



Maryland Medicaid Data Overview

March 4, 2014

Tricia Roddy

Data and Infrastructure Workgroup Meeting



Presentation Outline

- Maryland Medicaid Overview
- Medicaid Management Information System (MMIS2) Description
- MMIS2 Strengths
- MMIS2 Limitations
- MMIS3 Preview



Maryland Medicaid Overview

- Covers over 1.1 million Maryland residents (as of January 2014), including:
 - Adults up to 138% of the federal poverty level (FPL)
 - Children up to 300% FPL
 - Pregnant women up to 250% FPL
 - Certain older adults and individuals with disabilities
- Provides comprehensive health services to most participants
- Over 80% of Maryland Medicaid participants are enrolled in managed care



MMIS2 Overview

- Contains:
 - Managed care organization (MCO) encounters and fee-for-service (FFS) claims
 - Eligibility and demographic information for all Medicaid participants
 - Capitation payments to MCOs
 - Information about Medicaid-participating providers



Claims and Encounters

- Contains Medicaid-paid FFS claims and MCO encounters for all Maryland Medicaid participants
- MCO encounter submissions are validated
- Includes institutional/inpatient hospital/nursing facility, medical/physician, pharmacy, home health and dental services
- Captures all of the information on the claim forms, including provider, date of service, procedures performed, diagnosis codes, etc.



Eligibility

- Contains demographic information about all Maryland Medicaid participants, such as:
 - Name, address, date of birth, gender, race/ethnicity, social security number
- Includes eligibility information, such as:
 - Eligibility beginning and ending dates
 - Coverage groups and types (e.g., children; foster children; parents; childless adults; pregnant women; aged, blind and disabled)



Capitation

- Capitation refers to the amount paid to each MCO per member per month
- Each MCO member is assigned a rate cell, which determines the amount paid to the MCO (rate cells are based on geo-demographic information and health status)
- The MMIS2 includes:
 - Capitation amounts paid for each member each month
 - Rate cells for each member



Provider

- Includes:
 - FFS and MCO-participating providers
 - Data enabling matching provider to other data files, such as name, address, National Provider Identifier (NPI), MD state license number, Drug Enforcement Administration (DEA) number, Medicaid provider number, federal Tax ID
 - Provider specialty information and provider type (hospital, clinic, etc.)



MMIS2 Size

- Data from FY 1997-present
- Over 30 million records processed each month
- Over 5,500 variables



Data Warehouse at the Hilltop Institute

- The Hilltop Institute houses and maintains a data warehouse that contains all MMIS2 data (FY 1997-present) and MMIS1 data from FY 1992-1996
- Updated monthly and stored in analytic, SAS-ready data sets
- Used to conduct various analytic, evaluation and program monitoring activities



MMIS2 Strengths

- Contains person-level demographic information, allowing for matching with other databases
- Allows for a variety of analyses, including costs, service utilization, provider network adequacy, enrollment trends, access to care and quality of care
- Allows DHMH to respond to various requests for information (e.g., from the federal government and the Maryland General Assembly)



MMIS2 Limitations

- Data are tied to claim/encounter submission and not necessarily “real-time”
 - DHMH typically allows for at least 6 months of run-out before data from MCOs are considered complete
 - For FFS data, this period is often 12-18 months
- MCOs do not submit the amount they pay to providers
- Does not include data on services provided outside of Medicaid
- Because distinguishing among group practices, multiple providers that bill under the same number, and distinguishing practice locations is difficult, it can be difficult to obtain an unduplicated count of providers



MMIS3

- DHMH is currently developing the next iteration of the MMIS system
- Expected to be operational in 2015 at the earliest
- Will include MCO encounter payment amounts – will alleviate current ‘shadow pricing’ methodology



QUESTIONS?