

Submitter : Mr. Anon Ymis
Organization : Pharmacy in Missouri
Category : Pharmacist

Date: 11/14/2006

Issue Areas/Comments

Information to be Collected

Information to be Collected

CMS should not share data with outside entities because CMS fudges the numbers for the benefit of corrupt corporations that are controlling the reimbursements to create record profits for themselves while limiting access to pharmacies for millions of americans. Complaint numbers are an example. CMS says that everyone thinks this Part D is great and working fine. How about all the complaints by pharmacists that are not being counted. How about the CMS reps taking complaint information and then not responding or forwarding it to someone in authority. I've filed two complaints and never received a call back or inquiry about the complaint. The PBM contractors claims that prices are "negotiated". This is totally wrong. There is NO negotiation. It's take it or leave it. And even if you did have a chance to talk about the rates. You can agree on a rate and then the PBM will turn around a MAC every script that you used to make money on, Humana for example. The PBM's have us selling over 60% at a loss. The rules in section 423.100 that defines the PBM's contract clearly states that the PBM is to pay for OVERHEAD in the dispensing fee. There are NO PHARMACIES that come anywhere close to covering overhead with \$1.50 or \$2.00 dispensing fee. Our overhead is \$9.42. That a solid number that I can back up with proof. This missing reimbursement means that we have to cover costs by letting staff go. We've already let 3 techs and 1 pharmacist go and are still barely breaking even. We've had to cancel approx. 15 plans and forced those members to drive an extra 30 miles to get thier scripts filled because of low, under cost reimbursements. We're barely hanging on and look at the PBM's. Billions in record profits for processing claims and controlling a formulary. Everyone touts reducting the Medicare costs. Well cut out the record profits for the PBM's and put that money back where it belongs, keeping the local pharmacy open. The bottom line is that CMS is in bed with the PBM's and can't be trusted to report any findings to Congress or anyone else. If you need more examples, go to www.medicareadvocacy.com. There's plenty of example there.

Submitter : Dr. Sherri Sheinfeld Gorin
Organization : Columbia University
Category : Other Health Care Professional

Date: 11/21/2006

Issue Areas/Comments

GENERAL

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I support retaining the availability of Medicare Part D data for research purposes. These data could be used to assess:

1. Patterns of prescribing for patients with cancer. These patterns could provide information about disparities in health care and population-based treatment relative to recommended standards of care.
2. Outcomes following specific drugs therapies for cancer patients. These data could be used to assess the rates and types of and medical management of adverse events following drug treatment. This is important since elderly persons with cancer are often under-represented in clinical trials
3. Costs of cancer drugs. Cost of cancer care is a societal concern as the number of elderly increase. Cancer is a disease of the elderly; the total number of cancer cases in the elderly is expected to rise. In addition, people with cancer are surviving longer and may need more ongoing care. The cost of cancer drugs has markedly increased. Rising costs in tandem with increasing numbers of people with cancer will place a significant financial burden on Medicare.

Submitter : Dr. Christopher Hollenbeak
Organization : Penn State College of Medicine
Category : Academic

Date: 11/21/2006

Issue Areas/Comments

GENERAL

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Please make these data available for research. I and others have been doing research on economic issues in cancer and have been hindered by the lack of availability of drug costs. The research that can be done by releasing these data could be of tremendous importance to patients and CMS.

Submitter : Dr. Meredith Kilgore

Date: 11/21/2006

Organization : UAB School of Public Health

Category : Academic

Issue Areas/Comments

Applicability

Applicability

Transaction dates, drugs, doses, routes, number of days, copayments paid by patient, total transaction costs for each prescription filled.

Information to be Collected

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Make these data available to qualified researchers, subject to HIPAA protections. Use of the data should not be restricted to Academic or non-profit organizations.

Purpose of CMS Collecting Information

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These data could provide an invaluable source for economic evaluations, for adverse event surveillance, and for the exploration and evaluation of expanded indications/benefits from medication provided to Medicare beneficiaries. This might be the single best source of data for pharmacoepidemiological and pharmacoeconomic research. The cost data could be used to evaluate the effectiveness of plans in negotiating drug prices and delivering drug benefits to different types of patients and to evaluate the total economic impact of drug therapies, including added costs for treating adverse events and avoided costs when drug therapy prevents or delays the onset of advanced stages of disease. Over time these data would also provide the opportunity to evaluate rare side effects, contraindications, and adverse events associated with very long term drug exposure.

Sharing Data with Entities Outside of CMS

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These data are limited to Medicare beneficiaries, thus would not provide useful information on the use of compounds in pediatric populations. Some over the counter medications, or medications purchased off the formularies, would not appear in the data.

Submitter : Dr. Alan Zaslavsky
Organization : Harvard Medical School
Category : Other Health Care Professional

Date: 11/22/2006

Issue Areas/Comments

Applicability

Applicability

Beneficiary Access of Part D Data

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Information to be Collected

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I strongly urge that data from the Medicare Part D program be made available for analysis by bona fide researchers. Part A and B data have been analyzed extensively and have provided a wealth of information about the operation of Medicare, about quality, efficiency and effectiveness of health care providers, and about effectiveness of treatments. Furthermore, there have been no significant incidents of violation of beneficiary privacy through research analysis of these data. Thus, release of data under appropriate safeguards of confidentiality has been an unqualified success for the Medicare program. The importance of pharmaceuticals from both clinical and economic standpoints, and the magnitude of the Part D program, indicate that analysis of the rich data collected in operation of Part D will be essential to management of Medicare. Indeed, combination of Part D information with the existing claims-based treatment data will provide an improved resource for developing more effective treatment protocols and improving the efficiency of the benefit.