by phone or through the plan's website. As we suggested before, one idea that may help with this is to include an easy-to-understand infographic of how enrollment in the M3P program will benefit the beneficiary as well as a flow chart of the mechanics of the benefit. We encourage CMS to provide information publicly on the agency's plans to produce additional educational materials on the M3P to assist other stakeholder organizations in the planning and development of supplemental materials on the M3P.

Next Steps and Conclusion

Thank you again for the opportunity to comment on these model forms and education materials. We look forward to continuing our partnership with CMS to ensure that beneficiaries can easily access and benefit from these essential policy reforms. If you have questions about these recommendations or would like to discuss further, please contact us at mward@agingresearch.org or aniles@panfoundation.org.

Sincerely,



Michael Ward
VP of Public Policy and Government Relations
Alliance for Aging Research



Amy Niles
Chief Mission Officer
Patient Access Network Foundation

Attachment

Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You might benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them through the end of the calendar year (i.e., December). Starting in January 2025 (effective January 1, 2025), anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D.

If you select this payment option, each month you'll continue to pay your plan premium (if you have one). You'll get a separate bill from your health or drug plan to pay the cost of your prescription drugs, instead of paying the pharmacy. All Part D plans offer this payment option and your participation is voluntary. It doesn't cost anything to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.

Will this payment option help me?

It depends on your situation. If you have high out-of-pocket drug costs, this payment option spreads out what you'll pay over the remaining months in the calendar year (i.e., through December), so you don't have to pay out-of-pocket costs to the pharmacy, or all at once, as you do currently. This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. Visit [Medicare.gov/basics/costs/help/drug-costs](#) to learn about programs that can help lower your drug costs.

How will my costs work with this payment option?

The new prescription drug law caps your out-of-pocket costs at \$2,000 in 2025 and eliminates the coverage gap (known as the "donut hole"). This means you'll never pay more than \$2,000 in out-of-pocket drug costs in 2025. This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan. If enrolled in the Medicare Prescription Payment Plan, when you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail-order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket drug costs get added into your monthly payment, there are fewer months left in the year to spread out your remaining payments.

What happens when I enroll?

After you receive confirmation from your Part D plan that you have been successfully enrolled in the Medicare Prescription Payment Plan:

- When you get a prescription for a drug covered by Part D, we'll automatically let the pharmacy know that you're participating in this payment option, and you won't pay your pharmacy for the prescription.
- Each month, your plan will send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. You'll get a separate bill for your monthly plan premium (if you have one).

How do I know if this payment option might not be right for me?

This payment option may be less beneficial for you, if:

- Your yearly drug costs are low

Commented [GU1]: As a consumer, it may not be helpful to hear from a 3rd party that you are considered to have "high drug costs." Positioning with if, rather than because, helps alleviate this concern and allows the beneficiary to make that decision for themselves.

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Commented [GU2]: If CMS has any intention of using the acronym M3P, then it should be introduced here.

Commented [GU3]: This is more clear than across the calendar year - the prior Jan-Dec didn't help because not all will start the program in January.

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Commented [GU4]: Add so there is a statement of what happens now, versus what would happen under the M3P

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Commented [GU5]: Copied directly from Notice of Election Approval. Helpful to have here so beneficiaries that are considering enrolling understand how the process of payment for drugs works once enrolled.

Commented [GU6]: Previous language feels like a leading statement. Rephrase to indicate these are considerations.

Deleted: might not be the best choice for you

- Your drug costs are the same each month
- You ~~are~~ considering signing up for the payment option late in the calendar year (after September)
- You don't want to change how you pay for your drugs
- You get or are eligible for Extra Help from Medicare
- You get or are eligible for a Medicare Savings Program

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You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP) or a charitable foundation.

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Who can help me decide if I should sign up for this payment option?

- **Your health or drug plan:** Visit your plan's website or call your plan to get more information. Your plan's phone number is on the back of your membership card.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.medicare.gov/prescription-payment-plan) or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
- **State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to get the phone number for your local SHIP and get free, personalized health insurance counseling.

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How do I sign up for this payment option?

Visit your plan's website or call your plan to **enroll and** start participating in this payment option. If you need to pick up a prescription urgently, the fastest way to use this payment option is to call your plan.

You can sign up for the Medicare Prescription Payment Plan during open enrollment or at any time during the year. However, it's important to plan ahead, because you can't sign up at the pharmacy counter. You must contact your Part D plan to activate this payment option at least 24 hours before you pick up the first medication you wish to pay through installments.

Commented [GU7]: Do we want to state that in 2025, "you will not be able o enroll in this payment option through your pharmacy?"

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Commented [GU8]: We strongly recommend CMS revise to include language to this effect, as this is important information that beneficiaries need as they navigate how to enroll and then pay for their medications.

Would you like information about the Medicare Prescription Payment Plan in another format or language?

To receive this information in other formats like large print, braille, or another language, contact your Medicare drug plan. Your plan's phone number is on the back of your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227).

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Exhibit 2: Medicare Prescription Payment Plan Participation Request Form

[Instructions: The 'Medicare Prescription Payment Plan Participation Request Form' lets a beneficiary notify the Part D sponsor that they would like to participate in the payment option.

This model form satisfies the requirement for Part D sponsors to provide Part D enrollees with an election request form to participate in the Medicare Prescription Payment Plan. Notices must include all model language exactly as written, except where otherwise indicated. Plan sponsors can make minor grammar or punctuation changes, font type or color change, and/or add their logos to brand this document.

If a Part D sponsor gets a form that it is not complete, the sponsor must contact the individual to ask for more documentation. Part D sponsors may consider a form complete if it has the enrollee's name, Medicare number, and has been signed by the enrollee or their authorized representative

Italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. Non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use it as applicable.]

Medicare Prescription Payment Plan
participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option **may not be as beneficial** for you if **your drug costs are low or if** you get help paying for your prescription drug costs through programs like Extra Help from Medicare, **State Pharmaceutical Assistance Programs (SPAPs) or charitable foundations**. Call your plan for more information.

Complete all fields unless marked optional

FIRST name:LAST name:MIDDLE initial (optional):

Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _

Birth date: (MM/DD/YYYY)
(/ /)

Phone number:
()

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:

County (optional):

State:

ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):
Address:City:State:ZIP code:

Read and sign below

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- I understand this form is a request to participate in the Medicare Prescription Payment Plan. [Plan Name] will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form *[and the attached terms and conditions (insert if the terms and conditions are included with this form)]*.
- [Plan Name] will send me a **notice** to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature:

Date:

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

Address (Street, City, State, ZIP code):

Phone number: ()

Relationship to participant:

How to submit this form

[Plan may insert their instructions for submitting the participation request online, over the phone, or by mail.]

Submit your completed form to:

[Plan Name]

[Plan address]

[Plan address]

[Plan address]

[Plan fax number *if applicable*]

[Plan email *if plan chooses to accept forms via email*]

You can also complete the participation request form online at [website link], or call us at [phone number] to submit your request via telephone.

If you have questions or need help completing this form, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

Commented [GU1]: We encourage the inclusion of information here on how the notice will be delivered (i.e., via email, mail, etc.) We encourage expeditious confirmation options such as email, whenever possible.

[Plans can insert their Medicare Prescription Payment Plans terms and conditions on the back of this form or attach them separately.]

Exhibit 3 – Part D Sponsor Notice to Acknowledge Acceptance of Election to the Medicare Prescription Payment Plan

[Instructions: The 'Notice to Acknowledge Acceptance of Election' is an official plan document that lets the participant know their election request is effective. It also provides information on the billing process, payments for prescriptions, and the process for leaving this payment option.

This model 'Notice to Acknowledge Acceptance of Election' satisfies the requirement of Part D sponsors to communicate that the request to participate in the Medicare Prescription Payment Plan is accepted and effectuated. Your notice must include all model language exactly as written, except where otherwise indicated. Plan sponsors can make minor grammar or punctuation changes, font type or color changes and/or add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors can insert a title for the notice, like "You're now participating in the Medicare Prescription Payment Plan"]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]/

Dear [Name of Member],

Welcome to the Medicare Prescription Payment Plan, a payment option that works with your **drug plan**, [plan name]. Your participation starts on [date]. The Medicare Prescription Payment Plan is a new voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). This payment option might help you manage your expenses, but it doesn't **lower your drug costs**.

Deleted: save you money or

What happens now?

1. When you get a prescription for a drug covered by Part D, we'll automatically let the pharmacy know that you're participating in this payment option, and you won't pay your pharmacy for the prescription.
2. Each month, your plan will send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. You'll get a separate bill for your monthly plan premium (if you have one).

How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription or refill an existing prescription because as new out-of-pocket costs get added into your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (Jan – Dec), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (which is [\[applicable Medicare Part D out-of-pocket maximum dollar amount\]](#) in [\[applicable year\]](#)).

What happens if I don't pay my bill?

We'll send you a reminder if you miss a payment. If you don't pay your bill, you'll be removed from the Medicare Prescription Payment Plan. You should pay your bill on time. However, if you are unable to make your payment on time, submit it as soon as possible. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. If you haven't paid your owed amount within two months of the payment due date, you will be removed from the Medicare Prescription Payment Plan. However, even if you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled in [plan name].

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[Plans that don't disenroll beneficiaries for failure to pay should replace the sentence below with "Always pay your [plan name] premium first (if you have one)."]

Always pay your [\[plan name\]](#) premium first (if you have one), so you don't lose your drug coverage.

If you have concerns [about payment and being removed from the Medicare Prescription Payment Plan](#), you have the right to follow the grievance process found in your [\[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents\].](#)

Can I leave [or disenroll in](#) the Medicare Prescription Payment Plan?

You can leave [or disenroll in](#) the Medicare Prescription Payment Plan at any time by [contacting your health plan \[insert phone number or other contact mechanisms\]](#). Leaving doesn't affect your Medicare drug coverage and other Medicare benefits. [If you want to re-enroll in the Medicare Prescription Payment Plan after you have left, you may do so by contacting your plan.](#)

Keep in mind:

- Your participation in the Medicare Prescription Payment Plan will end if you leave or change your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage). If you'd like to join the Medicare Prescription Payment Plan offered through your new plan to manage future drug expenses, contact your new plan.
- If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- You'll pay the pharmacy directly for your out-of-pocket drug costs after you leave the Medicare

Commented [GU3]: Explain how a past-owed balance with one plan may/may not impact the new plan.

Prescription Payment Plan.

- **You are required to re-enroll in the Medicare Prescription Payment Plan annually, even if you remain with the same Medicare Part D plan in the following year.**

Commented [GU4]: CMS needs to include the annual enrollment requirement clearly in notices.

Are there programs that can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

While the Medicare Prescription Payment Plan helps to manage your costs, it doesn't lower your costs. However, you may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit secure.ssa.gov/i1020/start to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.medicare.gov/spap) to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.medicare.gov/pap) to learn more.
- **Charitable Foundations:** Independent organizations that provide assistance for out-of-pocket drug costs, deductibles and coinsurance. For a list of all foundations and programs, you may register with FundFinder at [www.FundFinder.org](https://www.fundfinder.org).

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.medicare.gov/basics/costs/help) or contact your local Social Security office to learn more. Find your local Social Security office at secure.ssa.gov/ICON/main.jsp.

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[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 4 – Part D Sponsor Notice for Failure to Make Payments under the Medicare Prescription Payment Plan

[Instructions: The ‘Notice for Failure to Make Payments’ notifies a participant that a payment has not been received for the billed amount. The notice gives the participant instructions on how to submit their payment during the grace period. It also clarifies that if payment is not received, the participant will be removed from the payment option; and explains that there are assistance programs (e.g., Extra Help) that can lower costs.

This model notice satisfies the requirement for Part D sponsors to notify participants when they haven’t paid a monthly billed amount. Your notice must include all model language exactly as written, except where otherwise indicated. Plan sponsors can make minor grammar or punctuation changes, font type or color changes, and/or add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn’t be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as “Reminder: Pay your Medicare Prescription Payment Plan bill”]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]

Dear [Member]:

We didn’t get your monthly payment for the Medicare Prescription Payment Plan that was due [payment due date]. To ~~remain~~ 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 *[insert date for the end of the grace period (i.e., 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)]*. Remember, you started using this payment option on [date effective] to help manage your Medicare out-of-pocket Part D drug costs by spreading them ~~into payment installments over the remaining months of~~ the calendar year ~~(i.e., through~~ December).

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 enrolled in [plan name] for your drug coverage.

How do I pay my bill?

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Commented [A1]: This removes potential confusion over how long the payment installments last, as not everyone will enroll in January.

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[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail, by check.]

You owe [\[unpaid amount\]](#). You can pay:

- Online at [\[plan's website\]](#), by credit/debit card.
- Through the mail, by check ([plan to include address](#)).
- *[insert other payment methods offered by the plan like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)].*

If you have questions about your payment, call us at [\[phone number\]](#), [\[days and hours of operation\]](#). TTY users can call [\[TTY number\]](#).

What happens if I don't pay my bill?

If you don't pay your bill by [\[effective date\]](#), you'll be removed from the Medicare Prescription Payment Plan through [\[plan sponsor\]](#), and you'll pay the pharmacy directly for your out-of-pocket drug costs.

Like any other debt, you're required to pay the amount you owe, but you won't pay any interest or fees on the amount you owe, even if your payment is late. As long as you continue to pay your plan premium (if you have one), you'll still have drug coverage through [\[plan name\]](#).

What if I think there's been a mistake?

If you think that we've made a mistake, call us at [\[phone number\]](#). [In some cases we may be able to reinstate your enrollment in the Medicare Prescription Payment Plan in the case of "good cause," such as an extended hospitalization, deterioration of the health of a household member, or natural disaster.](#) You also have the right to follow the grievance process found in your *[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents].*

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Commented [A2]: Beneficiaries should be given notice that there are reasons why they may be reinstated by their plan, per 80.2.2 of the Part I guidance.

What if I can't afford to pay both my plan premium and my Medicare Prescription Payment Plan payment?

Always pay your [\[plan name\]](#) premium first (if you have one). See below for more information on programs that can help lower your costs.

Are there programs that can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

While the Medicare Prescription Payment Plan helps to manage your expenses, it doesn't lower your costs. However, you may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit secure.ssa.gov/i1020/start to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit

[Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.

- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- **Charitable Foundations:** Independent organizations that provide assistance for out-of-pocket drug costs, deductibles and coinsurance. For a list of all foundations and programs, you may register with FundFinder at www.FundFinder.org.

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Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at secure.ssa.gov/ICON/main.jsp.

Note: The programs listed above may help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 5 - 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

[Instructions: The 'Notice for Failure to Make Payments – Notification of Termination of Participation' notifies a participant that they have been removed from the program due to their failure to pay their monthly billed amount. The notice informs participants what they still owe, instructs participants how to pay their balance, and provides details about other programs that can help lower costs, like Extra Help.

This notice satisfies the requirement for Part D sponsors to provide a notice of removal to Part D participants who have failed to pay their outstanding balance. Your notice must include all model language exactly as written, except where otherwise indicated. Plan sponsors can make minor grammar or punctuation changes, font type or color changes, and/or add their logos to brand this document. The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "Important: Your participation in the Medicare Prescription Payment Plan has ended"]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]/

Dear [Member],

On [date of initial notification of failure to pay], we sent you a letter letting you know you missed your monthly payment for the Medicare Prescription Payment Plan. The letter explained that if you didn't make your payment by [due date], we'd remove you from the Medicare Prescription Payment Plan.

Starting [effective date, *which should be the same date as this letter*], we've removed you from the Medicare Prescription Payment Plan through [plan sponsor] because we didn't get your monthly payment by (due date). Like any other debt, you're still required to pay the amount you owe, which is \$[amount owed].

As of [effective date], you'll pay the pharmacy directly for all your out-of-pocket drug costs.

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 enrolled in [plan name] for your drug coverage.

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How do I pay my balance?

As of (date of letter), you owe [total outstanding amount].

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[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail.]

You can pay:

- Online at [plan's website], by credit or debit card.
- Through the mail, by check (plan to include address).
- *[insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)].*

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You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe.

If you have questions about your payment, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

What if I think there's been a mistake?

If you think that we've made a mistake, call us at [phone number]. *In some cases we may be able to reinstate your enrollment in the Medicare Prescription Payment Plan in the case of "good cause," such as an extended hospitalization, deterioration of the health of a household member, or natural disaster.* You also have the right to ask us to reconsider our decision through the grievance process in your *[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents].*

Commented [A1]: Beneficiaries should be given notice that there are reasons why they may be reinstated by their plan, per 80.2.2 of the Part I guidance.

Can I use this payment option in the future?

Yes, once you pay the total amount you owe, *you can contact your plan to opt-in again to the Medicare Prescription Payment Plan.* Contact us at *[insert plan phone number or preferred contact method for someone to use in this situation]* when you're ready to start participating again.

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Are there programs that can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

You may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit secure.ssa.gov/i1020/start to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward

your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.

- **Manufacturer’s Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- **Charitable Foundations:** Independent organizations that provide assistance for out-of-pocket drug costs, deductibles and coinsurance. For a list of all foundations and programs, you may register with FundFinder at www.FundFinder.org.

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Many people qualify for savings and don’t realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at secure.ssa.gov/ICON/main.jsp.

Note: The programs listed above may help lower your costs, but they can’t help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 6 - Part D Sponsor Notice of Voluntary Removal from the Medicare Prescription Payment Plan

[Instructions: 'The Notice of Voluntary Removal' is an official plan document that lets a participant know they're no longer participating in the payment option. The notice describes the process for rejoining the program in the future and details other programs that can help lower costs, like Extra Help.]

This model notice satisfies the requirement for Part D sponsors to send participants a confirmation of voluntary removal. Your notice must include all model language exactly as written, except where otherwise indicated. Plan sponsors can make minor grammar or punctuation changes, font type or color changes, and/or add their logos to brand this document. The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "You're no longer participating in the Medicare Prescription Payment Plan through [plan sponsor]"]

[Member #]

[Date]

[Part D sponsors may include the following four elements:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]

Dear [Member],

Starting [insert effective date], you're no longer participating in the Medicare Prescription Payment Plan through [plan sponsor], and you'll pay the pharmacy directly for your out-of-pocket drug costs.

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination): You are receiving this letter because you either asked to stop participating in this payment option, or you changed your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan). If you changed plans, and you'd like to participate in the Medicare Prescription Payment Plan offered through your new plan, contact your new plan.]

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[Option 2 (termination from program only): You are receiving this letter because you asked to stop participating in the Medicare Prescription Payment Plan. 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 enrolled in [plan name] for your drug coverage.]

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[Option 3 (disenrollment from Part D plan and termination from program): You're getting this letter because you disenrolled from [plan name]. When you disenroll from your plan, your participation in the Medicare Prescription Payment Plan automatically ends. If you changed plans, and you'd like to join the Medicare Prescription Payment Plan offered through your new plan, contact your new plan.]

[Option 4 (disenrollment from Part D plan at end of plan year): You're getting this letter because it is the end of the current enrollment year. At the end of each calendar year, your participation in the Medicare Prescription Payment Plan automatically ends. You can enroll in the Medicare Prescription Payment Plan for the upcoming year by contacting the plan you have enrolled in for [XXXX for following year, such as 2026].]

Commented [A1]: Per 70.3.3 of the Part I Guidance

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 enrolled in [plan name] or your new Medicare plan for your drug coverage.

You'll continue to be billed 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.

Can I use this payment option in the future?

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination):

- **If you're still in [plan name]:** Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].
- **If you're joining a new plan:** Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option. No matter what Medicare drug plan you're in, you can rejoin the Medicare Prescription Payment Plan at any time as long as you have no outstanding balance.]

[Option 2 (termination from program only):

Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].]

[Option 3 (disenrollment from Part D plan and termination from program):

Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option. No matter what Medicare drug plan you're in, you can rejoin the Medicare Prescription Payment Plan at any time as long as you have no outstanding balance.]

Are there programs that can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

You may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit secure.ssa.gov/i1020/start to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs (PAPs)): A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- **Charitable Foundations:** Independent organizations that provide assistance for out-of-pocket drug costs, deductibles and coinsurance. For a list of all foundations and programs, you may register with FundFinder at www.FundFinder.org.

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Note: The programs listed above may help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]