



# AMERICAN SOCIETY OF HEMATOLOGY

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## 2024

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CMS Deputy Administrator and Director of the Center for Medicare  
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Re: Medicare Advantage and Prescription Drug Programs: Part C and Part D Medicare  
Prescription Payment Plan Model Documents

Dear Deputy Administrator Seshamani:

The American Society of Hematology (ASH) appreciates the opportunity to submit comments pertaining to the model communication documents for the Medicare Prescription Payment Plan (MPPP). The MPPP program aims to improve health care accessibility and affordability by offering enrollees the option to pay for their out-of-pocket drug costs over a plan year instead of paying high costs upfront at the pharmacy. As part of ASH's longstanding commitment to improving the accessibility and affordability of high-quality, clinically appropriate care, including innovative drug and gene therapies, the Society submitted [comments](#) on the Part Two Draft Guidance for the MPPP program. In the comments, ASH shared general support for the program and recommended that the Centers for Medicare & Medicaid Services (CMS) draft communication documents that physicians can use in their practice to support education and outreach efforts for this program.

ASH represents more than 18,000 clinicians and scientists worldwide committed to studying and treating blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as classical (or non-malignant) conditions such as Sickle Cell Disease (SCD), thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

ASH appreciates the opportunity to emphasize support for the MPPP program and the importance of model communication documents for patient education and outreach that might occur in practice settings. ASH believes that these documents will help physicians engage in patient education, as physicians will likely be trusted advisors for their patients when evaluating participation in this program. These documents will help general understanding of the applicability of the program and how the program will function, specifically the "Likely to Benefit Notice" and the "Notice of Election Approval" documents will be helpful for patients when considering enrollment.

ASH also appreciates the opportunity to share recommendations to strengthen the model communication documents. ASH recommends the inclusion of tools related to patient payment calculation in the communication materials. A patient payment calculator would help assist

patients in understanding how program benefits may apply and would allow patients to see how their costs may “smooth” over a plan year. A patient’s monthly bill calculation may be complex depending on when the patient enrolls in the program, the patient’s initial out-of-pocket payments, and any new costs they may incur in the plan year; a calculator designed to process these inputs could help simplify the calculation process. Additionally, unique inputs for payment calculation may come up more frequently in hematology, as patients have no way to plan for a rare hematologic diagnosis that may require a high-cost therapeutic. In this instance, a patient payment calculator would allow for a hematology patient to tailor their exact circumstances to the program in the calculator and understand how this program would directly impact their out-of-pocket costs.

Additionally, including more clarifying examples about the nuances of this program throughout the communication documents would strengthen understanding of how the program will be implemented and how a prospective enrollee may benefit. For example, there are two scenarios in this program in which additional examples may improve patient understanding of the program’s impact; first, this program may provide cost-savings in addition to payment smoothing over a plan year for out-of-pocket costs above \$2000, and second, this program would only provide smoothing over a plan year for out-of-pocket-costs under \$2000. This distinction is important for patients to understand in what way they may benefit. ASH therefore recommends additional examples be incorporated in layperson’s terms throughout the communication documents.

Lastly, ASH recommends elevating the different mediums by which patients can access more information. While the websites are referenced in the communication documents, the phone numbers are not featured as prominently, and some seniors may have limited web access. To address this potential barrier, ASH recommends that both the websites and phone numbers be highlighted more prominently in the communication documents. Also, ASH urges CMS to ensure that the appropriate staffing and resources are available for the maintenance of the websites and phone lines, so that beneficiaries can access additional information effectively and timely.

The Society appreciates the opportunity to share continued support for this program and recommendations to strengthen the draft the model communication documents. Should you have any questions or require further information, please contact Carina Smith, ASH Manager for Health Care Access Policy, at [casmith@hematology.org](mailto:casmith@hematology.org).

Sincerely,



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President



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