

## **2025 Issue Brief Access to Claims Data**

### **Issue**

AMGA members have repeatedly expressed concern that the lack of access to timely commercial payor administrative claims data is the most significant barrier to assuming risk and transitioning to high-value 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 care quality for a population of patients, which is a goal of moving to high-value care.

The Centers for Medicare & Medicaid Services (CMS) agrees with AMGA members on the need to share claims data. Last year, 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 (MA) organizations, state Medicaid and Children’s Health Insurance Program fee-for-service programs, Federally Facilitated Exchanges (FfEs), and Medicaid managed care plans. Last Congress, AMGA strongly supported an amendment in the Pharmacy Benefit Manager Reform Act that would require commercial payors to share their data through an API. Congress must approve this provision into law.

### **Population Health**

Access to commercial claims data provides medical groups and integrated delivery systems 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 medical groups and health systems 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 of sharing regulations, payors are less likely to share their data.

**Empowered Patient**

Most importantly, allowing medical groups and integrated systems of care access to data will ultimately lead to a more empowered patient. As the system shifts to patients owning more of their healthcare data, it is crucial 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.**