

**State Medicaid/CHIP Data Sharing
Fact Sheet
January 17, 2017**

For the past several years, CMS has been working with states to transition from the longstanding Medicaid Statistical Information System (MSIS) to an improved system with expanded data elements, Transformed MSIS (T-MSIS), for collecting detailed Medicaid and CHIP beneficiary, provider, claims, encounter, managed care plan and third party liability data.

In parallel to CMS’s efforts to improve data collection from states, and with financial support from CMS, states are also upgrading and improving their data collection systems. As states move forward with payment and delivery system reforms, they need data systems that can support in-depth analysis of costs and utilization patterns and provide timely feedback to providers on quality, cost and utilization patterns. State data systems improvements, along with CMS efforts on T-MSIS, are thus a critical component of moving Medicaid into the future.

State and federal systems redesigns will mean that together we can better answer critical questions, such as the efficacy of alternative payment reform strategies and the impact of interventions aimed at improving hospital readmission rates, addressing opioid abuse, and other important health care priorities. CMS and states are collaborating on [data tools](#) designed to improve states’ and our own analytic capabilities so that we can drive towards smarter spending and better health outcomes for the millions of people covered by Medicaid.

MSIS

Most states initiated the required transition from MSIS to T-MSIS in 2014. Although CMS stopped requiring/publicly releasing MSIS files in 2015, many states continued to submit MSIS data while they were transitioning to TMSIS. As a result, MSIS data is available for 49 states (minus Colorado) and DC, spanning from 2012-2015, ranging from 1-3.75 years of data per state. A summary of what data is available in which format by year is presented in the table below.

Year	Submitted via MSIS*	Submitted via TMSIS*	No data submitted yet
2012	50 states	1 state	0 states
2013	47 states	3 states	1 state
2014	30 states	12 states	9 states
2015	17 states	19 states	15 states
2016	0 states	16 states	35 states

* If at least 2 quarters of data are available, the state is included for that year so a state might show up in both MSIS and TMSIS for the same year.

CMS will be making these data available to entities that have received MSIS data in the past and have current Data Use Agreement committing them to abide by privacy, confidentiality, and data security standards. Anyone with a current Data Use Agreement with CMS for the MSIS data will receive a notification of the availability of new files, starting at the end of January. These entities will be asked to complete the Standard Limited Data Set (LDS) Data Use Agreement to obtain the new MSIS files, even if they have an existing MSIS DUA. New requests for the MSIS data will also be accepted using the same Standard LDS form.

T-MSIS

The T-MSIS system has been available to receive data since May 2015, with more than half of the states now actively submitting data and the remaining states on an accelerated path to going live with their monthly data submissions this year. Once caught up with historical data submissions, States submit data monthly in T-MSIS, representing a significant improvement in the timeliness of available data.

The TMSIS data set now includes data from 21 states, with a range of 4 months to 5 years of data in the system. This represents more than 35% of the U.S. Medicaid population available in the T-MSIS data submissions. With substantial data available, CMS is now embarking on an in-depth quality review phase for these “beta” files. A Technical Expert Panel (TEP) is being convened with a small number of federal and external partners. These partners, experienced users of MSIS and other Medicaid data, work with CMS to identify any issues or anomalies in the data; the data will not yet be available to support analytic work leading to publication. This data review process will enable CMS to channel that information back to states for data improvement purposes. The TEP will also help CMS document data limitations that users should be aware of before using these files for analytic purposes. This level of insight into the data is an important metric, among others, to help determine when the data and the accompanying documentation is complete, consistent, accurate, and ready for analysis

This summer when the TEP’s work is complete, we expect to have all states live with T-MSIS, to have more complete, consistent data overall, and to have more improved monitoring tools to help us identify and address data quality issues on an ongoing basis. At that point, we anticipate making the T-MSIS data available to states, researchers and policy makers with the appropriate data use agreements, to provide a more complete, timely picture of the Medicaid and CHIP programs. To facilitate optimal use of the data and consistent with open data principles, CMS is developing research-friendly files and aggregated data mart files will enhance the usability and accessibility of the data once we have determined that the data meets quality thresholds necessary for broader sharing.

Medicaid Data Analysis

Moving beyond TMSIS data collection and data sharing into data analysis is an important milestone in the Medicaid data trajectory. However, researchers and analysts who work with this data should expect to face analytic challenges. Reflecting Medicaid’s flexibility and variation, there is no single Medicaid source of data, but rather a collection of data from all of the states and territories. States vary dramatically in their health care delivery systems (i.e., do they deliver care through managed care or fee for service), the payment models they are deploying, the specific populations to which they offer services like long term care, whether they offer long-term care primarily through institutional care or through community based care, and how they pay hospitals and other providers. Differences in care delivery translate into differences in data availability, relevant data elements, and methods of data collection. States also make frequent changes to their health care delivery systems, as well as to their data collections mechanisms and vendors. All of this programmatic and operational variation means that direct state to state comparisons and other analytic efforts require a nuanced understanding of the underlying considerations in order for analyses to be informative. Differences across states also make it challenging for CMS to collect, normalize and analyze state level data to produce consistent information on enrollment, cost and utilization in the program, and for us to report that data in a timely way.

Making TMSIS data broadly available in 2017 will be an important achievement for CMS and states, but the TMSIS data will not change the need for CMS and the data community to analyze these data carefully, with particular attention to differences across states, populations, and between Medicaid and

commercial or other data. When we release this upgraded source of operational data, all stakeholders will have to work to make sure that the focus is on appropriate comparisons and to avoid drawing misleading conclusions due to differences or changes in data systems across states or over time. As much as we normalize the data across states, underlying state programmatic flexibility and state to state variation remains, and any data analysis will need to take that into account.