ClaritasRx

Reinventing Payer Mastering: From Data Hygiene to Market Acceleration

Meghna Misra | Claritas Rx

BACKGROUND

More than a third of prescriptions that hit a prior-authorization requirement go unfilled. Patients who do try to push through most often abandon the process between day 17 and day 23 — this is a payer-data problem, not a Prior Authorization (PA) problem.

Payer mastering — maintaining accurate, unified payer records — is typically treated as a one-time reconciliation exercise. But payer data in specialty and rare disease is fragmented across claims feeds, hub systems, and real-world data sources. Duplicate records, mismatched identifiers, and inconsistent plan hierarchies create friction that delays therapy before a patient receives treatment.

This work asks: what happens when payer mastering is treated not as a cleanup task, but as a continuous, AI-enabled strategic capability?

OBJECTIVES

1. Evaluate the impact of an AI-enabled payer mastering framework on data quality and operations.
2. Determine whether improved payer data increases coverage visibility.
3. Quantify downstream effects: time-to-therapy, PA cycle time, denial rates, and treatment abandonment.

"That's not a prior-authorization problem. It's a payer data problem."

METHODS

Retrospective, descriptive analysis of de-identified client data from Claritas Rx implementations, drawing on integrated claims, hub, and real-world data streams.

Two therapy archetypes with distinct access dynamics were examined: in-market oncology brands and infused rare disease therapies distributed through limited networks.

THE AI-ENABLED FRAMEWORK

1 NORMALIZE
Payer entities into a unified taxonomy

2 RESOLVE
Duplicate records to protect analytic integrity

3 INTEGRATE
Claims, hub, and RWD streams into a single payer view

DATA SOURCES

2
Therapy archetypes: Oncology and rare disease

3
Integrated data streams: Claims, hub, and RWD

>95%
Match rate across patients, HCPs, and payers — the foundation every downstream workflow depends on

The AI-enabled framework we evaluated does three things: it normalizes payer entities into a unified taxonomy, resolves duplicate records to protect analytic integrity, and integrates data across all those source streams into a single payer view.

OPERATIONAL
Entity Mastering and Reconciliation achieves >95% match rates across patients, HCPs, and payers — the foundation for accurate access workflows.

ANALYTICAL
A unified payer entity view replaces static reports with near real-time benchmarking of fill rates and abandonment by payer–IDN pairing, so friction can be located and addressed.

COMPLIANCE
Daily reconciliation and auditable payer-matching logic strengthen posture across HIPAA, HITECH, GDPR, and SOC 2 — table stakes for manufacturers and hubs operating across state lines.

EXTERNAL EVIDENCE

Findings from a *2026 JAMA Health Forum* study of branded prescriptions initially denied prior authorization:

In rare disease populations, a six-day median approval time represents a clinically meaningful delay — one that upstream payer data optimization can help address.

CONCLUSION

Treating payer mastering as a continuous, AI-enabled function, rather than a periodic cleanup exercise, yields better data, faster access, and more patients reaching therapy.