

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

August 30, 2019

VIA ELECTRONIC TRANSMISSION

Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Verma:

On August 15, 2019, the U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) released its latest report analyzing the adequacy and validity of Medicaid data submitted to the Transformed Medicaid Statistical Information System (T-MSIS) database.¹ This report focused on opioid prescribing, but the results speak more broadly to data collection through T-MSIS.² I am writing you today to learn more about your plans to turn T-MSIS into a robust repository of data that is regularly used to inform decision-making and policy proposals by federal and state entities.

This specific report reviewed data submitted by states to T-MSIS from January 2017 through March 2018. During this period, some states were not regularly reporting complete information in a timely manner.³ T-MSIS, by its design, is different from claims data. The demographic and descriptive information provided, when viewed in combination with claims data, allows CMS and Congress to understand the full scope of state Medicaid programs. In order to accomplish this goal, timely and complete data from every state is required.⁴

I recognize the progress that CMS has made in its efforts to improve T-MSIS reporting. Congress has been, and continues to be, a partner in this enterprise. Since the transition to T-MSIS began, I have been leading oversight efforts to ensure the data is useful and timely. When there were concerns in 2018 that the data being reported by states was not informing policy, the Senate

¹ U.S. DEPT. OF HEALTH & HUMAN SERV., OFFICE OF THE INSPECTOR GEN., OEI-05-18-00480, *National Review of Opioid Prescribing in Medicaid Is Not Yet Possible* (Aug. 15, 2019), available at <https://oig.hhs.gov/oei/reports/oei-05-18-00480.pdf>.

² *Id.* at 2 (citing U.S. DEPT. OF HEALTH & HUMAN SERV., OFFICE OF THE INSPECTOR GEN., OEI-05-15-00050, *Status Update: T-MSIS Data Not Yet Available for Overseeing Medicaid* (June 2017), available at <https://oig.hhs.gov/oei/reports/oei-05-15-00050.pdf>).

³ *Id.* (stating that “[u]ntil T-MSIS data are complete in all States and limitations across States are addressed, it will not be possible to conduct a national evaluation of Medicaid beneficiaries at risk of opioid misuse or overdose.”).

⁴ See OEI-05-15-00050, *supra* note 2, at 1.

Finance Committee developed legislation, which was enacted as one provision of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, requiring an annual report on substance use disorder treatments and services in Medicaid, developed using T-MSIS data.⁵ The first report is due soon, and I expect it will shed more light on the complex issues surrounding the opioid epidemic that continues to ravage the country.

Last month, during the Committee's consideration of the Prescription Drug Pricing Reduction Act of 2019, we reported legislation to require a different report using T-MSIS data, this time analyzing prescription drug utilization and prescribing trends.⁶ It is my understanding that there are multiple files within T-MSIS, and the pharmacy file is a resource we have not properly utilized. Reports such as these that are broadly bipartisan showcase how transparency can make a difference and give confidence that the data the federal government requires of state Medicaid programs is being used to support meaningful policy outcomes.

As the Senate Finance Committee continues to promote transparency and accountability in the Medicaid program, I am concerned that the recommendations from OIG in their recent report will not be implemented quickly. As such, please provide responses to the following questions no later than September 13, 2019:

1. Please describe the action plan CMS intends to implement in order to act on the OIG recommendations from the August 15, 2019 report. For each of the three recommendations, please provide a timeline for CMS action. Additionally, for each of the three recommendations, please provide detailed steps that will ensure that implementation will not lag behind CMS's stated goals for the transition to T-MSIS.
 - a. Recommendation 1: Work to ensure that individual beneficiaries can be uniquely identified at a national level using T-MSIS.
 - b. Recommendation 2: Ensure the correct submission of prescriber National Provider Identifiers.
 - c. Recommendation 3: Clarify requirements for diagnosis codes.
2. What is the current status of state reporting on T-MSIS? Are all states reporting, and how regularly does each state submit the required information? Are there any T-MSIS files that are incomplete?
3. What steps does CMS take to ensure the data submitted by states is complete and accurate?
4. Please list all regulatory policies, technical reviews, or other proposals that have been developed using T-MSIS data since 2018.

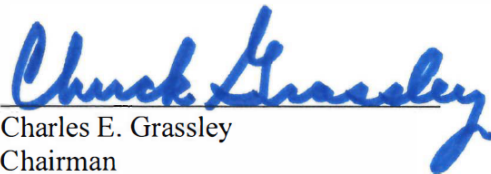
⁵ See *generally* the SUPPORT for Patients and Communities Act, Pub. L. 115-271.

⁶ See The Prescription Drug Pricing Reduction Act (PDPRA) of 2019, at § 207.

5. The OIG report highlights the need for granular pharmacy and pharmacist data to ensure prescribing integrity; as it relates to opioids, has CMS implemented policies to better identify at-risk beneficiaries and providers? How has T-MSIS been a component of those reviews?
6. What evaluations does CMS intend to conduct in the coming year using T-MSIS data? Do any of those evaluations have action plans to keep states and the federal government accountable to regularly disseminating complete data?

Should you have questions, please contact Stuart Portman on my Committee staff at 202-224-4515. Thank you for your attention to this important matter.

Sincerely,



Charles E. Grassley
Chairman
U.S. Senate Committee on Finance