



Update on Transformed Medicaid Statistical Information System (T-MSIS)

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Medicaid and CHIP Payment and Access Commission

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Overview

- Background
 - Comparison of T-MSIS to MSIS
- Update on T-MSIS status
- Availability of data for analysis
- MACPAC data validation
- Future exploration

T-MSIS Implementation

- Replacement for MSIS
 - Improve timeliness, reliability, and completeness
- Only federal Medicaid data source for person-level information on eligibility, demographics, service use, and spending
- Implementation of T-MSIS has been slow
 - Implementation began in 2013
 - Several technological and operational challenges in early years

Differences between T-MSIS and MSIS

MSIS

- Submitted quarterly
- Few automated quality checks
- 400 data elements
- 5 data files
 - eligibility and 4 claims files

T-MSIS

- Submitted monthly
- 2,800 automated quality checks
- 1,400 data elements
- 8 data files
 - eligibility and 4 claims files
 - providers
 - managed care organizations
 - third-party liability

State Submission of T-MSIS

- States implemented T-MSIS on a rolling basis
 - States stopped submitting MSIS data during transition, creating gap in available data
 - Submit T-MSIS data back to last MSIS submission
- All states and two territories are submitting T-MSIS data
- CMS and states continue to work on improving and maintaining data quality

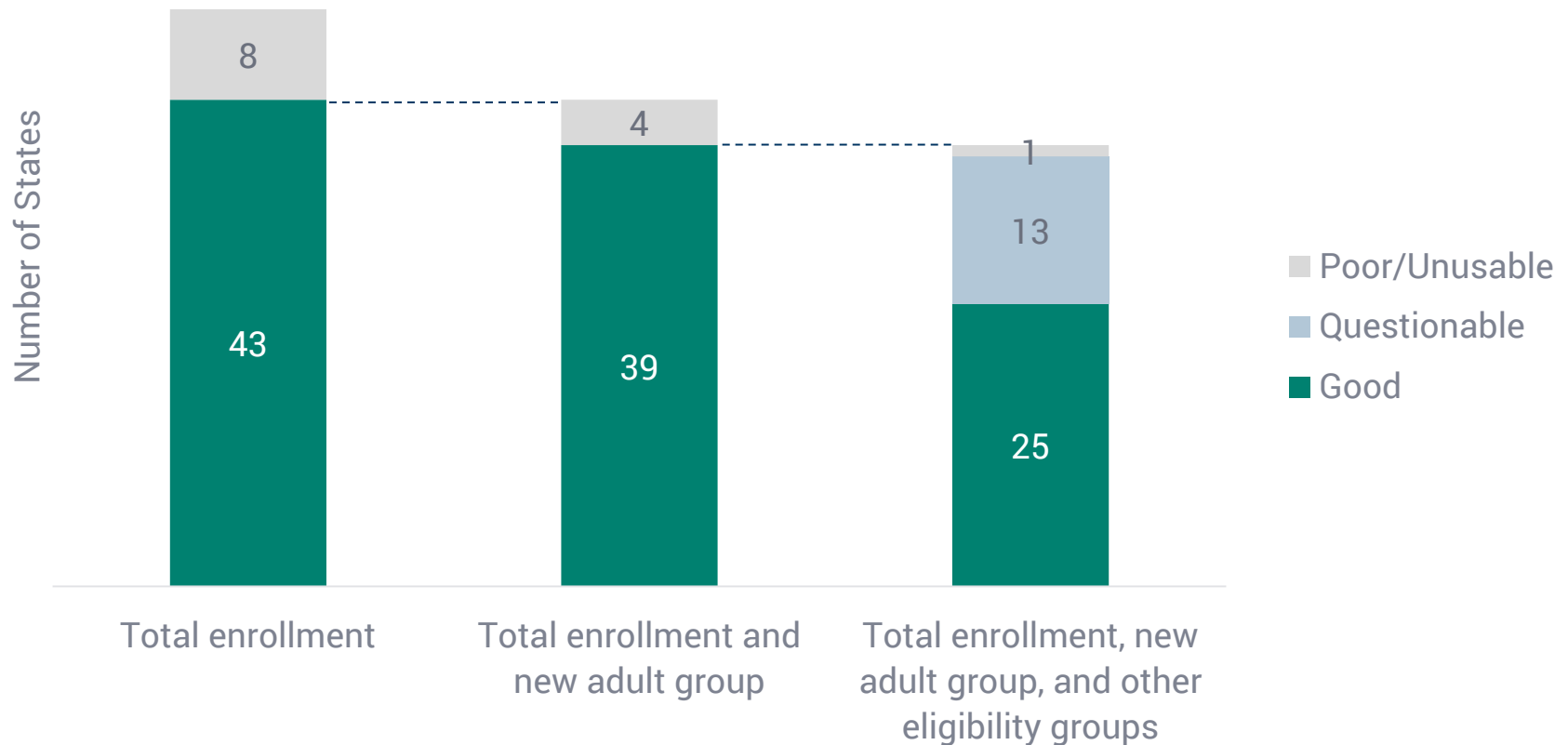
T-MSIS Data for Analysis

- T-MSIS raw files
- T-MSIS analytic file (TAF)
 - Calendar year (CY) using service date
 - Collapse eligibility to single record per beneficiary and claims to final paid claims
- Publicly available research file (TAF RIF)
 - TAF with some adjustments
 - CMS scheduled to release CYs 2014–2016 in November
 - Data quality briefs on 2016 TAF RIF

MACPAC Data Validation

- Fiscal years (FY) 2014 and 2015 not reliable
 - Rolling implementation means a mix of MSIS and T-MSIS data within a year
 - Differences in variables across data sets makes it challenging to maintain consistency in reporting
- Analysis of FY 2016 raw T-MSIS data as of May 2019
- Compare enrollment by state and eligibility group to benchmarks
 - CMS-64 enrollment reports
 - FYs 2012 and 2013 MSIS data

Number of States by Alignment of T-MSIS Data to Benchmark Data



Source: MACPAC, 2019, analysis of T-MSIS data as of May 2019.

Preliminary Results

- Based on enrollment comparisons, we may only be able to use FY 2016 data from 25–38 states
- Still in the process of analyzing spending by type of service
- Due to the number of questions still remaining, we will not update several MACStats exhibits in the December 2019 databook

Future Exploration

- Other variables of interest
 - Diagnosis and procedure codes
 - Provider taxonomy
- Payment
 - Paid amounts on managed care encounter claims
 - Service tracking claims (e.g., lump sum, drug rebates, supplemental payments)
 - Funding source (e.g., provider tax)
- Service classification
 - CMS-64 category
 - Home and community-based services (HCBS) taxonomy

Example: HCBS Identification

MSIS

- Waiver type
- Program type

T-MSIS

- Waiver type
- Program type
- Type of service
- HCBS taxonomy
- HCBS service code
- Benefit type
- CMS-64 category



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