



Medicare Prescription Payment Plan

April 2024



Tailor Outreach & Experiences with Healthmine's QRM™

One platform for end-to-end member engagement

ENGAGE

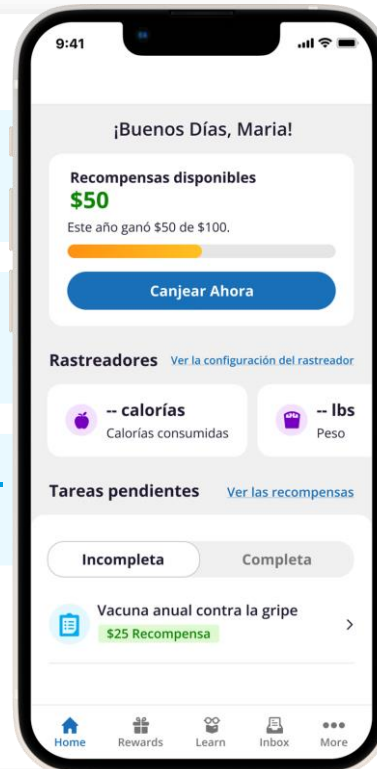
Personalize outreach and experiences to meet members at their most crucial moments.



Gap Closure Playbooks

Personalized Communications

Dollars- or Points-Based Rewards



RELATE

Unify member data to know and understand the right plan for each member.



MANAGE

Monitor the results of every interaction with your members and action the results.



- Campaign Funnel
- Member Activity
- Quality & Risk Performance

OPTIMIZE

Seamlessly optimize your operation.

End-to-end **risk adjustment, MLR, quality operations,** and engagement platform.

Elevating member engagement with **behavioral science and data-driven** personalization.

Intelligent, targeted engagement powered by **predictive analytics.**

Effectively engage hard-to-reach members by **eliminating contact info barriers.**

Real Experts, Real Solutions, Real Results

Modernized consulting rooted in data,
technology and real-world experience

CONSULTING VERTICALS

- Revenue maximization
- Operational delivery and excellence
- Data, analytics and technology optimization
- Compliance and regulatory support
- Provider strategy and value-based care design and deployment
- Interim and ad hoc position placement

Change is Challenging. Our team can help.

Wherever you are in your journey, our experts can help you focus on the right work needed to achieve your goals, meet compliance and regulations, evaluate market dynamics and opportunities, and fulfill strategic and tactical needs.

Today's Speakers

MODERATOR



**Kent
Holdcroft**

Chief Growth
Officer

PRESENTERS



**Nora
Tomassian**

Senior Advisor



**Brent
Hiley**

Senior Advisor



**Dwight
Pattison**

Executive Advisor

Today's Agenda

1. Introduction to Healthmine
2. Medicare Prescription Payment Plan (M3P) Background and Requirements
 - Summary & Impact
 - Member Opt-In and Terminations
 - Payor Impact
 - PBM & Pharmacies Impact
3. Timeline and Work Plan Development
4. Q&A

Medicare Prescription Payment Plan Summary

Medicare Prescription Payment Plan

The M3P program requires all Medicare Part D plans to offer their Part D enrollees the option to pay their out-of-pocket (OOP) Part D drug costs through monthly payments over the plan year, instead of upfront payments at the point of sale (POS).



Part of Inflation Reduction Act (IRA) – section 11202 – was signed into law in August 2022.



CMS released a draft guidance part 1 for the year 2025 in August 2023, with the final guidance part 1 released on February 29, 2024. A draft guidance 2 was released on February 15, 2024. Comments about it will be collected by CMS until March 16, with the final guidance 2 expected in Spring 2024.



Policies may change in subsequent years.



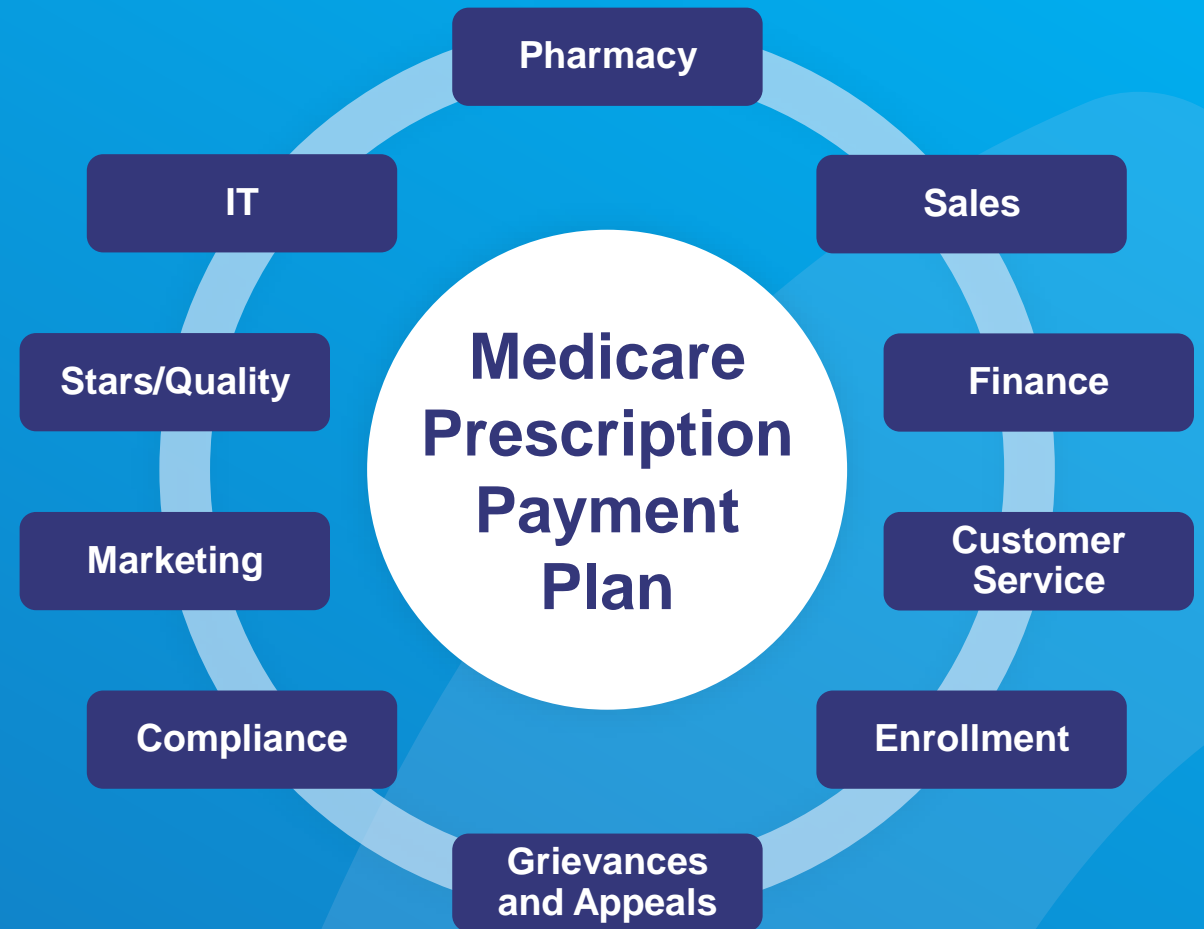
Applies to MAPD plans, PDP plans, EGWPs, cost plans and demonstration plans. PACE plans and Medicare-Medicaid Plans (MMPs) that have no Part D cost sharing do not need to participate.

M3P program implementation requires that new processes be developed at the plan level, the PBM level and the pharmacy level.

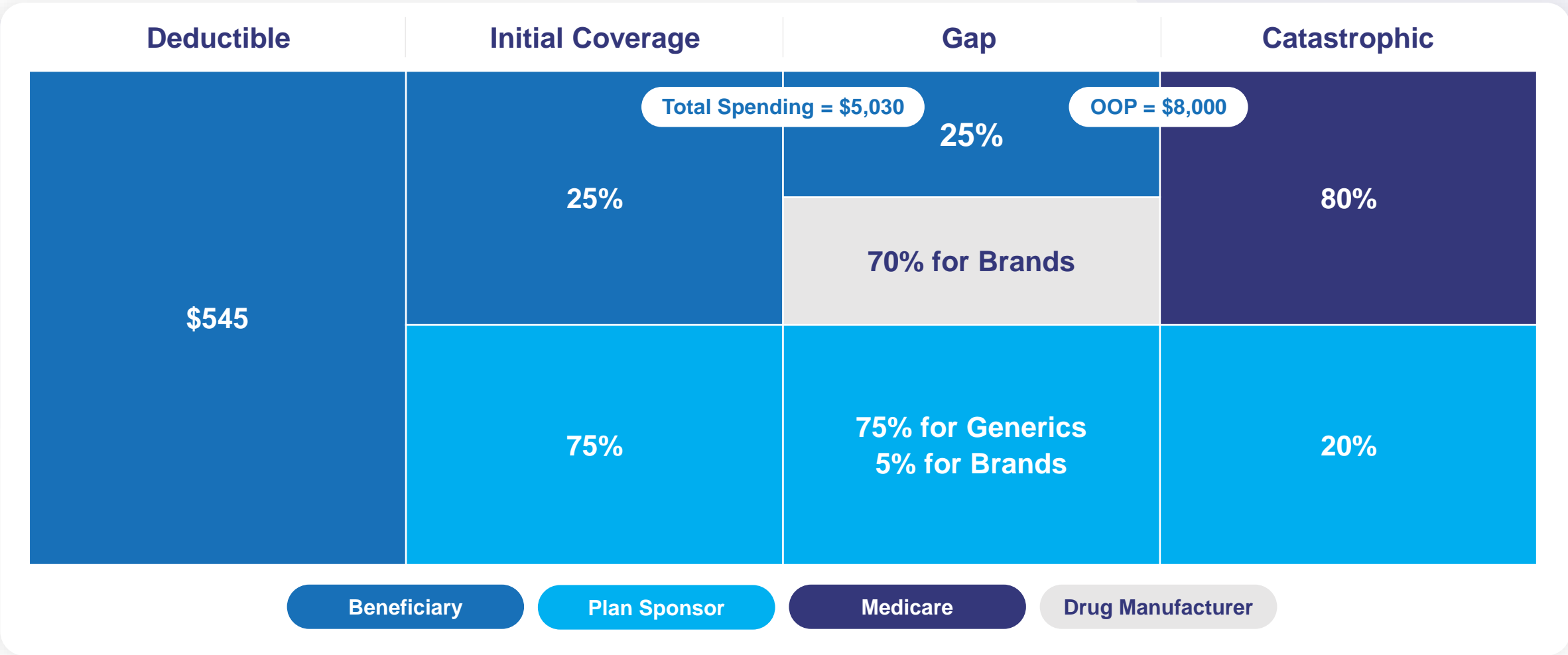
CMS Timeline for MA Prescription Payment Plan



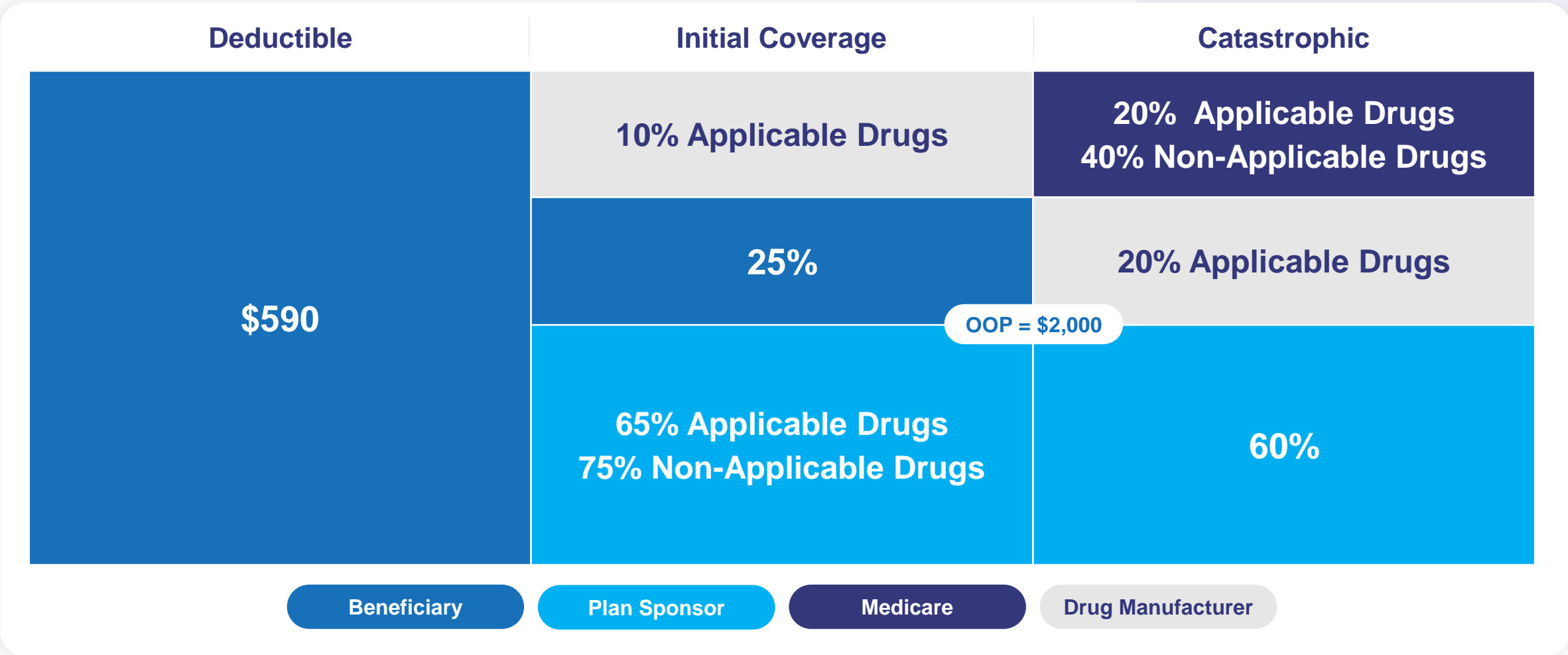
Organizational Impact



2024 Defined Standard Coverage



2025 Defined Standard Coverage



M3P Summary



Member Impact

- Part D participants can voluntarily opt into the program at the time of their enrollment into the plan or later throughout the year.
- Members enrolled in the program will pay \$0 at the pharmacy for a covered part D drug.



The Health Plan Will

- Pay the pharmacy the amount the member should have paid OOP.
- Bill the member monthly for the OOP – the amount cannot exceed a maximum monthly cap.
- Outreach to members likely to benefit from the program to encourage their enrollment into it.



CMS Requires

- Outreach to members to facilitate their election into the program both before and during the plan year.
- To report information related to M3P on PDE records and through new annual reporting requirements.

Example of invoiced amounts and payment plan for a member with a fixed \$400 out-of-pocket monthly cost.

Month	Member OOP Cost	OOP Accumulator	Invoiced Amount	Total Paid by Member (cumulative)
January	\$400	\$400	\$166.67	\$166.67
February	\$400	\$800	\$57.58	\$224.25
March	\$400	\$1,200	\$97.58	\$321.82
April	\$400	\$1,600	\$142.02	\$463.84
May	\$400	\$2,000	\$192.02	\$655.86
June	\$0	\$0	\$192.02	\$847.88
July	\$0	\$0	\$192.02	\$1,039.90
August	\$0	\$0	\$192.02	\$1,231.93
September	\$0	\$0	\$192.02	\$1,423.95
October	\$0	\$0	\$192.02	\$1,615.97
November	\$0	\$0	\$192.03	\$1,808.00
December	\$0	\$0	\$192.00	\$2,000.00

New Annual OOP expense in 2025 is \$2000

Example of invoiced amounts and payment plan for a member who opts in May with 1st Rx filled in May

Month	Member OOP Cost	OOP Accumulator	Invoiced Amount	Total Paid by Member (cumulative)
January	\$0	\$0	\$0.00	\$0.00
February	\$0	\$0	\$0.00	\$0.00
March	\$0	\$0	\$0.00	\$0.00
April	\$0	\$0	\$0.00	\$0.00
May	\$600	\$600	\$250.00	\$250.00
June	\$600	\$1,200	\$135.71	\$385.71
July	\$600	\$1,800	\$235.71	\$621.43
August	\$200	\$2,000	\$275.71	\$897.14
September	\$0	\$0	\$275.71	\$1,172.86
October	\$0	\$0	\$275.71	\$1,448.57
November	\$0	\$0	\$275.71	\$1,724.29
December	\$0	\$0	\$275.74	\$2,000.00

New Annual OOP expense in 2025 is \$2000

Impact On Member Experience

The Medicare Prescription Payment Plan is intended to be a positive benefit making it easier for members to afford their medications by allowing them to pay monthly instead of all at once.

POTENTIAL BENEFITS

Improved medication adherence: May improve adherence to brand name medications included in Star measures, especially if cost was the reason for non-adherence.

Reduced financial burden: May decrease the use of third-party Rx programs or use of manufacturer coupons/samples leading to more accurate adherence score calculations.

Enhanced member satisfaction: By alleviating financial stress, the program may lead to higher satisfaction and trust in their health plan.

POTENTIAL NEGATIVE IMPACT

Increased confusion and frustration: Members could be unclear about payment options, due dates, and how to manage their accounts, leading to dissatisfaction and potential grievances.

Decreased medication adherence: Confusion or difficulties in enrolling or managing payments may result in delays or avoidance of filling prescriptions.

Erosion of trust in the health plan: Persistent issues and lack of clear communication can diminish member trust.

Performance can directly impact Star Ratings:

- Getting Needed Prescriptions
- Rating of Drug Plan
- Rating Of Health Plan
- Customer Service
- Complaint (CTMs) Rate
- Quality Improvement Measures

Member Opt-In to M3P Program

ELECTION PROCEDURES

- CMS has established timeframes for processing election request before and during plan year
- The guidance also details the types of responses and the information needed on each response form
- CMS made some provisions for special cases (such as retro LIS eligibility or plan changes during the year)
- Note: Some of the requirements will be finalized with draft 2 of the guidance

TERMINATIONS AND DISPUTES

- Voluntary terminations: when members choose to opt out of the program any time during plan year
- Involuntary terminations and relevant notices
- Disputes/grievances over the program and the cost share amounts





Member Opt-In to M3P Program

Program Implementation Projects

Identification and Notification of Eligible Enrollees:

Systems are needed to identify Part D enrollees likely to benefit from M3P and support the development of notification processes that meet CMS's requirements.

Election Mechanisms and Processing:

Setup of various election mechanisms for enrollee participation in M3P, ensuring these processes meet CMS's standards for promptness and compliance with election change interactions.

Termination and Reinstatement Processes:

Procedures needed for the voluntary and involuntary termination of M3P participation, including the management of reinstatements and preclusion protocols, in line with CMS guidelines.

Participant Protections and Dispute Resolution:

Establish participant protection measures, such as notice and grace period systems for unpaid bills, and a dispute resolution process that adheres to CMS's requirements.

Impact on Payors – Financial

M3P financial and organization features



Potential additional administration and reporting PBM fees



Generating and mailing the invoices (printing and mailing fees) and generating relevant notices



Building and managing a system that calculates the monthly invoiced amounts taking into consideration received payments (late payments, reversed claims, etc.)



Obligation to front the member's OOP amount to pharmacy



Additional staffing needs to support implementation and oversight



Potential loss of owed amount if the member does not pay



Any new vendor implementation fees



CMS Burden Estimates

PARTICIPATION

Estimated 6.32% of eligible Part D enrollees will participate in the program

- Using 2021 PDE data, CMS estimated that 3,200,000 enrollees will participate in the program for CY2025. In 2023, there were 50,657,397 Part D enrollees.

FAILURE TO PAY

CMS estimates that **20%** (640,000) of participants in the program will receive a **“Notice of Failure to Pay”** at some point in 2025.

CMS estimates that **50%** (320,000) of the participants who receive the **“Notice of Failure to Pay”** will be **involuntarily terminated from the program** by the plan.

VOLUNTARY TERMINATIONS

CMS estimates that 160,000 (**5% of initial enrollment** of 3,200,000) enrollees will voluntarily terminate their participation in the program at some point during CY2025.



Impact on Payors – Financial

Program Implementation Projects

Program Calculations and Billing:

Plans must determine the solution(s) that accurately perform the program calculations for monthly payment amounts, incorporating the detailed examples provided by CMS.

Pharmacy Reimbursement Processes:

Reimburse pharmacies for the cost-sharing amounts, ensuring seamless transactions and compliance with CMS prompt pay guidelines.

Claims Processing Workflow:

New claims processing workflow to align with CMS's proposals, ensuring that participants are charged \$0 at the pharmacy while maintaining accurate adjudication of prescription drug transactions under the program.

Monitoring and Feedback Mechanism:

Establish a monitoring system to continuously assess the implementation's effectiveness and incorporate feedback for ongoing optimization.

Impact on Payors – Systems and Processes

Key changes to systems and processes:



Developing software/programs that support M3P



Establishing processes for enrolling the members into the program, timely generation and mailing of the invoices and timely reconciliation of payments received



Developing processes to coordinate with PBM and oversight of PBM and print vendor



Developing processes to manage special cases: disputes, grievance, coverage determinations, termination etc.



Ensuring all CMS mandated submissions are done in a timely manner



New Website Requirements

An election request mechanism that also provides evidence that the request was received (e.g., a confirmation number)

Overview of the program, including multiple easy-to-understand calculation examples with explanations

Descriptions of who is likely to benefit and who might not benefit

Financial implications and details regarding cost-sharing and maximum OOP cap for the year

Importance of paying monthly bills and the impact of not paying

Details on how to opt in and out of the program, including timing and effectuation requirements

Standards for urgent election in the program

Process for filing a grievance **related to M3P**

General information regarding LIS, how the two programs differ, and how to apply



Impact on Payors – Systems and Processes

Program Implementation Projects

System Upgrades and Integration:

Upgrade billing and claims processing systems to incorporate M3P calculations and requirements, ensuring seamless integration with existing pharmacy and healthcare provider systems.

Program Calculation Implementation:

Implement software solutions that accurately execute the program calculations for monthly payment amounts, following the detailed examples and methodologies outlined in CMS's part one guidance.

Claims Processing Optimization:

Refine the claims processing workflow to comply with CMS's proposal, ensuring M3P participants are charged \$0 at the pharmacy, and streamline the adjudication process for prescription drug transactions.

Data Submission Systems:

Implement data submission systems to facilitate the required data submissions to CMS, ensuring accuracy and timeliness in reporting.

Impact on Payors – People

Addressing the impact on People:



Early (Q3 2024) training of Marketing, **Sales** and Accounting Teams in preparation of Open Enrollment



Training of Member Services, Pharmacy and Grievance Departments before 2025



Evaluate additional staffing (Member Services, Pharmacy, Accounting etc.)

It is crucial that everyone understands the program well to help with any questions the members may have to avoid dissatisfaction with the plan or complaints to CMS





Impact on Payors – People

Program Implementation Projects

Communication Strategy Development:

Create a comprehensive Member communication plan that includes clear, understandable information about M3P to ensure beneficiaries are fully informed about the program and its benefits.

Targeted Outreach Programs:

Design targeted outreach initiatives to identify and engage beneficiaries "likely to benefit" from M3P, incorporating strategies to inform them of their eligibility and the program's advantages.

Stakeholder Feedback Loops:

Implement feedback mechanisms at every stage of the project to gather insights from internal teams, external partners, and beneficiaries. Use this feedback to make real-time adjustments and improve engagement strategies.

Impact on PBM & Pharmacies



This is a totally new program that will require the PBM to develop new processes for claim adjudication (new BIN and PCN) and network pharmacy education.

Additional procedures should be developed to account for special cases that may require reimbursements (other insurance, retro LIS enrollments etc.) and close coordination with the Plan.



The Program will require the plans to provide itemized out of pocket costs to the members, necessitating building and generating reports **in a timely manner** to assist with the invoicing of the members.

There may be some additional field added to the PDE reporting and there will be guidance for annual data submission with required elements to be finalized by CMS.



This Program will launch the same year as the major benefit change instituted by CMS. PBMs will already be changing all the algorithms for claim payments to account for the disappearance of the gap phase and the much lower member OOP obligation. Risks of delay in implementation or errors.

Pharmacies will need to be kept informed of the Program as they are going to be affected as well.



The Program will require the development of additional POS messaging to the pharmacy for specific cases.

Pharmacy will need to be alert to the POS messaging from the PBM/Health Plan alerting them to inform certain members that they may benefit from the program and telling them how to enroll in the program.



Items Still Awaiting CMS Guidance

- Model documents and educational materials are currently in draft form
 - Tools for enrollees and caregivers to learn what monthly payments might look like under the program
 - Modifications to Medicare & You Handbook, Medicare.gov, and Medicare Plan Finder
- PDE requirements and changes
 - New EOB language related to M3P
 - New ANOC and EOC content added
 - New annual reporting requirements
 - MARx beneficiary-level data elements

PDE Guidance



HPMS Memo – April 15, 2024: Prescription Drug Event Record Reporting Instructions for the Implementation of the Inflation Reduction Act for Contract Year 2025.



§ 50.1 of the Medicare Prescription Payment Plan: Final Part One Guidance on Select Topics.



Part D sponsors must ensure that there is no impact to PDE cost/payment field reporting, meaning PDE financials must reflect participant and plan liability amounts as if the Medicare Prescription Payment Plan did not apply.



Example #31:

DS Plan – Medicare Prescription Payment Plan

Drug Cost **\$200**

DS Copay **\$200**

TGDCDC
Accumulator **\$0**

Plan Pay
on PDE **\$0**

TrOOP
Accumulator **\$0**

M3P Copay **\$0**

DeductiblePhase

PDE Field	Value
Drug Coverage Status Code	C
Medicare Prescription Payment Plan Indicator	Y
Ingredient Cost Paid	\$200.00
Dispensing Fee Paid	\$0.00
Total Amount Attributed to Sales Tax	\$0.00
Vaccine Administration Fee or Additional Dispensing Fee	\$0.00
Gross Covered Drug Cost Below Out-of-Pocket Threshold (GDCCB)	\$200.00
Gross Covered Drug Cost Above Out-of-Pocket Threshold (GDCA)	\$0.00
Patient Pay Amount	\$200.00
Other TrOOP Amount	\$0.00
Low Income Cost Sharing Subsidy Amount (LICS)	\$0.00
Patient Liability Reduction Due to Other Payer Amount (PLRO)	\$0.00
Covered D Plan Paid Amount (CPP)	\$0.00
Non-Covered Plan Paid Amount (NPP)	\$0.00
Reported Manufacturer Discount	\$0.00
Total Gross Covered Drug Cost Accumulator	\$0.00
True Out-of-Pocket Accumulator	\$0.00
Beginning Benefit Phase	D
Ending Benefit Phase	D

Vendor Selection



Clear understanding of requirements to implement a complete program from start to finish



Review carefully the scope of work as not all solutions will be equal



Flexibility of current PBM to integrate reporting and communication with other vendor that might not be their preferred solution



Vendor Selection (Scope of Work)



Eligibility processing



Past due payment tracking



Support of various banking options (Processing fees?)



Invoicing/Refund processing



Notification process (mailing functions)



Call center support and escalation paths



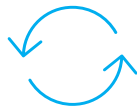
Monitoring reversals, adjustments, restacking, etc.



Annual reporting support



User interface for oversight by the plan



Retro LIS changes



Identification of member likely to benefit

Oversight and Monitoring Considerations

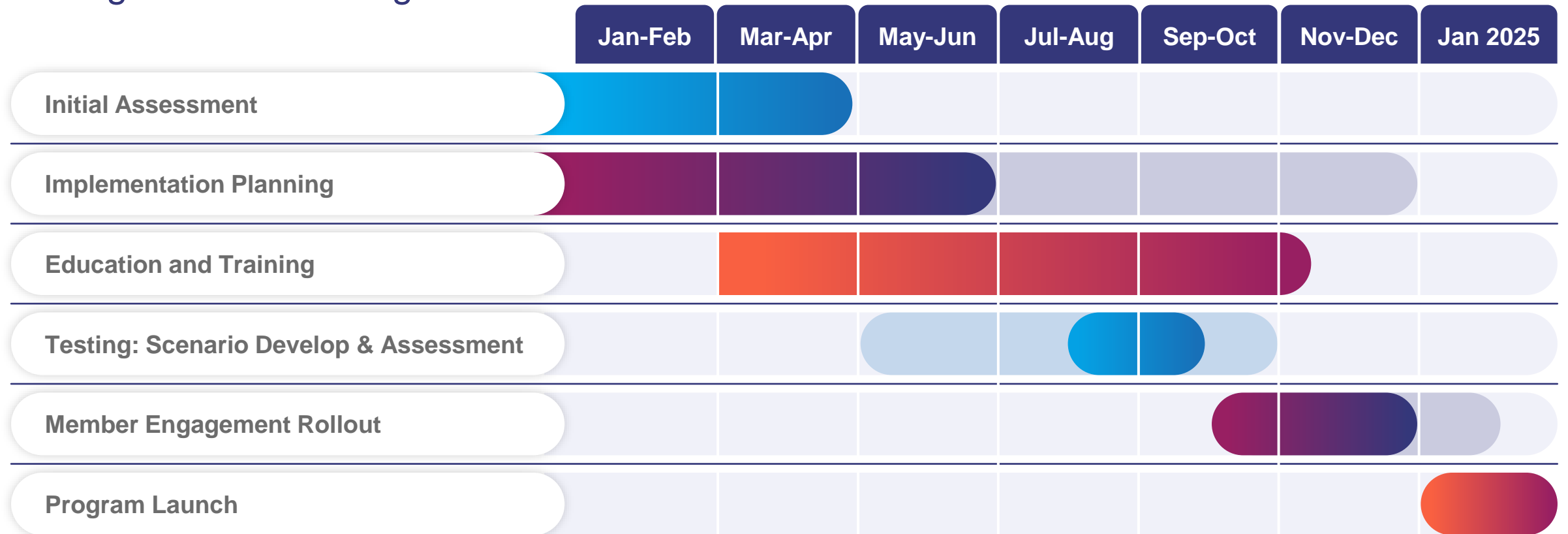
- ✓ Invoice QA
- ✓ Pharmacy Threshold Accuracy
- ✓ Unique M3P BIN/PCN tracking
- ✓ LIS Changes
- ✓ Restacking of claim
- ✓ Refunds for overpayments
- ✓ Supplemental benefit monitoring
- ✓ PDE reviews
- ✓ Eligibility/Member attribute accuracy
- ✓ Coverage Determination enhancements
- ✓ Grievance monitoring
- ✓ Pharmacy Network Type (LTC, MO)
- ✓ AEP Notification process
- ✓ Likely to Benefit pharmacy network compliance



Timeline and Work Plan Development

2024 Project Timeline

A structured yet flexible framework for managing the consulting engagement, ensuring a well-prepared, successful rollout of the M3P while also being adaptable to changes in CMS guidelines and regulations



Training Material Considerations



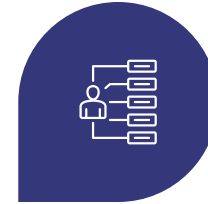
Essential Understanding

- Essential concepts and principles necessary for a basic grasp of the topic
- Consideration to groups that are not directly interacting with members or attributes associated with M3P



Proficient Understanding

- Demonstration of competence and fluency in applying knowledge to practical situations
- Groups that will be involved in direct member interaction (e.g., member services, sales, finance, care coordinators, appeals/grievances, etc.)



Specialized Understanding

- Focuses on advanced or specialized areas within the topic, requiring in-depth expertise and experience related to processes and procedures
- Identified teams members within specific departments that will be available for escalated questions and responsible for compliance and oversight of various aspects of the program (e.g., pharmacy, finance, member services)

Implementation and Testing

1

Needs Assessment:

Begin with a comprehensive needs assessment to understand the current systems, processes and gaps. This includes analyzing the client's infrastructure, software and workflows related to Medicare Part D and the new requirements introduced by the M3P.

2

Detailed Planning:

Based on the assessment, develop a detailed plan that outlines the steps for system updates, process redesigns and the integration of new compliance measures. This plan will specify timelines, responsible parties and key milestones.

3

System Changes and Scenario Testing:

Identify necessary system changes, focusing on billing, enrollment and claims processing adjustments.) Create test cases that simulate a wide range of scenarios, including various beneficiary interactions and billing cycles, to prepare for real-world challenges.

4

Report Generation:

Coordinate the development of reporting that will be used to monitor implementation progress, compliance adherence and system performance, ensuring transparency and accountability throughout the process.



CMS Compliance Alignment: We are committed to adhering to CMS's guidance for the implementation of the M3P, as established by section 11202 of the Inflation Reduction Act (IRA). Our approach will be grounded in the technical HPMS guidance and subsequent updates, ensuring all implementation strategies are compliant with CMS regulations.



System and Process Adaptation: We propose creating **a detailed plan** for adapting the plan's systems and processes to accommodate the M3P requirements.

This includes updating billing systems, enrollment processes, and cost-sharing calculations in accordance with CMS's specified methodologies for "program participants".



Comprehensive Testing Regimen: We are prepared to implement a robust **testing framework** that simulates various scenarios, including enrollment timing and cost-sharing calculations, to ensure that all systems perform accurately under real-world conditions and comply with CMS guidelines.

Operational Support and SME Guidance

1

SME Deployment:

Assign Subject Matter Experts (SMEs) to provide targeted support in areas such as regulatory compliance, system integration and financial impact analysis. These experts will be available for on-demand consultation to address specific challenges as they arise.

2

Delegation Strategy:

Work with the plan to identify functions that can be efficiently delegated, either internally or externally, without compromising on compliance or operational efficiency. Provide guidance on managing these delegations effectively (i.e., Development of SLAs).

3

Continuous Improvement Process:

Establish a continuous improvement process that leverages feedback from the testing phase and ongoing operations to refine systems and processes continually. This includes regular check-ins with the client to discuss challenges, successes and areas for enhancement.



Operational Compliance and Readiness: We can provide operational support to ensure the plan remains compliant with M3P requirements.

This includes managing participant opt-ins, handling monthly cap calculations and ensuring that communication with beneficiaries uses CMS-preferred terminology, avoiding confusion between "enrollment" in Part D and "opting into" the M3P.



SME Rapid Response Team: We propose supporting the formation of a Subject Matter Expert (SME) rapid response team. This team will be available to address urgent M3P-related queries from the client, ensuring quick resolution of complex issues to maintain compliance and operational integrity.



Vendor and PBM Coordination: Based on initial discovery we will assist in the strategic plans for coordinating with vendors and Pharmacy Benefit Managers (PBMs) to align their operations with M3P requirements, ensuring seamless participant experience and compliance with billing and claims processing mandates.

Education and Training Support

1

Internal Team Training:

Develop comprehensive training modules for internal teams impacted by the program(s), such as pharmacy, customer service and marketing. Focus on ensuring these teams understand the new processes, can effectively communicate with members about the changes and are prepared to handle inquiries related to the M3P.

2

External Stakeholder Engagement:

Create educational materials and sessions for external stakeholders, including brokers and healthcare providers. These materials will clarify the changes, the benefits of the program and how these stakeholders can support beneficiaries through the transition.

3

Member Education Collaboration with CMS:

While CMS will provide some educational resources for members/beneficiaries, collaborate with the client to supplement these materials with targeted outreach efforts. This may include personalized communications, informational webinars and FAQ documents tailored to the client's beneficiary population.



Customized Training Programs: We will deliver a customized training programs for both internal stakeholders (staff, management) and external stakeholders (agents/brokers, beneficiaries, healthcare providers) on the nuances of the M3P.

Training will focus on CMS guidelines, participant opt-in processes, and the correct use of terminology, ensuring clarity and compliance with all operational aspects of M3P.



Beneficiary Outreach Campaigns: Design targeted outreach campaigns to educate beneficiaries about the M3P, using CMS-approved language and concepts. This will include clear explanations of the benefits of opting into the M3P, how to do so and the financial implications of participation.



Ongoing Education and Updates: We offer ongoing educational sessions and updates to ensure all stakeholders are informed about the latest CMS guidelines and program adjustments. This proactive approach will help mitigate confusion and enhance program participation and compliance.

Targeted Deliverables

These are designed to address the key aspects of M3P implementation, testing, operational support, and education. We value your input and are ready to refine or expand our deliverables to align perfectly with your needs and feedback

Implementation Plan

A detailed roadmap for M3P implementation, outlining each step of integration within your unique operational framework, ready for adaptation based on today's insights.

Testing Framework

Comprehensive scenario testing to validate system readiness and performance, ensuring a seamless M3P rollout. We're poised to refine our testing strategies to meet your specific concerns and scenarios.

Training Materials

Customized educational modules designed for both internal teams and external stakeholders, ensuring comprehensive understanding and support for the new M3P processes. Feedback from today's discussion will further tailor these resources to your needs.

Compliance Toolkit

A curated set of tools and checklists designed for sustained CMS guideline compliance, with the flexibility to update and expand as regulations evolve.

Stakeholder Engagement Plan

Strategies and materials for engaging beneficiaries, providers and partners, highlighting the benefits and changes brought by M3P. This plan can be customized based on target audience feedback and engagement strategies preferred by your team.

Risk Management Framework

A proactive approach to identifying, assessing, and mitigating potential risks associated with M3P implementation, customizable to your risk tolerance and operational landscape.

Performance Reports

Ongoing, insightful analysis of the M3P's operational success, with metrics aligned to your strategic goals. These reports are adaptable to focus on key performance indicators most relevant to you.

M3P Program Implementation Support

Ensure a compliant, efficient and successful implementation of the M3P program, including:

**Program
Implementation**

**Operational
Support**

**Program
Testing**

**Education
and Training
Support**

20% discount for webinar attendees



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Links to CMS Guidance Documents

DRAFT GUIDANCE 1

[www.cms.gov/files/document/
medicare-prescription-
payment-plan-part-1-
guidance.pdf](https://www.cms.gov/files/document/medicare-prescription-payment-plan-part-1-guidance.pdf)



DRAFT GUIDANCE 2

[www.cms.gov/files/document/
medicare-prescription-
payment-plan-draft-part-two-
guidance.pdf](https://www.cms.gov/files/document/medicare-prescription-payment-plan-draft-part-two-guidance.pdf)



FINAL GUIDANCE 1

[www.cms.gov/files/document/
medicare-prescription-
payment-plan-final-part-one-
guidance.pdf](https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf)

