

One Prince Street Alexandria, VA 22314-3318 • 703.838.0033 • 703.548.1890

2024 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 payor administrative claims data as the most significant barrier to assuming risk and transitioning to value-based care. Members report that while some payors 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 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) also agrees with AMGA members on the need to share claims data. In January, CMS released the Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, and State Medicaid Agencies final rule. In the rule, CMS requires payors to implement and maintain a Provider Access Application Programming Interfacing (API) to facilitate this data exchange for current patients when requested by a provider or facility. The provisions will become effective January 1, 2026, for Medicare Advantage organizations (MA), state Medicaid and Children's Health Insurance Program fee-for-service programs, Federally Facilitated Exchanges (FFEs), and Medicaid managed care plans. AMGA members are also grateful for an amendment in *the Pharmacy Benefit Manager Reform Act* that would require commercial payors to share their data through an API. Congress must include the amendment in any overall healthcare transparency package that passes this year.

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 offer a more "real-time" look at the patient's progress and reduce test redundancies and unnecessary procedures, which would reduce the cost of care.

Accurate Quality Measures

Currently, each payor 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. Making all claims data available would enable health systems and providers to create a more streamlined reporting system that would allow them 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 be held accountable for such sharing, there would be more willingness to collaborate and to share resources. When the sharing is voluntary, or there is no enforcement or sharing regulations, payors 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 pertinent that both the patient and provider are equal partners in their relationship. The only way to accomplish that is to ensure the provider has a complete account of the patient's medical history so they can engage patients in shared decision-making. Data transparency enables the patient to track their own numbers and results, leading to better conversations with their providers and better health outcomes.

AMGA asks Congress to:

 Require commercial payors to provide healthcare providers access to all administrative claims data