

MPPP: Essential information before open enrollment

Speakers



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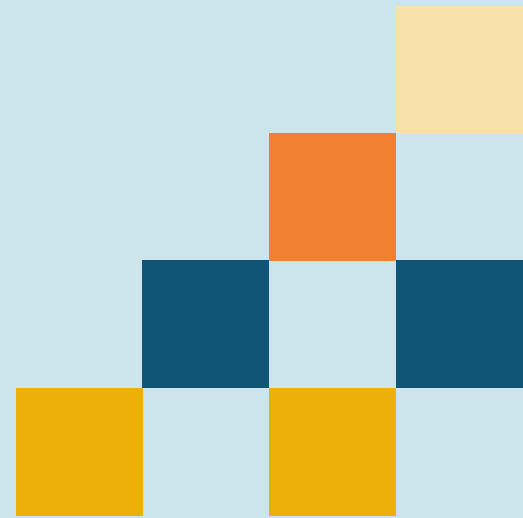
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Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.



Pharmacist and Technician Learning Objectives

1. Define the key components of the Medicare Prescription Payment Plan (a.k.a. MPPP or M3P).
2. Discuss how the Medicare Prescription Payment Plan will influence the patient's experience of receiving prescription medications.
3. Describe the potential impact of the Medicare Prescription Payment Plan on pharmacy workflow.

Key Components of the Medicare Prescription Payment Plan

Inflation Reduction Act

2023

- Vaccines – Part D, Medicaid, CHIP
- Insulin – Part D and MA

2024

For Part D:

- Coinsurance for catastrophic coverage eliminated
- Premium increases capped

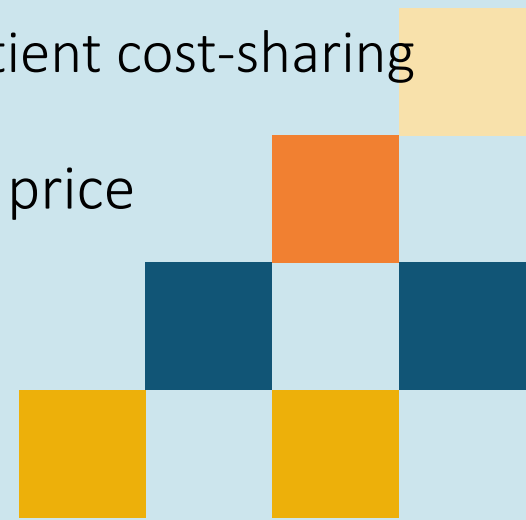
2025

For Part D:

- Annual out-of-pocket cap
- Optional “smoothing” of patient cost-sharing

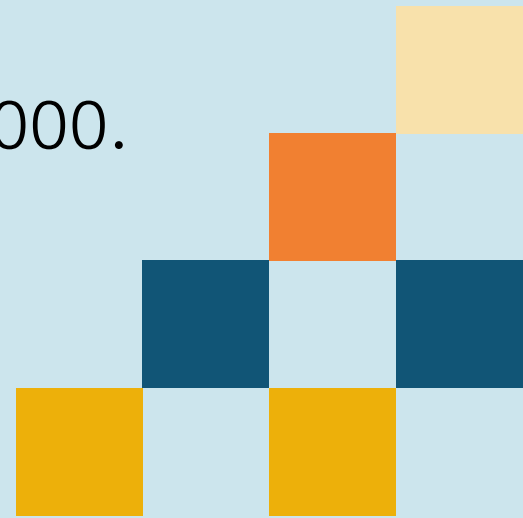
2026

- Medicare Part D drug price negotiation



MPPP highlights

- Part D Plans are required to offer the Medicare Prescription Payment Plan.
- MPPP (sometimes M3P) is *brand new* for 2025.
- #1 is to help Medicare patients afford the cost of prescription drugs.
- Greatest benefit is to patients with high drug costs early in the year.
- Must be a Part D covered drug.
- Also new for 2025, the maximum out-of-pocket cost is \$2000.



MPPP key components

- The Medicare Prescription Payment Plan is completely optional for patients.
- Part D Plan members need to opt-in.
- Certain claims will trigger a requirement that the pharmacy give the patient a standard notice about MPPP.
- Opt-in can happen at any time, as can opt-out.
- Patients pay \$0 at the pharmacy, but will get a monthly bill from the Part D Plan.



The Patient Journey and Implications for Patient Experience

The MPPP Patient Journey



1 Tammy opts in to the Program

Starting October 15, 2024, Tammy can opt in either during the Enrollment Period or any time during the plan year.

She can sign up on her Part D Plan Sponsor's website, by phone, or by mail.

2 Access to Program information & settings

Once Tammy has successfully opted-in, she can access Program information and settings through her Plan Sponsor's website. This is where she'll manage payment methods, auto-pay, etc.



3 At the pharmacy, Tammy receives her Rx for \$0

Tammy goes to the pharmacy and presents her Medicare Part D insurance card.

Tammy receives her Rx with no money collected at the point of service.

The pharmacy submits the claim and is paid while Tammy's responsibility is spread over time and billed to her monthly by her Plan.

5 Tammy opts-out of the M3P

Tammy can opt out online, by phone or by mail. She will continue to receive bills until her outstanding balance is \$0.

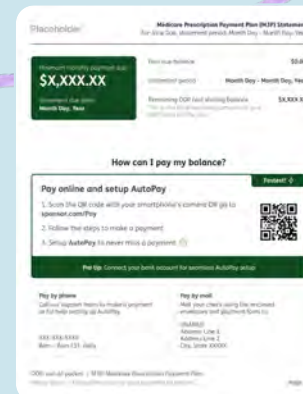
If Tammy fails to pay before the end of the grace period, she may be involuntarily opted out.



4 Repay over time

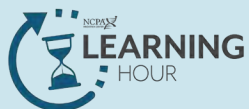
Tammy receives a monthly statement and repays her cost-share based upon the MPPP repayment guidance.

Note: No interest or fees are applied to Tammy's statement.



Who is likely to benefit?

- Those with a single-prescription cost of \$600+ must be given the standard "Likely to Benefit" notice.
 - Note: This is not a requirement to opt-in.
- Those who had > \$2,000 of Rx costs in 2024
- Those who have concerns about affording their out-of-pocket costs.
 - 1 in 5 seniors experienced* cost-related medication non-adherence in 2022.
 - Anyone could have an unexpectedly high Rx cost during the year.
 - Average transaction on a Paytient card at the pharmacy is \$61.



*Source: Cost-Related Medication Nonadherence and Desire for Medication Cost Information Among Adults Aged 65 Years and Older in the US in 2022, JAMA Network ([link](#))



M3P Participant Stories: High-Cost Early-Year Prescriptions



Barbara

Born Jan 2, 1949

😊 Likely to Benefit

Barbara usually has low-cost prescriptions, but after her surgery in January, she needs to fill an expensive set of medications.

Medicare Plan

Medicare Part A, B, D

Number of Prescriptions

12

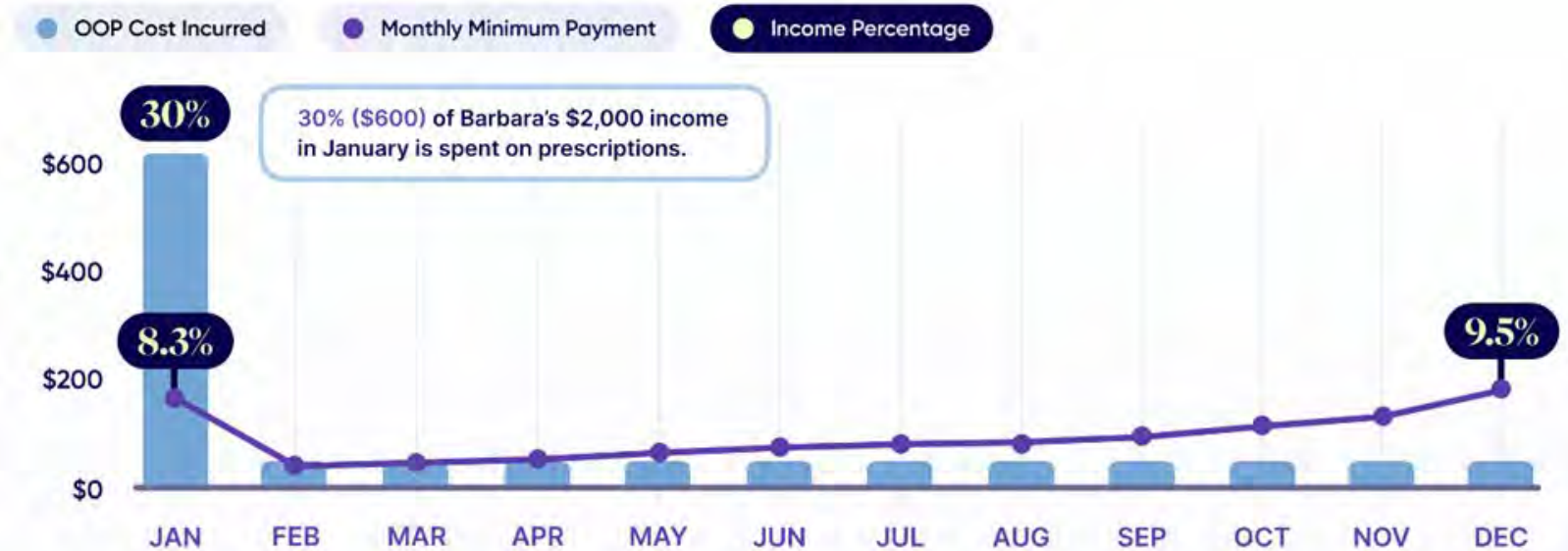
Prescription Refill Frequency

Annually

Monthly Social Security Income

\$2,000

Barbara's annual prescription costs



Payment Details	Prescription Pickups	Completed Payments	Out-of-pocket Max	Monthly Max Payment
	25	12	\$2,000	\$190.38 9.5% of Income

M3P Participant Stories: High-Cost 90-Day Refills



Robert

Born Feb 12, 1945

😊 Likely to Benefit

Robert was diagnosed with a chronic condition, and his doctor prescribed a brand name drug on a 90-day refill plan. These medications are essential to prevent a serious condition that would require more intensive hospital care.

Medicare Plan

Medicare Part A, B, D

Number of Prescriptions

12

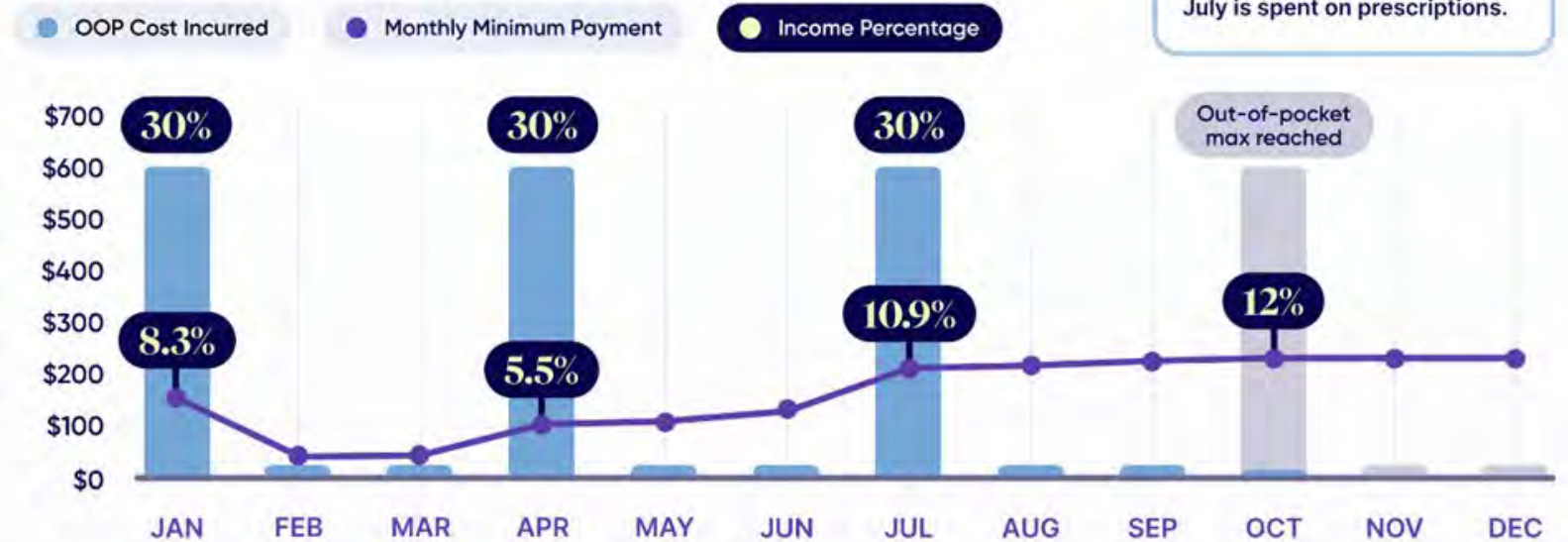
Prescription Refill Frequency

90 days

Monthly Social Security Income

\$2,000

Robert's annual prescription costs



30% (\$600) of Robert's \$2,000 income in January, April, and July is spent on prescriptions.

Out-of-pocket max reached

Payment Details	Prescription Pickups	Completed Payments	Out-of-pocket Max	Monthly Max Payment
	18	12	\$2,000	\$239.99 12% of Income

M3P Participant Stories: Unexpected Mid-Year Prescriptions



Susan

Born Jul 3, 1954

😊 Likely to Benefit

Susan was generally healthy until an unexpected illness struck mid-year. She enrolled in Medicare Part D in January as a precaution and to avoid late enrollment fees. Now, she faces an unexpected prescription cost, straining her monthly budget.

Medicare Plan

Medicare Part A, B, D

Number of Prescriptions

1

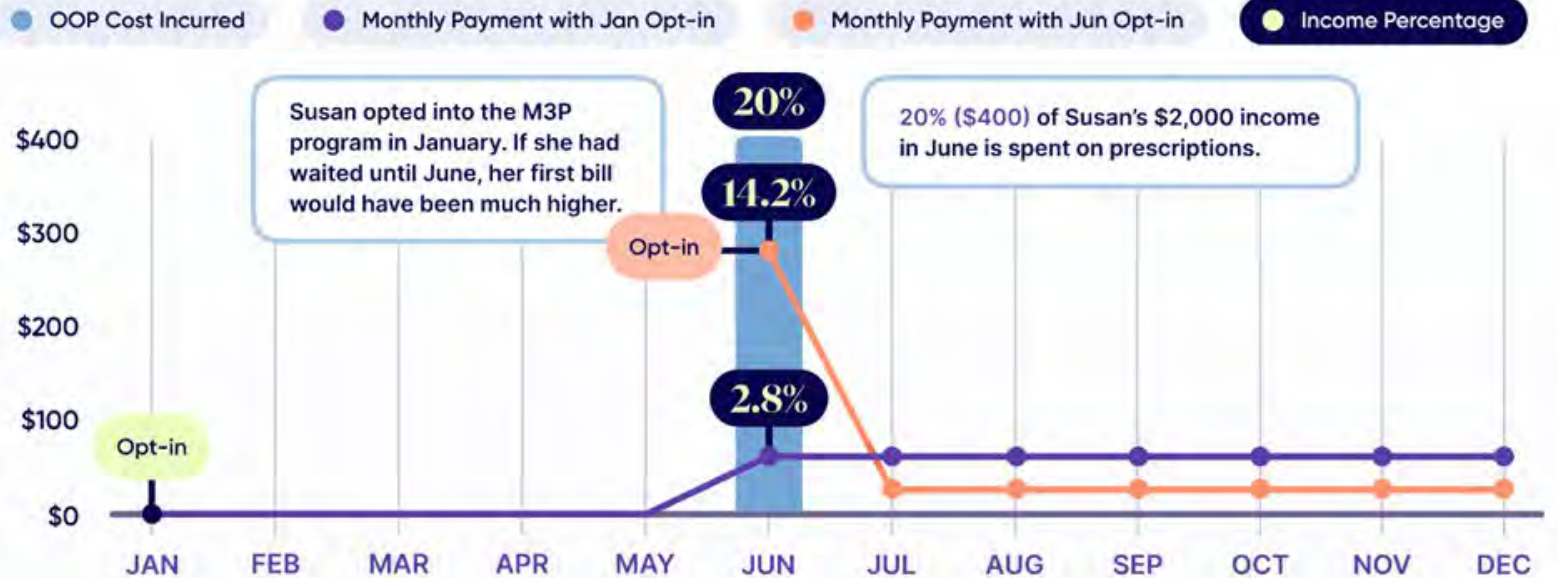
Prescription Refill Frequency

6 months

Monthly Social Security Income

\$2,000

Susan's annual prescription costs



Payment Details	Prescription Pickups	Completed Payments	Out-of-pocket Max	Monthly Max Payment
	1	7	\$2,000	\$57.14 2.8% of Income

M3P Participant Stories: Consistent Low-Cost Prescriptions



James

Born Oct 11, 1940

Unlikely to Benefit

James pays a steady \$100 per month for his prescriptions throughout the year. Opting for M3P would lower his monthly costs earlier in the year, but they suddenly surge to \$200-300 during the holiday season, creating unexpected financial strain.

Medicare Plan

Medicare Part A, B, D

Number of Prescriptions

25

Prescription Refill Frequency

Monthly

Monthly Social Security Income

\$2,100

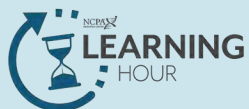
James's annual prescription costs



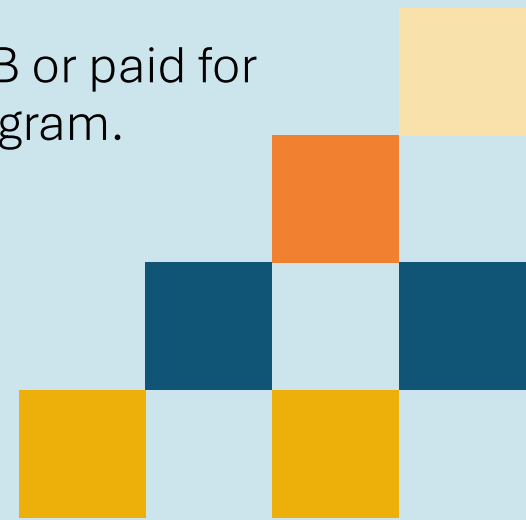
Payment Details	Prescription Pickups	Completed Payments	Out-of-pocket Max	Monthly Max Payment
	36	12	\$2,000	\$301.98 15.1% of Income

Patient FAQs

- **How do I opt in?**
 - Opt in with your Part D plan sponsor online, by phone, or by mail.
- **If I opt in, can I choose which drug costs are "smoothed"?**
 - No, if you opt in, all your out-of-pocket costs for covered Part D drugs will be smoothed and invoiced monthly by your plan.
- **What happens if I can't pay my bill?**
 - If you fail to pay your statement by the end of the grace period you will be opted out of the program and you'll not longer be able to pick up medications for \$0 at the pharmacy.
- **Are all my prescriptions eligible for smoothing?**
 - All Part D covered prescriptions can be smoothed. Anything covered by Part B or paid for outside of your Part D prescription coverage will not be smoothed by this program.
- **Who should I call for help?**
 - Contact the plan that provides your Part D prescription coverage.
 - To learn more online and calculate your costs, visit: paytient.com/mppp



*Source: Cost-Related Medication Nonadherence and Desire for Medication Cost Information Among Adults Aged 65 Years and Older in the US in 2022, JAMA Network ([link](#))



Impact to pharmacy workflow

MPPP in the pharmacy workflow

Scenario 1: the patient already opted in

- The MPPP will function like a new insurance for the patient profile.
 - CMS requires that the PCN always begins with “MPPP”.
 - Paid claim responses will have MPPP processing information in the claim detail information “Coordination of Benefits/Other Payers” segment.
 - NOTE: MPPP processing information will NOT be in the E1 eligibility response.
 - Submit the claim to the Part D plan, any secondary insurance, and then the MPPP.
 - The patient pays \$0 at the pharmacy counter.
- Copays for unsold prescriptions in will call should be processed to MPPP if the patient opts in.
- Prescriptions *already* sold to the patient do not need to be reprocessed.



MPPP in the pharmacy workflow

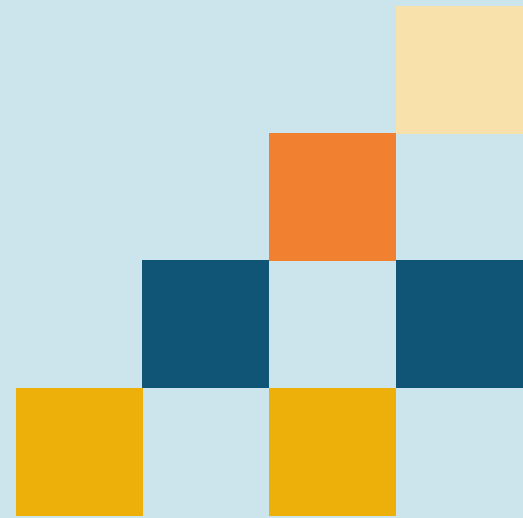
Scenario 2: the patient is not opted in

- If a claim comes back with a copay >\$600, there will be an Approved Message Code from the plan flagging that the patient is likely to benefit from MPPP and the pharmacy should give the patient a paper copy of a standardized notice.
- The patient will choose whether to opt in before the prescription is sold and may return after opting in.
- After opting in, all unsold prescriptions must be submitted to the MPPP.



MPPP revenue cycle

- Reimbursement to the pharmacy is the same 14-day timeframe whether it is the primary Part D claim or the MPPP claim.
- MPPP claims submitted on a different date of service have still have a 14-day timeframe, but a different start date.
- Payment and remittance expected to be like any other BIN/PCN combo the PBM administers.



MPPP in the pharmacy workflow

- New Approved Message Codes (548-6F)
 - 056: Beneficiary likely to benefit from Medicare Prescription Payment Plan
 - 057: Beneficiary participating in Medicare Prescription Payment Plan
 - 058: Beneficiary no longer participating/has opted not to participate in Medicare Prescription Payment Plan
- New Reject Codes (511-FB)
 - DO1: Beneficiary is not a participant in this Medicare Prescription Payment Plan.
 - DO2: Matching Medicare Part D claim not found to allow processing for Medicare Prescription Payment Plan.
 - DO3: This claim is not eligible for Medicare Prescription Payment Plan.



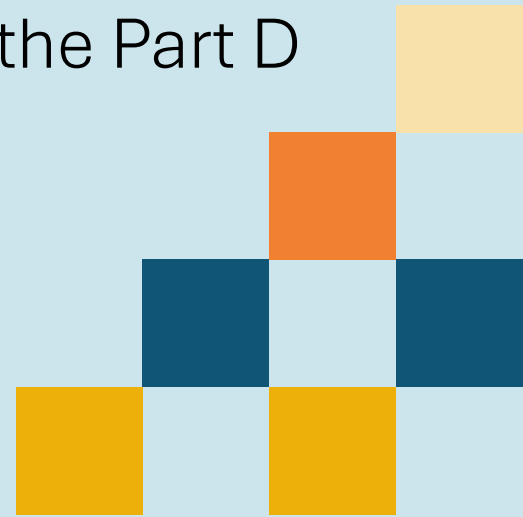
MPPP for long-term care pharmacy

- Pharmacies must provide a paper copy of the Likely to Benefit notice, but may do so in the usual billing cycle.
- May require additional education to LTC facility billing staff as well as LTC pharmacy billing staff.
- Information about MPPP is a good topic to present at an assisted living facility family night or similar gathering this fall.
- Prescriptions sold prior to opting in do not need to be submitted to the MPPP processor.
- Opt in must be same person (patient or guarantor) that enrolls in the Part D Plan. Pharmacy and facility staff cannot opt in



MPPP Audit risk

- Write a policy that the Likely to Benefit notice is given anytime a claim has Approved Message Code 056. Write the procedure for alerting staff to the situation and the steps staff take to ensure compliance. CMS requires Part D Plans to ensure that pharmacies provide the notice.
- Submit all eligible copays to the patient's MPPP processor.
- If a prescription isn't picked up, both the MPPP claim and the Part D claim need to be reversed.



Questions?