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.

H.R. 3447 - The Furthering Access to Coordinated Treatment for Seniors (FACTS) Act of 2017


Section 1. Providing Prescription Drug Plans with Parts A and B Claims Data to Promote the Appropriate Use of Medications and Improve Health Outcomes

I. Beginning in 2020, CMS will provide Part D Plans (PDPs) with Medicare Parts A and B claims data, upon request, to enable PDPs to see the services an enrollee has received in order to:
   a. Optimize therapeutic outcomes through improved medication use and adherence;
   b. Improve care coordination in order to prevent adverse health outcomes (i.e. ER visits and hospital readmissions); or
   c. As otherwise deemed by the Secretary of HHS.

II. PDPs are limited in how they use the data. PDPs cannot use the data to:
   a. Make/change coverage determinations;
   b. Conduct retroactive reviews of medically-accepted indication determinations;
   c. Facilitate enrollment changes;
   d. Inform marketing benefits; or
   e. As otherwise determined by the Secretary of HHS.