

## Medicare Prescription Payment Plan Data Elements

### ***Technical Notes:***

The file “CY 2025 Medicare Prescription Payment Plan Public Use File.xlsx” in this folder contains Calendar Year (CY) 2025 Medicare Prescription Payment Plan contract-level data submitted by Part D sponsors through the CY 2025 Part D Reporting Requirements data collection.

The categories of data are expressed at a summary level only; no beneficiary identifiable information is included within any category. Cells with 10 or fewer beneficiaries or cells which could be used to derive a value of 1 to 10 are suppressed in accordance with CMS’s cell size suppression policy. Contracts with only one plan are excluded from this data file. Data elements are summarized below.

### ***Data Limitations and Appropriate Use:***

The Medicare Prescription Payment Plan was established by section 11202 of the Inflation Reduction Act (IRA) of 2022 (P.L. 117-169). Section 1860D-2(b)(2)(E) of the Social Security Act, as added by section 11202 of the IRA, requires all Medicare Part D sponsors to offer their Part D enrollees the option to pay their out-of-pocket (OOP) Part D drug costs through monthly payments over the course of the plan year instead of as upfront payments at the pharmacy point of sale (POS), beginning January 1, 2025.

This data file represents the first year of program implementation and data collection in CY2025. Data in this file has not undergone independent data validation.<sup>1</sup> CMS expects that reporting accuracy, completeness, and consistency will improve in future years as Part D sponsors gain experience implementing the program and its reporting requirements. Medicare Prescription Payment Plan data are collected to assess the performance of Part D Sponsors with respect to the Medicare Prescription Payment Plan and were not designed for research or comparative analysis across plans or time. CMS does not guarantee 100 percent accuracy of all records or fields.

### ***Questions:***

Questions regarding this data may be sent to [MedicarePrescriptionPaymentPlan@cms.hhs.gov](mailto:MedicarePrescriptionPaymentPlan@cms.hhs.gov).

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<sup>1</sup> For more information regarding Part C and Part D Data Validation, visit <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/part-c-and-part-d-data-validation>

Additional information on data elements may be found in the Part D Reporting Requirements and Technical Specifications, available at <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/part-c-part-d-reporting-requirements>.

**Data Elements:**

A. Contract ID

*Likely to benefit identification:*

B. The total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period through any of the following methods: prior to plan year criteria; during the plan year criteria; POS criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan).

C. The total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on prior to plan year criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan).

D. The total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on during the plan year criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan).

E. The total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on POS criteria (unique beneficiaries, including those who did not elect to participate in the Medicare Prescription Payment Plan).

F. Among individuals identified as likely to benefit in column B, the total number of those individuals who submitted an election request to participate in the Medicare Prescription Payment Plan during the reporting period.

*Election request processing:*

G. The total number of Medicare Prescription Payment Plan election requests received during the reporting period.

H. Of the total reported in column G, the number of election requests that were accepted during the reporting period.

I. Of the total reported in column G, the number of election requests that were not complete at the time of initial receipt and for which the sponsor was required to request additional information from the applicant (or his/her representative).

J. Of the total reported in column I, the number of election requests received that were able to be completed within established timeframes.

K. Of the total reported in column I, the number of election requests denied due to the applicant or his/her authorized legal representative not providing the information required to complete the election request within established timeframes.

L. Of the total reported in column G, the number of election requests that were denied during the reporting period.

*Unsettled balances:*

M. The collected Medicare Prescription Payment Plan amounts from the reporting period.

N. The uncollected Medicare Prescription Payment Plan balances from the reporting period.

O. Number of program participants with uncollected Medicare Prescription Payment Plan balances from the reporting period.

P. Number of individuals precluded from opting into the Medicare Prescription Payment Plan (in the subsequent year).