

Table 1. Comparison of MAX and T-MSIS (TAF)

	MSIS	T-MSIS (TAF)
Technical side	<ul style="list-style-type: none"> • Mainframe/ COBOL • Flat file 	<ul style="list-style-type: none"> • Cloud based, big data scalability • Technical support by Medicare and Chips Business Information Solutions (MACBIS), goal to modernize data infrastructure, easy access to data • Pipe delimited () file
New data elements		<ul style="list-style-type: none"> • Has IP, LT, OT, RX databases and also TAF DE, which is an equivalent of PS • hundreds of additional data elements
Submission frequency	Quarterly	Monthly
Organization	By state and year	By years and months
Some data elements in MAX do not have a perfect TAF analog	<ul style="list-style-type: none"> • Example: In MAX, a beneficiary's eligibility for Medicaid or CHIP is based on MSIS definitions of maintenance assistance status and basis of eligibility in the TAF is based on the T-MSIS eligibility group code • The volume of claims in MAX and in the TAF may be very different because substantial policy changes were made during the transition from MSIS to T-MSIS (e.g., childless adult expansion and changes in managed care) • TAF and MSIS cover different years, which are also vary for each state. 	
CHIP claims	Does not include separate CHIP claims	Claims files include separate CHIP claims
Adjustment algorithm	Adjustment algorithm to create ‘final action event’ records is tailored to each state’s unique way of adjusting claims	A uniform adjustment algorithm applies to all states, except Illinois, which has its own adjustment algorithm
Claim type “other”	Does not include claims with “other” claim type codes	Claims files include claims with “other” claim type codes, including other fee-for-service claim, other capitated payment, other managed care encounter, non-Medicaid/CHIP service tracking claim, and other supplemental payment
Data quality	Production includes many data-cleaning business rules and extensive validation and data-quality reviews at the federal level	Production includes few data-cleaning business rules, and states are responsible for the quality of their data, States have access to entire data and management rules
Headers and lines	IP, LT, and RX file rows represent claim headers, and OT rows represent claim lines	IP, LT, OT, and RX files are separated into claim header files and claim line files. Lines are grouped under “headers”
Beneficiary identification (ID)	MAX uses state-provided crosswalks to assign the same MSIS ID over time	System-generated, unique beneficiary IDs are applied to TAF records without referencing state-provided crosswalk. TMSIS has both MSIS_ID and BENE_ID, but, apparently, no SSN.

References:

- Introduction to the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF).pdf
- T-MSIS 101 Module 1 presentation <https://www.youtube.com/watch?v=y7CTqyUX49s>
- Introduction to Medicaid - Medicaid Analytic Extract Files (2016) <https://www.youtube.com/watch?v=xj66zNRV9AA>
- T-MSIS data dictionaries <https://www2.ccwdata.org/web/guest/data-dictionaries>
- T-MSIS user guide <https://www2.ccwdata.org/web/guest/user-documentation>