

## ACA COMPLIANCE

# T-MSIS and State Medicaid Agencies

### The Mandate

T-MSIS, which stands for Transformed Medicaid Statistical Information System, is an expansion of the existing Centers for Medicare & Medicaid (CMS) MSIS extract process. T-MSIS is mandated by CMS and the Affordable Care Act (ACA), and is a natural extension of current Decision Support Systems (DSS) and data warehouse solutions in state agencies today.

As part of the CMS plan to improve and expand upon its Medicaid data repository, states are required to augment the current MSIS data extracts.

Currently, each state submits five MSIS extracts to CMS on a quarterly basis. These data are used by CMS to assist in federal reporting for the Medicaid and Children's Health Insurance Program (CHIP). Several reasons culminated in the CMS mission to improve the repository, including incomplete data, questionable results, multiple data collections from states, multiple federal data platforms, and analytic difficulties in interpreting and presenting the results. In addition, timeliness issues

have prompted CMS to re-evaluate its processes and move toward a streamlined delivery, along with an enhanced data repository.

The new T-MSIS extract format and frequency is expected to further CMS goals for improved timeliness, reliability, and robustness through monthly updates and an increase in the amount of data requested.

Fortunately, Truven Health Analytics™ has extensive experience in this area and can assist states in achieving new federal requirements.

### Achieving Compliance

Truven Health's experience and expertise can help states meet the T-MSIS federal requirements efficiently and allows for ad-hoc modifications as needed. We have other state experience with the existing MSIS quarterly submission process, including verifying error tolerances and distributions of valid values. Additionally, our experience with MSIS expands beyond the individual state level; we have completed a number of MSIS projects

for CMS, including projects to help the agency improve the quality of managed care encounter data submitted by the states.

Specifically, Truven Health can support states in delivering the new T-MSIS extracts by:

- **Designing and developing new extracts.** We can ensure that the data required for T-MSIS is captured and stored according to CMS specifications. CMS has expanded the field list from 400+ fields to more than 1,000 to support more comprehensive and robust reporting. Plus, modifications continue to be made to the T-MSIS data dictionary. We can leverage our knowledge of state program data and T-MSIS modifications to ensure efficient execution while supporting the state agency's investment and strategy.
- **Providing monthly extracts.** With T-MSIS, the frequency of updates will move from quarterly to monthly. Additionally, CMS will incorporate automatic data quality checks and provide real-time feedback to the states. Truven Health can not only support these monthly updates, but also work with CMS to review and correct any data quality issues.
- **Delivering outbound files to CMS.** Truven Health can work with CMS (or its designated vendors) to validate and document file transmission requirements. (We will also update and maintain the specifications over the life of our contract.) Additionally, we can develop and apply data quality and validity checks for the output file, incorporating the appropriate business rules. We are also skilled at establishing submission processes with built-in controls and checks to assure complete delivery.
- **Expanding the dataset to include eight files and additional data elements.** The T-MSIS extracts will increase from five to eight files. Truven Health will provide extracts for eligibility and claims (including inpatient, long-term care, outpatient, and pharmacy) data, along with the new data requirements — third-party liability provider and managed care plan. With the expanded field list and ongoing data dictionary modifications, Truven Health can work with states to evaluate any new or missing data elements.

- **Attending CMS-sponsored teleconferences.** Truven Health can attend CMS teleconferences, as available, to understand requirements, assist in defining submission criteria, and to identify questions and/or issues.
- **Developing mapping documents.** The CMS data dictionary outlines data elements that will be standardized across all states for submission. Mapping documents are needed to align state program specific data elements to these fields for complete and accurate data extract submission. We can work with the state, CMS, and the current MMIS vendor (if needed) to develop mapping documents that capture the data accurately and meet CMS requirements to support consistent reporting across states.
- **Working with the state to adjust processes to align with future changes.** To accommodate future requirements and modifications, Truven Health is poised to work with states to determine the scope of work associated with these changes via strategic change management processes.
- **Helping the state respond to T-MSIS related federal mandates.** Truven Health can help states respond to T-MSIS-related federal mandates, as appropriate. A sample of existing T-MSIS-related mandates and how we can assist a state are briefly described below.

T-MSIS-Related Projects		
Requirements	Description	Truven Health Analytics Support
<b>BBA Section 4753(a)</b>	Requires states to submit electronic claims data transmission consistent with the MSIS as of 1/1/1999	Deliver T-MSIS extracts electronically
<b>ACA Section 6402(c)</b>	Provides for withholding federal matching payments for medical assistance to states that fail to report enrollee encounter data in the Medicaid Statistical Information System (MSIS) in a timely manner	Deliver T-MSIS extracts in a timely manner, report all managed care encounter data provided by the managed care organizations (MCOs) and passed to the DSS, and continue to work with the state, the MMIS contractor (if needed), and the MCOs to make continued improvements in encounter data quality and completeness
<b>ACA Section 6504(a)</b>	Data submitted to CMS after 1/1/2010 must include the elements CMS determines necessary for program integrity, program oversight, and administration in order for the state to receive Federal Financial Participation (FFP)	Meet the current T-MSIS requirements and work with the state to meet future requirements as needed
<b>ACA Section 6504(b)</b>	Mandates that a service entity provide sufficient patient encounter data to the state to identify the physician who delivers services to patients, and that the provision of such data to the state is at a frequency and level of detail to be specified by CMS	Ensure T-MSIS extracts provide sufficient patient encounter data as defined in the requirements
<b>ACA Section 402(c)</b>	Provides for improvement to the timeliness of reporting and analyzing of data related to enrollment and eligibility of children under Medicaid and CHIP	Deliver T-MSIS extracts in a timely manner, consistent with federal requirements
<b>ACA Section 4302</b>	Mandates identifying, collecting, and evaluating health disparities data under Medicaid and CHIP on the basis of race, ethnicity, sex, primary language, and disability status	Ensure T-MSIS extracts contain all available data and work with the state to obtain any data elements not currently available to support T-MSIS requirements
<b>ACA Section 2602</b>	Mandates that states support the office specifically established under ACA for providing federal coverage and payment coordination for dual-eligible beneficiaries	Ensure dual-eligibles are included in T-MSIS extracts as defined in the requirements

## FOR MORE INFORMATION

Call **1.734.913.3000**, email [stategov@truvenhealth.com](mailto:stategov@truvenhealth.com) or visit [truvenhealth.com/your\\_healthcare\\_focus/medicaid/](http://truvenhealth.com/your_healthcare_focus/medicaid/)



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