

Response to Terms of Clearance

OMB Terms of Clearance

“Prior to renewal of this ICR, CMS will provide OMB with an update on the needed frequency of data collection and whether collecting the information less frequently would still maintain a high level of data quality and achieve Program goals while reducing burden on State respondents.” (April 23, 2013, Notice of Action)

CMS Response

There is widespread support for having robust, timely, and accurate data to support the Medicaid and CHIP programs, and agreement that nationally available data must be improved. Through MACBIS and the Data Analytics Learning Collaborative, CMS has been working with states and with Medicaid and CHIP data stakeholders to envision and move towards a modernized Medicaid and CHIP data infrastructure. T-MSIS modernizes and enhances the way states will submit operational data about beneficiaries, providers, claims, and encounters and will be the foundation of a robust state and national analytic data infrastructure.

Initially, the enhanced data available from T-MSIS will support improved program and financial management and more robust evaluations of demonstration programs. It will also enhance the ability to identify potential fraud and improve program efficiency. Ultimately, the transformed infrastructure will offer states, CMS, and others the ability to do the following at the state and national levels:

- Study encounters, claims, and enrollment data by claim and beneficiary attributes;
- Analyze expenditures by medical assistance and administration categories;
- Monitor expenditures within delivery systems and assess the impact of different types of delivery system models on beneficiary outcomes;
- Examine the enrollment, service provision, and expenditure experience of providers who participate in our programs (as well as in Medicare);
- Observe trends or patterns indicating potential fraud, waste, and abuse in the programs so we can prevent or mitigate the impact of these activities.

In addition, T-MSIS benefits states in the following ways:

- It will reduce the number of reports and data requests CMS requires of states. T-MSIS will be a main source of Medicaid and CHIP operational data, and CMS intends to use the T-MSIS data to calculate and derive other reports states are currently required to submit, such as Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) and Children’s Health Insurance Program Annual Reporting Template System (CARTS). Availability of T-MSIS will also reduce the number of ad hoc data requests CMS makes of states in the absence of a more robust reporting system.
- States will be able to analyze data in the national repository. Over time, CMS plans to incorporate capabilities for states to conduct their own analyses of data available in the national repository and, eventually, to enable states to bring their own data to analyze alongside the national repository.

- States will have enhanced anti-fraud, waste, and abuse capabilities. They will be able to analyze their data along with other information in the CMS data repositories, including Medicare data, enhancing abilities to better identify potential anomalies for further investigation