Supporting Statement – Part B

Collections of Information Employing Statistical Methods

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

- T-MSIS' respondent universe is the Medicaid & CHIP programs in the 50 US States and the District of Columbia. The current number of Medicaid/CHIP-eligible individuals is roughly 60 million people. Eligibility is expected to grow by 18 to 20 million people as Medicaid expansion rules become effective.

- Additional data as a result of the T-MSIS data collection has increased by approximately 600 elements for a total collection of 1000 data elements. All elements fall with 8 data files which include:
    - Medicaid/CHIP Eligibility & Enrollment;
    - Medicaid/CHIP Provider Demographics;
    - Medicaid/CHIP Managed Care Organization Demographics;
    - Third-Party Liability Obligations for Medicaid/CHIP Enrollees;
    - Claims & Encounters related to Short-term Acute Care Utilization;
    - Claims & Encounters related to Episodes of Long-Term-Care Utilization;
    - Claims & Encounters related to Outpatient/Professional Utilization (including capitation payments and other non-fee-for-service payments);
    - Claims & Encounters related to Prescription Drug Utilization.

- 100% of the targeted data will be collected. CMS will not use sampling techniques to reduce the number of data submitters, number of eligible individuals tracked, or volume of transactions collected.

- Participation by the State Medicaid & CHIP programs is expected to be 100% once all States' T-MSIS processes and procedures are fully implemented.

- Technical resources and funding have been identified to assist the States in meeting the T-MSIS data collection goals.

2. Describe the procedures for the collection of information including:

- Statistical methodology for stratification and sample selection,
- Estimation procedure,
- Degree of accuracy needed for the purpose described in the justification,
- Unusual problems requiring specialized sampling procedures, and
- Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

- Data elements for all 8 Data files will be collected on a monthly basis from all Medicaid/CHIP programs.

- Transaction-based data collection will be implemented rather than point-in-time reporting in order to improve the timeliness of the data and to ease the burden of adjusting and resubmitting data impacted by retroactive adjustments.

- Data quality analysis of the data sets will be population-based. We do not plan to use statistical sampling techniques to reduce the volume of data scrutinized.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield 'reliable' data that can be generalized to the universe studied.

- Work sessions were held with CMS Medicaid/CHIP data stakeholders to:
  - o Identify data elements needed to oversee States' Medicaid/CHIP compliance;
  - o Support policy analysis and decision-making;
  - o Identify shortcomings in CMS' current Medicaid/CHIP data collection efforts.

- Workshops were held with the 12 States that participated in the pilot project. The workshops included Medicaid/CHIP program Subject Matter Experts (SME's) and IT personnel to collect feedback on clarity and comprehensiveness of the proposed T-MSIS datasets, as well as technical issues that may affect the generation of complete T-MSIS extracts.

- States concerns will be brought back and discussed with CMS stakeholders in order to identify mitigation strategies.

- Making assistance available to States as they work through the T-MSIS implementation process:

- o Development of in-depth technical guidance and resource materials;
- o Provision of federal technical & program expertise to assist States in resolving issues and implementing mitigation strategies;
- o Creation of an expedited Advanced Planning Document (APD) process to assist States with funding issues.

- Implementation of continuous quality improvement processes to monitor and improve data quality.

- T-MSIS readiness will be included in the MMIS certification process.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

- A multi-pronged, continuous-quality-improvement approach will be used to assess, monitor and improve data quality:
  - o Data quality rules will be applied at the source sites to assure the basic integrity and usefulness of the data to be submitted. Examples include:
    - Intra-field editing:
      - Data typing confirmation
      - Review for invalid characters in free-form fields
      - Verification that codes conform to established lists of valid values
    - Inter-field editing:
      - Verification that the values in logically related data elements are consistent with one another
    - States will be expected to correct and resubmit records that trigger any of these DQ rules.
  - o Trending and cross-submitter analysis to identify potentially anomalous data or undesirable emerging trends. Examples include:
    - Outlier identification
      - Established standards
      - Based on submitter's past submissions
      - Based on peer group current performance and/or historical performance
    - Linking T-MSIS aggregations to summary data submitted to other CMS entities (e.g., numerators and denominators submitted for clinical quality measures)

- Potential anomalies and emerging issues will be reviewed with the appropriate State personnel and corrective action plans will be drafted and executed as necessary.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

- Primary contact: Loretta Schickner, Director, Division of Information Analysis and Technical Assistance (DIATA)/Data Systems group (DSG)/Center for Medicaid and CHIP Services (CMCS)/Centers for Medicare and Medicaid Services (CMS). 410-786-5151
- CMS/CMCS/DSG/DIATA will be responsible for the collection, evaluation, and maintenance of the T-MSIS datasets.