

Positive Quality Intervention: Streamlining Enrollment in the Medicare Prescription Payment Plan (MPPP)

Description: The purpose of this PQI is to outline a standardized, proactive approach to offering and enrolling eligible Medicare Part D patients into the Medicare Prescription Payment Plan (MPPP). The goal is to remove financial barriers to treatment initiation and adherence by ensuring that patients are aware of and enrolled in this optional monthly payment plan prior to receiving their first high-cost prescription.

Background: Beginning January 1, 2025, Medicare beneficiaries with Part D coverage can opt into the Medicare Prescription Payment Plan (MPPP), a monthly payment arrangement that spreads out-of-pocket (OOP) prescription costs evenly across the benefit year. This “cost smoothing” policy was established under the Inflation Reduction Act of 2022. High upfront OOP expenses remain one of the most significant barriers to adherence for patients receiving oral oncolytics, with studies showing that up to 20–30% of patients abandon treatment when first-fill costs exceed \$250–\$500.¹⁻⁴

However, successful implementation requires timely patient identification, effective counseling, and coordination across dispensing, benefits, and financial navigation teams. Early reports indicate low patient awareness and limited operational readiness among healthcare practices, which may prevent eligible individuals from benefiting from MPPP.⁵ This PQI provides a standardized workflow to ensure oncology practices proactively integrate MPPP into routine care.

Guided Enrollment Process for the Medicare Prescription Payment Plan (MPPP):

Note: The following process reflects the current workflow implemented at Florida Cancer Specialists (FCS). Practices may need to adapt these steps based on their own resources, staffing structure, and system capabilities.

Step 1: Identify Eligible Patients

Patients with successful Medicare Part D claims and a copay exceeding \$100.00 are referred to the patient assistance team. A patient advocate will contact them to assess their eligibility for additional assistance and discuss the potential MPPP option.

Step 2: Engage and Educate the Patient

Flagged patients are contacted to discuss financial needs and the MPPP process. If patients are over-income for other financial assistance programs, or if they decline assistance, they are informed of the MPPP option and given the contact number for their insurance to apply.

Step 3: Facilitate Enrollment

Patients are given the phone number to their Medicare Part D plan to begin the enrollment process. If a patient is uncomfortable initiating the call, the patient advocate facilitates a three-way call with the insurance.

IMPORTANT NOTICE: NCODA has developed this Positive Quality Intervention platform. This platform is intended as an educational aid, does not provide individual medical advice, and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication. The materials contained in this platform do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA. NCODA does not ensure the accuracy of the information presented and assumes no liability relating to its accuracy. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional. It is the individual's sole responsibility to seek guidance from a qualified healthcare professional. *Updated 9.17.25 PQI-142*

Step 4: Document in Electronic Medical Record (EMR)

Progress notes are entered into the patient's EMR to document the date and status of MPPP enrollment. A pop-up alert is also placed for the pharmacy processing team to notify them that the patient is enrolled.

Step 5: Monitor and Follow Up

The benefits team follows up with the patient's insurance provider within three business days if no payable claim is on file for an MPPP-enrolled patient.

Patient-Centered Activities: After the prescription is flagged, the patient assistance team proactively contacts patients to review their financial needs and explain the Medicare Prescription Payment Plan (MPPP). Patients who are ineligible for traditional financial aid are offered personalized support, including facilitated three-way calls with insurance providers. This ensures patients are not delayed or deterred from initiating treatment due to cost concerns. Patients are provided with transparent expectations regarding monthly installment amounts and billing timelines.

References:

1. Inflation Reduction Act of 2022, Pub L No. 117-169, 136 Stat 1818.
2. Centers for Medicare & Medicaid Services. *Medicare Prescription Payment Plan (MPPP) Guidance: Implementation of Section 11202 of the Inflation Reduction Act*. CMS; 2024.
3. Doshi JA, Li P, Huo H, Pettit AR, Armstrong KA. Association of patient out-of-pocket costs with prescription abandonment in oncology. *J Clin Oncol*. 2018;36(15 suppl):LBA.
4. Dusetzina SB, Huskamp HA, Basch E, et al. Cost sharing and medication nonadherence in cancer care. *J Clin Oncol*. 2014;32(19):212–216.
5. Cubanski J, Neuman T, Freed M. *Medicare Part D: A First Look at Prescription Drug Plans in 2024*. Kaiser Family Foundation; 2024.