

March 16, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

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

Submitted Electronically to PartDPaymentPolicy@cms.hhs.gov

Dear Administrator Brooks-LaSure and Dr. Seshamani:

The National Coalition for Cancer Survivorship (NCCS) is a national organization representing survivors of all forms of cancer in efforts to ensure access to quality care from cancer diagnosis through long-term survivorship. Quality cancer care must be readily accessible and affordable. Access obstacles and cost burdens mean that patients cannot obtain the treatment prescribed to them, treatment that could extend their lives or cure their cancer. NCCS is pleased to comment on Medicare Prescription Payment Plan Draft Part Two Guidance and to share its views on an important initiative that helps address prescription drug affordability.

We commend the Centers for Medicare & Medicaid Services (CMS) for its work in developing outreach, education, and communication requirements related to the Medicare Prescription Payment Plan for Part D sponsors. In general, we think that CMS has done a solid job in developing requirements for Part D plan sponsors, including the requirement to identify Part D enrollees likely to benefit during the plan year. We also think that there are advantages to the requirement that Part D sponsors use model materials.

The Part Two Guidance states:

CMS will work with interested parties to ensure that Part D sponsors, pharmacies, providers, and beneficiary advocates – including State Health Insurance Assistance Program (SHIP) counselors – have sufficient support and materials needed to effectively communicate the availability and nuances of this program to individuals.

We are pleased that CMS has acknowledged the need to work not only with Part D sponsors but also with pharmacies, providers, and beneficiary advocates. However, we recommend that CMS

provide more information about ways that the agency will work with providers and beneficiary advocates. We offer advice about those tactics.

Each year, NCCS conducts a study, called the State of Survivorship Survey, which includes findings from in-depth interviews and national surveys of more than 1,800 cancer patients and survivors and 500 caregivers. We have two cohorts of respondents, a nationally representative sample of approximately 1,300 survivors, of which 57% are Medicare beneficiaries, and an “NCCS Connected” cohort, defined as patients who have a relationship with NCCS and awareness of the organization’s resources, programs, and advocacy.

As part of the 2023 study, we asked patients about their interest in a monthly payment program for prescription drugs. We did not specifically refer to the Medicare Prescription Payment Plan by name, since the program has not been launched, but rather we described it as in “a monthly payment plan to spread your prescription drug costs out over the year, rather than paying all at once”. Only 32% of the patients in the nationally representative cohort said they are interested in such a program, and that number drops to 24% of Medicare beneficiaries surveyed. Among the NCCS Connected patients, 42% are interested in a payment program, with that number dropping to 31% of connected patients who are Medicare beneficiaries.

The survey did not include follow-up questions about the Medicare Prescription Payment Plan, and there are limits in our ability to interpret the findings above. However, we believe that the findings represent limited awareness of the program overall and that limited knowledge is reflected in the answers about “interest” in the plan. We also note that those who are NCCS Connected Patients have a stronger interest in the plan, which again we believe is reflective of greater basic knowledge of the plan. These findings, with their limits, suggest to us that advocacy organizations like NCCS and provider organizations representing cancer care professionals can play an important role in outreach and education of potential plan enrollees.

We anticipate that stakeholders representing Medicare beneficiaries with different conditions, diseases, or health care needs would be able to offer valuable advice to CMS. We are confident to offer the advice and services of cancer providers and advocacy organizations because of our relationships with Medicare beneficiaries with cancer. We believe we are well-positioned and well-informed to provide guidance regarding outreach and education. Moreover, it is especially important that CMS receive information about outreach to cancer patients, who may be among those most likely to benefit from the Medicare Prescription Payment Plan.

We recommend a number of activities that CMS should undertake:

- Consultation with pharmacy, provider, and advocacy organizations regarding model materials about the Medicare Prescription Payment Plan, to occur during the development of the materials and prior to their publication.
- Attendance at consultative meetings with cancer provider and advocacy organizations to discuss outreach activities, with the meetings convened by advocacy organizations. CMS engaged with a broad cross section of the cancer community during the design and implementation of the Oncology Care Model, and we recommend that practice be replicated in this case.
- Participation in patient education webinars and other events, to increase basic understanding of the model. These efforts should be especially intense during open enrollment, when beneficiaries are considering their coverage option and again at the

beginning of the benefit year when beneficiaries are considering their health care spending and needs.

Attached please find data from NCCS' 2023 State of Survivorship Survey about the Medicare Prescription Drug Program, including demographic breakdowns of the two cohorts. The full survey results are available on our website at www.canceradvocacy.org/survey.

We appreciate the opportunity to comment on the Part Two Guidance on the Medicare Prescription Payment Plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Fuld Nasso". The signature is fluid and cursive, with the first name "Shelley" being the most prominent.

Shelley Fuld Nasso



STATE OF SURVIVORSHIP

2023 Study

Findings from In-depth Interviews and National Surveys
of Cancer Patients, Survivors, and Caregivers

Methodology

PHASE 1

In-depth Interviews with Cancer Patients and Caregivers

- Fifteen (15) virtual interviews, approximately 60 minutes-each, February-March 2023
- Focused on a few audiences:
 - 10 Caregivers
 - 5 Patients, Employed
- Nationwide recruit: mix of cancer types, stages, time since diagnosis, treatment status, and income

PHASE 2

Nationwide Survey of Adult Cancer Patients, Survivors, and Caregivers

- Nationwide sample of n=1809, fielded May 9th – June 6th, 2023
 - Patients n=1303
 - Caregivers n=506
- Set quotas to make sure the sample was representative by age, gender, race/ethnicity, and region (using ACS and NCI data)
- Surveys were recruited through an online non-probability sample with quotas set to ensure demographically representative audiences, following AAPOR best practices

PHASE 3

Nationwide Survey of “NCCS Connected” Patients and Survivors

- Nationwide sample of n=536, same field period as nationwide survey
 - Patients n=507
 - Caregivers n=29
- Emailed invitation to all NCCS email contacts, inviting them to take the survey + 2 reminders
- Survey link also sent to partner organizations

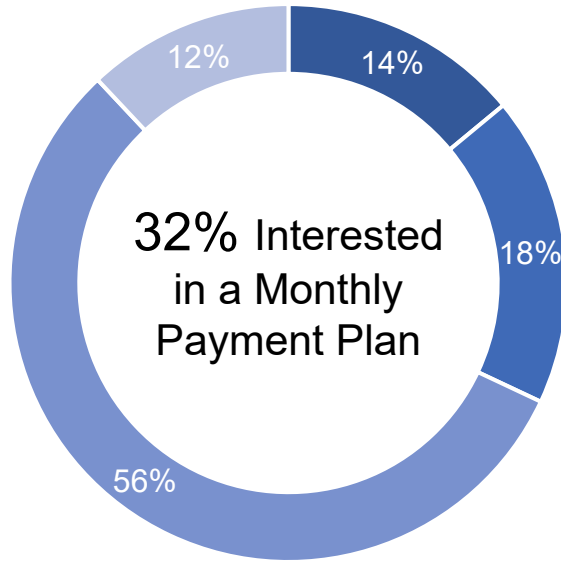
Blue/red = statistically higher/lower by audience | ▲ ▼ = change from 2022 survey

Full text of survey questions is in the notes section of slides

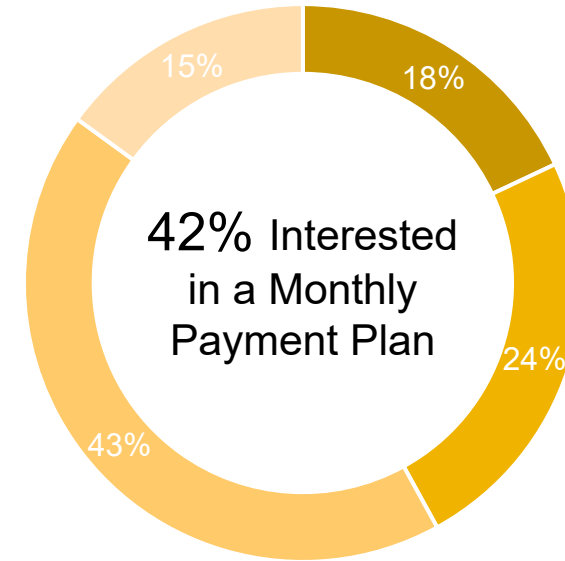
Monthly Prescription Payment Plan

Only a third of Patients are interested, and interest drops among those who have Medicare.

National Patients



NCCS Connected Patients



■ Very interested
 ■ Somewhat interested
 ■ Not interested
 ■ Not sure
 ■ Very interested
 ■ Somewhat interested
 ■ Not interested
 ■ Not sure

24% of Medicare Patients are interested
42% Non-Medicare

31% of Medicare Patients are interested
48% Non-Medicare

21% of Medicare Patients also have supplemental or gap insurance

30% of Medicare Patients also have supplemental or gap insurance

Source= National Patients (n=1303); NCCS Connected Patients (n=507)

National Patients

Gender

49% Male
51% Female

NCCS Connected Patients

22% Male
78% Female

Age

7% Age 18-39
40% Age 40-64
53% Age 65+

18% Age 18-39
50% Age 40-64
31% Age 65+

Education

| | |
|--------------------------------|--------------------------------|
| 17% Less than college | 8% Less than college |
| 37% Some college/2-year degree | 28% Some college/2-year degree |
| 23% Bachelor's degree | 23% Bachelor's degree |
| 23% Postgraduate degree | 40% Postgraduate degree |

Income

| | |
|----------------------|----------------------|
| 15% Less than \$25k | 10% Less than \$25k |
| 21% \$25k-\$50k | 13% \$25k-\$50k |
| 21% \$50k-\$75k | 14% \$50k-\$75k |
| 16% \$75k-\$100k | 14% \$75k-\$100k |
| 24% More than \$100k | 33% More than \$100k |

Insurance

| | |
|------------------------------|-------------------------------|
| 57% Medicare | 36% Medicare |
| 15% Medicaid | 7% Medicaid |
| 20% Private/employer | 36% Private/employer |
| 7% Private/spouse or parents | 16% Private/spouse or parents |

Race/Ethnicity

| | |
|--------------|--------------|
| 81% White | 73% White |
| 10% AA/Black | 11% AA/Black |
| 7% Hispanic | 12% Hispanic |
| 4% Other | 8% Other |

Treatment

22% Biomarker testing, 24% Genetic counseling 40% Biomarker testing, 55% Genetic testing

Region

| | |
|---------------|---------------|
| 19% Northeast | 19% Northeast |
| 22% Midwest | 16% Midwest |
| 40% South | 35% South |
| 19% West | 30% West |

LGBTQ+

5% Yes 10% Yes

