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General Comment

Hello,
The proposed change in information gathering policy purports to improve CMS's ability to monitor opioid prescriptions as dispensed underneath Part D plans. However, the authority under the 423.514 reporting requirements permits CMS to require changes, not only in the content of information required by Part D plans, but the schedule. Specifically "at times" and in the manner that CMS requires.

Part D plans receive a constant flow of data regarding the medication prescribing and pickup events, yet the reporting of this information to CMS is done, in some case on a yearly batch basis, sometimes months after a year closes. As a result, comprehensive analysis of Opioid and other critical prescribing patterns do not become apparent until years after prescriptions have been filled, and the underlying prescribing patterns have shifted. This makes it very difficult, for instance, to detect that a providers NPI or DEA number have potentially been high-jacked.

Propublica's series of investigations into opioids specifically and abuse and fraud more generally in Part D (https://www.propublica.org/series/prescribers) consistently show that efforts to address abuses are constantly late and delayed. At least one source of the delay is our (DocGraph Journal's) inability to provide Propublica and our other healthcare data journalism partners with current data regarding what happens in Part D. Propublica's analysis are consistently performed years after the events in question and the reason for this delay ultimately ties back to the fact that many Part D providers do not deliver to CMS timely data. Because they are not required to.

There is no technical or cost reason why Part D plans should not be able to provide CMS with data from fully financially adjudicated clinical events on a nightly basis. Doing so would not inherently be more

complex than any other fully automated process. Exporting the data every night, is an fully automated task. No one should be using a type-writer. Because some Part D plans might protest, we recommend that CMS choose weekly or monthly reporting requirements. Moreover, we suggest that CMS become fare more consistent in ejecting Part D plans that are slow to perform accurate data reporting.

The notion that CMS should change the *content* of the information that it gathers without also changing the *pace* would be silly, if the end result was not a deepening of the opioid crisis and ultimately a substantial lose of life. Moreover, if CMS was forced to choose between faster data and more data, it should prioritize more frequent reporting. Better to have smaller amounts of actionable data, then a comprehensive look at a system that is, from a data perspective, ancient history.

The opioid crisis is one of the few things modern politicians agree on. Why would CMS not take this opportunity to drag the Part D data processing speed into the current decade?

Or hell.. into the 1990's

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