<u>**Supporting Statement – Part B**</u>
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, the District of Columbia, 2 US territories (Puerto Rico and Virgin Islands)

-   One territory (Guam) is working towards production and scheduled for implementation on early 2024

-   The Medicaid program is of critical importance to American society. It is the largest health program as measured by enrollment and represents one-sixth of the national health economy. Medicaid expenditures are estimated to have increased 4.3 percent to $575.9 billion in 2016 with Federal expenditures having grown an estimated 4.5 percent to $363.4 billion.

-   T-MSIS data collection includes all elements fall within 9 data files which include:
    o   Medicaid/CHIP Eligibility & Enrollment
    o   Medicaid/CHIP Provider Demographics
    o   Medicaid/CHIP Managed Care Organization Demographics
    o   Third-Party Liability Obligations for Medicaid/CHIP Enrollees
    o   Claims & Encounters related to Short-term Acute Care Utilization
    o   Claims & Encounters related to Episodes of Long-Term-Care Utilization
    o   Claims & Encounters related to Outpatient/Professional Utilization (including capitation payments and other non-fee-for-service payments)
    o   Claims & Encounters related to Prescription Drug Utilization
    o   Financial Transactions not associated with any other file type

-   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 100%.

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

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

-   Data elements for all 9 Data files will be collected monthly from

all Medicaid/CHIP programs.

- Transaction-based data collection will be implemented rather than point-in- time reporting 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.

- Business Rules for real time identification of data, state data quality issues to accelerate corrective action.

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.

    - CMS continues to monitor ongoing monthly T-MSIS data submissions and to work with 1 remaining entity (Guam) not yet submitting data.

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.

    - CMS now is shifting our T-MSIS efforts to assessing and improving the quality of T-MSIS data.

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 collect and/or analyze the information for the agency.

    - Primary contact: Tinu Arowojolu, Director, Division of Business Essential (DBES)/Data Systems group (DSG)/Center for Medicaid and CHIP Services (CMCS)/Centers for Medicare and Medicaid Services (CMS) 410-786-0963.

    - CMS/CMCS/DSG/DBES will be responsible for the collection, evaluation, and maintenance of the T-MSIS datasets.