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2019 Issue Brief Pathway to Value

Issue

Federal policymakers are clearly embarking on an ambitious transformation in the way health care is financed. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) essentially mandates that healthcare providers take on payment risk over the next several years.

In the past four years, AMGA conducted annual risk-readiness surveys of our membership to obtain a snapshot of the progress and challenges providers face during this transformation of the U.S. healthcare system. To ensure the successful transition from volume to value, legislators must address significant obstacles in the healthcare market identified in our survey results.

AMGA members expressed concern with the lack of access to timely Medicare and commercial payer administrative claims data. Successfully managing a patient population requires providers have access to data to ensure the most effective course of action in improving health outcomes.

Relatedly, endless amounts of time and resources are spent translating data sets from different types of payers. Currently, medical groups submit data to different insurance companies in different formats, creating a massive administrative burden and a diversion of resources away from providing care.

AMGA asks Congress to:

Require federal and commercial payers to provide access to all administrative claims data to healthcare providers. Currently, access to this data often is denied or limited.

Require federal and commercial payers and providers to standardize data submission and reporting processes. AMGA members expend large amounts of resources, including human capital, on data submission and reporting, when they would rather devote those resources to patient care.