Medicaid Manual

Part 2 - State Organization and General Administration

Table of Contents

2700 - Federal Reporting Requirements....................1
2700.10 - Maintenance Assistance Status and Basis of Eligibility....................5
2700.20 - Eligibility Crosswalk....................11
2700.30 - Definitions of MSIS Types of Service....................32
2700.40 - Definitions of MSIS Program Type Coding....................44
2700.50 - Service and Program Hierarchies....................48
2700.60 - Racial/Ethnic Classifications....................50

2700 - Federal Reporting Requirements

The Medicaid Statistical Information System (MSIS) was mandated by the Balanced Budget Act of 1997 (BBA). The BBA requires that States provide for electronic claims data transmission based on specifications outlined by CMS. The purpose of MSIS is to provide Medicaid data needed for program evaluation, budgeting, planning, and to respond to inquiries at the Federal level. It does not provide all of the information needed for surveillance and administration.

Following are instructions and definitions to use in creating and submitting MSIS files. The electronic MSIS files are used to report Medicaid cost and utilization data annually to CMS by States, Territories, and the District of Columbia. Unless otherwise noted, use of the word "State" in the following sections refers to all reporting jurisdictions.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0345**. The time required to complete this information collection is estimated to average **10 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Report Medicaid program data through quarterly submittals of MSIS data tapes. Submit tapes containing eligibility and claims information that meet CMS's MSIS specifications.

A - Purpose

The Medicaid Statistical Information System (MSIS) creates a national Medicaid database of person-specific eligibility and claims information. This database is used for analytical research, planning, budgeting, and policy analyses associated with the

Medicaid program. MSIS allows for more timely availability of program information and enhances the capacity for program information changes in the Medicaid program.

B - Requirements

The MSIS submission must follow the process and meet the systems and data specifications outlined in the document, the "Tape Specifications and Data Dictionary." This document describes each file type and the data elements within the files. The tape specifications include the coding of data fields, tape formats and record layouts of each required file. The data dictionary section contains definitions of data elements for each file, the field length, and other relevant information.

C - Preparation of MSIS Tapes

Submit quarterly eligibility and claims data tapes as outlined in the "Tape Specifications and Data Dictionary."

Below are a number of general principles that apply in preparing the MSIS data tapes.

- While most of the data required for reporting resides in the State's Medicaid Management Information System (MMIS), the reporting requirements are not restricted to data contained in the MMIS. Examples of data that may need to be merged from outside sources include capitation payment records from enrollment systems, eligibility characteristic data from eligibility intake systems, and Medicaid services processed by non-MMIS State departments, such as mental health services. These data represent crucial components of the Medicaid program, and their omission would seriously compromise the utility of the MSIS national database.
- All data fields must be included on the MSIS files. All data elements in the "Tape Specifications and Data Dictionary," are required to allow for national analysis of a broad spectrum of issues. Inconsistent reporting of required fields would limit the utility of MSIS. Any exceptions to comprehensive reporting must be agreed to by CMS on an individual basis.
- Some required fields that must be reported include, but are not limited to, Medicaid beneficiary's Social Security Number, inpatient diagnosis codes and procedure codes, inpatient revenue codes, capitated premium payments and fees (including PCCM fees), and recipient plan enrollment data, if available at the State level.
- Eligibility and service crosswalks that realign State-specific categories into standardized Federal reporting must be submitted to facilitate data validation and analysis. Most fields in the MSIS record represent direct extracts from eligibility and claims records that exist in the State's MMIS (and supplemental systems). However, data elements that represent standardized Federal reporting coding include eligibility codes (maintenance assistance status and basis of eligibility) and Federal type-of-service and program type codes. These broad categorical codes are defined in later subsections of 2700. In order to validate State data and to facilitate use of these coded values, States must supply crosswalks defining the content of each relevant code value. Update the crosswalks when State coding changes occur and provide to CMS 30 days prior to the beginning of the affected

period.

- In addition to these crosswalks, you must submit State case number definitions, capitated plan identifying numbers and names, and lists of State drug-specific formularies, procedure code modifiers, and specialty codes. This information is necessary to allow interpretation and analysis of many service-related fields.

D - MSIS Data Submission Requirements

States submit the following Federal fiscal year (FFY) quarterly data files to CMS.

File ELIGIBLE - A file of basic information on all Eligibles. This file includes all eligibles enrolled in the State's Medicaid program for the reporting quarter regardless of service utilization. It includes information such as birth date, sex, race, days of eligibility, maintenance assistance status, basis of eligibility and plan enrollment.

File CLAIM-IP - A file of adjudicated claims for "Inpatient Hospital Care" for the reporting quarter. This file includes all inpatient hospital claims, mental health or general. Information collected includes types of coverage and service, dates of service, diagnosis, procedures, provider identifications, third party and Medicare payments, and Medicaid payment amounts. This file will also contain encounter records for inpatient services that are provided under a capitated plan.

File CLAIM-LT - A file of adjudicated claims for "Long Term Institutional Care" for the reporting quarter. This file includes all long-term care claims, whether ICF-MR or general. Information collected includes types of coverage and service, dates of service, diagnoses, provider identifications, third party and Medicare payments, and Medicaid payment amounts. This file will also contain encounter records for long-term care services that are provided under a capitated plan.

File CLAIM-RX - A file of all adjudicated claims for drugs for the reporting quarter. Information collected includes drug codes, date prescribed, drug units, drug days in supply, and prescribing provider. This file will contain encounter records for prescription services that are provided under a capitated plan.

File CLAIM-OT - A file of "Other" adjudicated claims that includes all other claims for services not included in CLAIM-IP, CLAIM-LT, or CLAIM-RX for the reporting quarter. Information collected on this file includes type of service, dates of service, diagnoses, procedures, provider identification, third party and Medicare payments, and Medicaid payment amounts. This file will contain premium payments and encounter records for services that are provided under a capitated plan.

Include encounter data in appropriate claims file. Data fields that are not available for encounter records must be documented by the State.

These files must be submitted no later than 45 days after the end of each Federal fiscal quarter. Under certain conditions, alternate submission schedules can be arranged. However, all departures from already approved submission timetables must be approved in advance by CMS central office. Submit data files to the following address:

CMS Data Center
Attn: Foreign Tape Library
7500 Security Blvd.

Baltimore, Maryland 21244

E - Quality Assurance Criteria (Edit Checks and Error Tolerances)

After the quarterly MSIS tape files are submitted, CMS will run edits for validation purposes. (All MSIS tape files submitted to CMS undergo thorough editing and validation testing.) In general, four types of edits are performed:

- Range checks on individual data elements;
- Missing data checks;
- Logical consistency checks among two or more data elements; and
- Distributional checks for reasonableness.

Each element in the MSIS files includes an associated error tolerance. Tolerances vary from element to element and can be as low as 0.1 percent. Lists of error tolerances are presented in the "Tape Specifications and Data Dictionary."

MSIS tape files are considered acceptable after two sets of quality criteria are met. For the first check, the edit run is acceptable if every data element in the file has an error rate that is below its tolerance. The second process is a data quality and distributional review, which validates the reasonableness of individual data elements and compares totals and distributions across months and quarters. CMS will notify the States of all validation problems after processing the tapes. If you have received notice of validation problems, you have an additional 30 workdays from the date of that notification to correct and resubmit the tape(s). As with other MSIS submission deadlines, CMS exercises flexibility when unusual circumstances arise. However, all deadline changes require prior approval from CMS central office.