

2023 Issue Brief Access to Claims Data

Issue

For the past five years, AMGA has conducted annual risk-readiness surveys of our membership to obtain a snapshot of the progress and challenges providers face during the value-based transformation of the US healthcare system. In the surveys, AMGA members repeatedly expressed concern with the lack of access to timely commercial payer administrative claims data as the most significant barrier to assuming risk and transitioning to value-based care. Members report that while some payers share this data with providers, the majority do not. Successfully managing a patient population requires that providers have access to the data to ensure the most effective course of action in improving health outcomes. With this data, it is easier to manage the cost and quality of care provided to a population of patients, which is a goal of moving to value-based care. Requiring provider access to commercial claims data would help providers in a variety of different ways.

The Centers for Medicare & Medicaid Services (CMS) agrees with AMGA members on the need to share claims data. On December 6, 2022, CMS released the Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, and State Medicaid Agencies proposed rule. In this rule, CMS proposes to require payers to implement and maintain a provider access application programming interface (API) to facilitate this data exchange for current patients when requested by a provider or facility. If finalized, the proposed provisions would become effective January 1, 2026, for Medicare Advantage (MA) organizations, state Medicaid and Children’s Health Insurance Program fee-for-service programs, Federally Facilitated Exchanges (FfEs), and Medicaid managed care plans. However, it is imperative that Congress also requires that commercial payers share data with providers through an API.

Population health

Access to commercial claims data would allow our members to get a broader perspective of what services the insurer has paid for, such as preventative screening exams and tests, even if they were not performed directly by the providers and are not recorded in their electronic medical records. Incorporating this additional data would give a more “real-time” look at the patient’s progress, allowing providers to shift from, for instance, getting a test done to getting the correct care for their patients. It would reduce test redundancies and unnecessary procedures, which reduces the cost of care.

Accurate quality measures

Currently, each payer has its own definition of what qualifies as meeting a quality measure. Providers and health systems are often left tracking multiple measures in multiple formats. By making all claims data available, health systems and providers are able to create a more streamlined reporting system that would allow health systems and providers to identify accurate

indicators of quality.

Transparency/accountability

Access to commercial claims data would also lead to more accountability. If all parties are required to share their information and are held accountable for such sharing, there is more willingness to collaborate and to share resources. When the sharing is voluntary or there is no enforcement or sharing regulations, payers are less likely to share their data.

Empowered patient

Most importantly, allowing providers and health systems access to data will ultimately lead to a more empowered patient. As we shift to patients owning more of their healthcare data, it is imperative that both the patient and provider are equal partners in their physician/patient relationship. The only way to accomplish that is to ensure the provider has a complete account of the patient's medical history. Allowing providers to access commercial claims data that is both transparent and streamlined is a step toward achieving that goal. Data transparency enables the patient to track their own tests, procedures, and results, leading to better conversations with their providers and better health outcomes.

AMGA asks Congress to:

- **Require commercial payers to provide healthcare providers access to all administrative claims data**