Medicare Prescription Payment Plan Evaluation Form

The Medicare Prescription Payment Plan (also referred to as "Smoothing", M3P or MPPP) is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January– December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D. **All plans offer this payment option and participation is voluntary. Part D Enrollees must chose to opt-in each year in order to continue participating in the program.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.

☐ **My broker has reviewed the above statement on The Medicare Prescription Payment Plan.**

Potential Annual Prescription Costs:

Providing your private health information, such as your prescriptions, is never required for enrollment or for election into the Medicare Prescription Payment Plan. I understand that my broker will be limited in their ability to provide cost estimates and appropriate plan recommendations without this information.

☐ I have provided my broker with a complete list of my current prescriptions.

☐ I would prefer not to disclose my prescriptions and choose to forgo prescription cost estimates.

Likely to Benefit Notices

I am required to receive a notice from my Part D Plan if:

☐ My Part D Plan reviews my Part D claims data from the prior year and determines that I would have reached the OOP Threshold ($2000 in 2025) or that I have a single prescription fill that exceeds their threshold for likely to benefit (typically $600).

I am required to receive a notice from my Pharmacy PRIOR to paying for my prescription if:

☐ I have not opt-ed in to the Medicare Prescription Payment Plan and fill a single prescription that exceeds $600 in my out-of-pocket costs.

If I receive a "Likely to Benefit" notice at the pharmacy and wish to opt-in to the Medicare Prescription Payment Plan I must:

1. Leave the Prescription at the pharmacy.
2. Go Home
3. Call my Broker if I wish to have their counsel on concerns I should be aware of prior to opting-in.
4. If I proceed with an Election to Opt-In: Call My Part D Plan
5. Complete my Election to Request Opt-In to the Medicare Prescription Payment Plan
6. Wait for confirmation from my Part D Plan that my Opt-In has been accepted (Part D Plans have 24 hours to process Opt-In requests during the plan year.)
7. Then, I can return to the pharmacy, pick-up and pay for my prescriptions under the Medicare Prescription Payment Plan

If I receive a “Likely to Benefit” notice at the pharmacy but:

1. Urgently need my prescription
2. Delaying access by 24 hours would be a detriment to my health
3. I still wish to opt-in the Medicare Prescription Payment Plan and have that prescription included

I Have 72 Hours after I pay for my prescription and take it home with me to:

1. Call my Broker if I wish to have their counsel on concerns I should be aware of prior to opting-in.
2. If I proceed with an Election to Opt-In: Call My Part D Plan
3. Complete my Election to Request Opt-In to the Medicare Prescription Payment Plan

If I do this, my Part D Plan will be required to send me a Direct Member Reimbursement for my out-of-pocket responsibility, add the cost to my Medicare Prescription Payment Plan Balance and bill me in a monthly statement.

Will this payment option help me?

☐ Based on my current prescription costs and/or my eligibility for assistance programs, this program is not likely to benefit me at this time. I will contact my broker if my prescriptions change and prior to filling any new prescriptions, if I wish for my broker to assist with cost estimates and/or evaluation of Medicare Prescription Payment Plan. I understand that opting-in to the Medicare Prescription Payment Plan without the assistance of my broker, relieves them of responsibility for any challenges that I may experience in the program.

- ☐ My current monthly prescription costs are low or the same each month.
- ☐ I do not want to receive a monthly bill or change how I pay for my prescriptions.
- ☐ I currently receive assistance from Extra Help (LIS), Medicaid, or a I get help paying for my prescriptions from another organization, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage. (Exception: Medicare Prescription Payment Plan Opt-In may be a requirement to qualify for some Pharmaceutical Assistance Programs (PAPs))

☐ Based on my current prescription costs and the ability to spread those costs over the year, or several months, this program is likely to benefit me.

- ☐ I have high prescription costs early in the year, or a high prescription cost during the year, that I may have challenges affording out-of-pocket at one time.
- ☐ I fill an extended-day supply (90-100 day) for all or most of my prescriptions and would like to spread my cost out, across the year.

Client or Agent Signature

Date of Appointment/Call Recording

Guided Solutions is an affiliate of Baldwin Risk Partners. *Guided Solutions is the brand name of Guided Insurance Solutions LLC (NPN 18756536). Guided Insurance Solutions LLC does business as Guided Insurance Solutions and as Guided Personal Insurance Solutions in CA (Lic.6003057).*

BRP Insurance III, LLC dba Guided Solutions is not affiliated with or endorsed by Medicare or any government agency. Guided Solutions does not discriminate based on race, color, national origin, age, disability, or sex. Calling this number will direct you to a licensed agent. No obligation to enroll. Guided Solutions is a division of BRP Insurance III, LLC; all insurance services are the responsibility of BRP Insurance III, LLC, NPN 17880298. Guided Solutions is a brand of BRP Insurance LLC. BRP Insurance III LLC dba Guided Solutions. All insurance commerce is through BRP Insurance III LLC. National Health Plans & Benefits Agency is a brand of BRP Insurance LLC. BRP Insurance III LLC dba National Health Plans & Benefits Agency. They do not offer every plan available in your area. Any information they provide is limited to those plans they do offer in your area. Please contact Medicare.gov or 1–800– MEDICARE to get information on all of your options.

Guided Solutions provides this educational asset, publicly, as an industry best practice to assist agents and brokers in providing documentation and a checklist for the review of Medicare Prescription Plan with their client.

This document and any recommendations, analysis, or advice provided by the agent/broker are intended solely for the client identified based on the on the information provided by the client at the time of the evaluation and are intended to offer guidance on potential benefit or detriment from opting-in to the Medicare Prescription Payment Plan, and key awareness points the client should be made aware of prior to election to opt-in.

The assessment does not guarantee benefit or detriment to the client and is subject to change based on unforeseen healthcare variables and individual client circumstance.

The information contained herein is based on sources the agent/broker and Guided Solutions believes are reliable, but the agent/broker and Guided Solutions makes no representation or warranty as to its accuracy. Guided Solutions shall have no obligation to update the information and shall have no liability to you or any other party with regard to our services. Evaluation of the Medicare Prescription Payment Plan should be conducted annually and at any point of change in prescriptions. Modifications or alterations to this document are at the risk of the altering party. This form and any recommendations and related services are not and should not be construed as legal advice or be used as a substitute for legal advice. It is the ultimate responsibility of the beneficiary to decide on the specific program elections and/or coverage that makes sense for their particular circumstances.