Linking Medicare Pharmacy and Medical Claims Data

**Problem**: Medicare medical claims data and pharmacy (drug claims or encounter) data is available on an individual level. Part D plans have no access to medical claims data because CMS does not link individual patient data across Medicare Parts A, B and D in real-time. This limits plan knowledge about a patient’s medical status, such as admission or discharge to/from a hospital, and inhibits insights into optimal patient medication use and therapy management to improve outcomes and lower costs.

**Solution**: In order to enhance the effectiveness of current medication management programs, CMS should create a common patient identifier that links Medicare Parts A, B and D claims data and make the data available to plans to help them better manage their enrollee’s care. Doing so will allow plans to maximally target interventions for patients who are discharged from hospitals or other settings, or for those with problems that may indicate risk of readmission to a hospital, for example. Furthermore, the linkage will allow plans and CMS to better track and analyze individual and program spending for purposes of identifying efficiencies and cost savings. Specifically:

- Congress should require CMS to:
  1. Provide Part D plans (PDPs) with beneficiary Medicare Parts A&B claims data, upon request, to enable PDPs to see the services an enrollee has received and to provide greater context for each participating beneficiary’s medication regimen.
     a. These data should be provided to PDPs on a regular basis in a format computable and accessible to assist plan efforts in identifying and supporting at-risk beneficiaries.