



VIReC CMS Data Mini-Series

Session 2:

Using Medicaid Data in
VA Research

January 9, 2024



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VIReC CMS Data Mini-Series

Mini-Series about the research use of data from Centers for Medicare and Medicaid Services (CMS), which provides information on healthcare Veterans received outside the VA.

Sessions Cover...

- Overview of the types of data available from VIReC
- Methods for using the data in research
- Limitations of the data
- Requirements for access
- Examples of VA research that use these data





Upcoming VIREC CMS Data Sessions

2nd Tuesday of the month (quarterly) | 3:00pm-4:00pm ET

Date	Topic
4/9/24	Using CMS data to study COVID-19

Visit our Education page for more information & registration links:

<https://bit.ly/39B1JUo>

Visit HSR&D's VIREC Cyberseminar Archive to watch previous sessions:

<https://bit.ly/3dZFJWG>

Where can I download a copy of the slides?

VA HSR&D

CYBERSEMINARS



SAMPLE EMAIL

Host: HSR&D Cyberseminars (cyberseminar@va.gov)

Event number (access code): 199 009 5117

Event password: 3844

Registration ID: This event does not require an enrollment ID

Join event

To join the audio conference only

To receive a call back, provide your phone number when you join the event, or call the number below and enter the access code.

USA Toll Number: 14043971596

Toll-free dialing restrictions:

https://www.webex.com/pdf/tollfree_restrictions.pdf

Access code: 199 009 5117

[Please download today's slides](#)

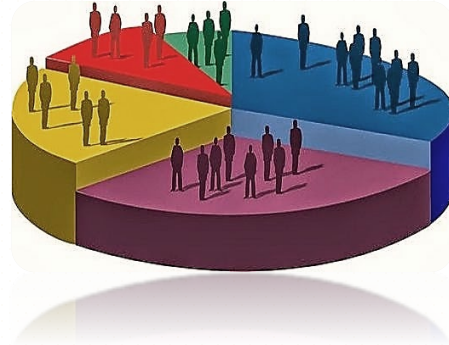
[Please click here for today's live captions](#)



Poll #1:

*What is your primary **role** in projects using VA data?*

- Investigator, PI, Co-I
- Statistician, methodologist, biostatistician
- Data manager, analyst, or programmer
- Project coordinator
- Other – please describe via the chat function



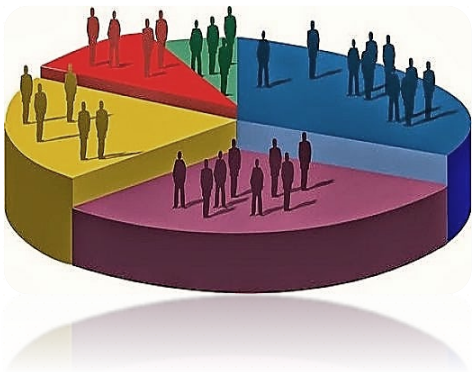
Poll #2:

How many years of experience working with VA data?

- None – I'm brand new to this!
- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more

Poll #3:

Rate your knowledge of Medicaid data.



- None
- Little
- Some
- Moderate
- Expert

Poll #4:

Rate your knowledge of Medicare data.



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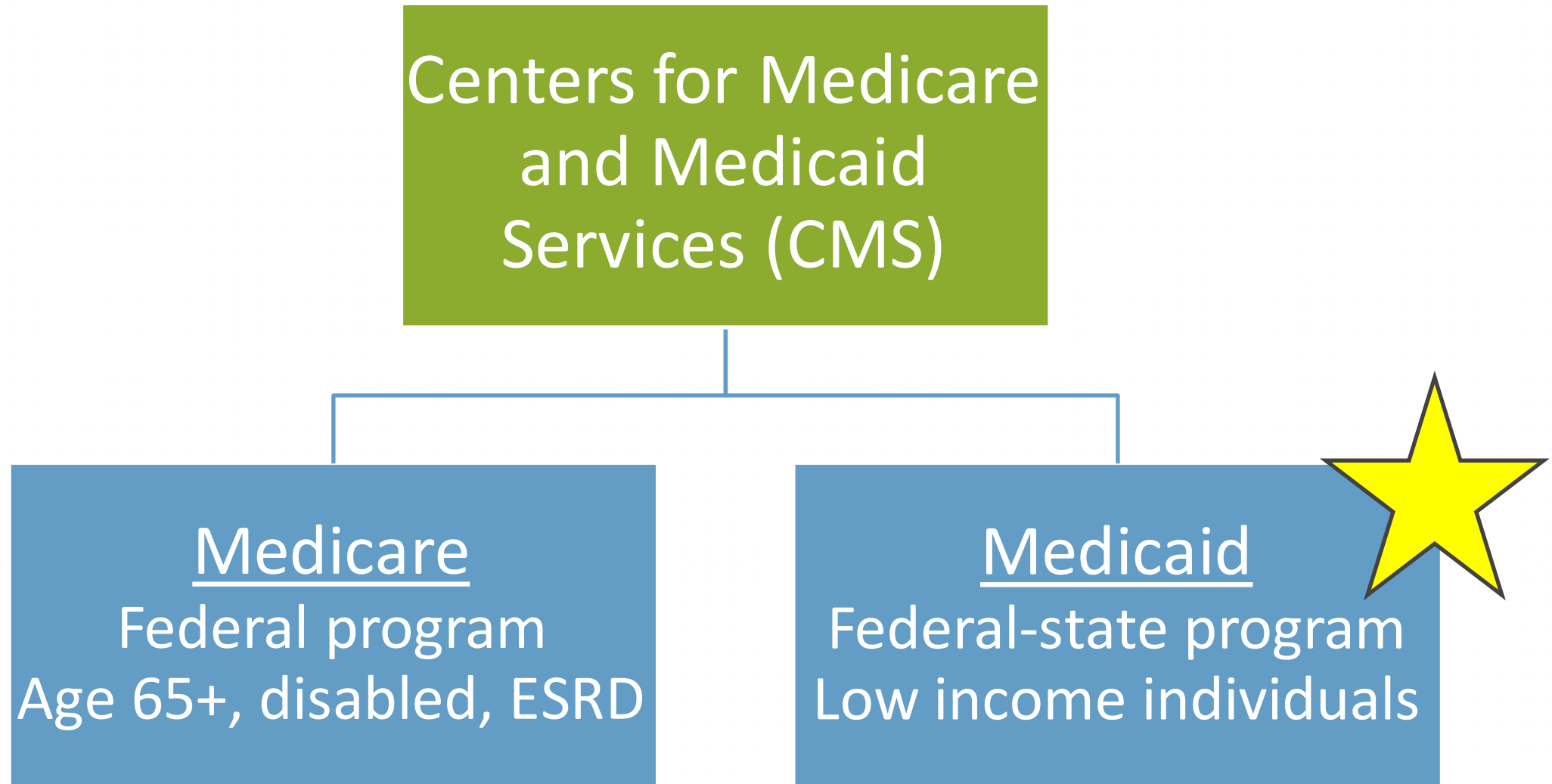


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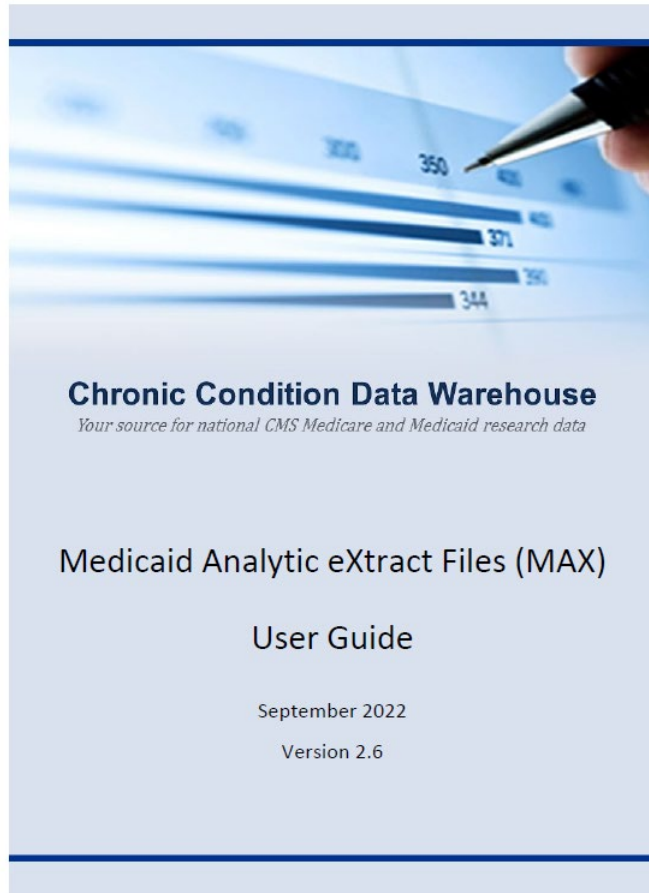
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Michael E. DeBakey VA Medical Center



30,000 foot view



Analytic Guidance



[https://www2.ccwdata.org/
web/guest/user-
documentation](https://www2.ccwdata.org/web/guest/user-documentation)

User Guides

Chronic Conditions Warehouse

Your source for national CMS Medicare and Medicaid research data

Chronic Conditions Warehouse Virtual Research Data Center

**T-MSIS Analytic Files (TAF)
Research Identifiable Files (RIFs) User Guide**

DECEMBER 2023 | VERSION 1.10

Session roadmap

- **Medicaid 101**
- **Veterans' Enrollment in Medicaid**
- **Types of Medicaid Data**
- **Using Medicaid Data in Research**
- **Data Access and Assistance**

20 miles

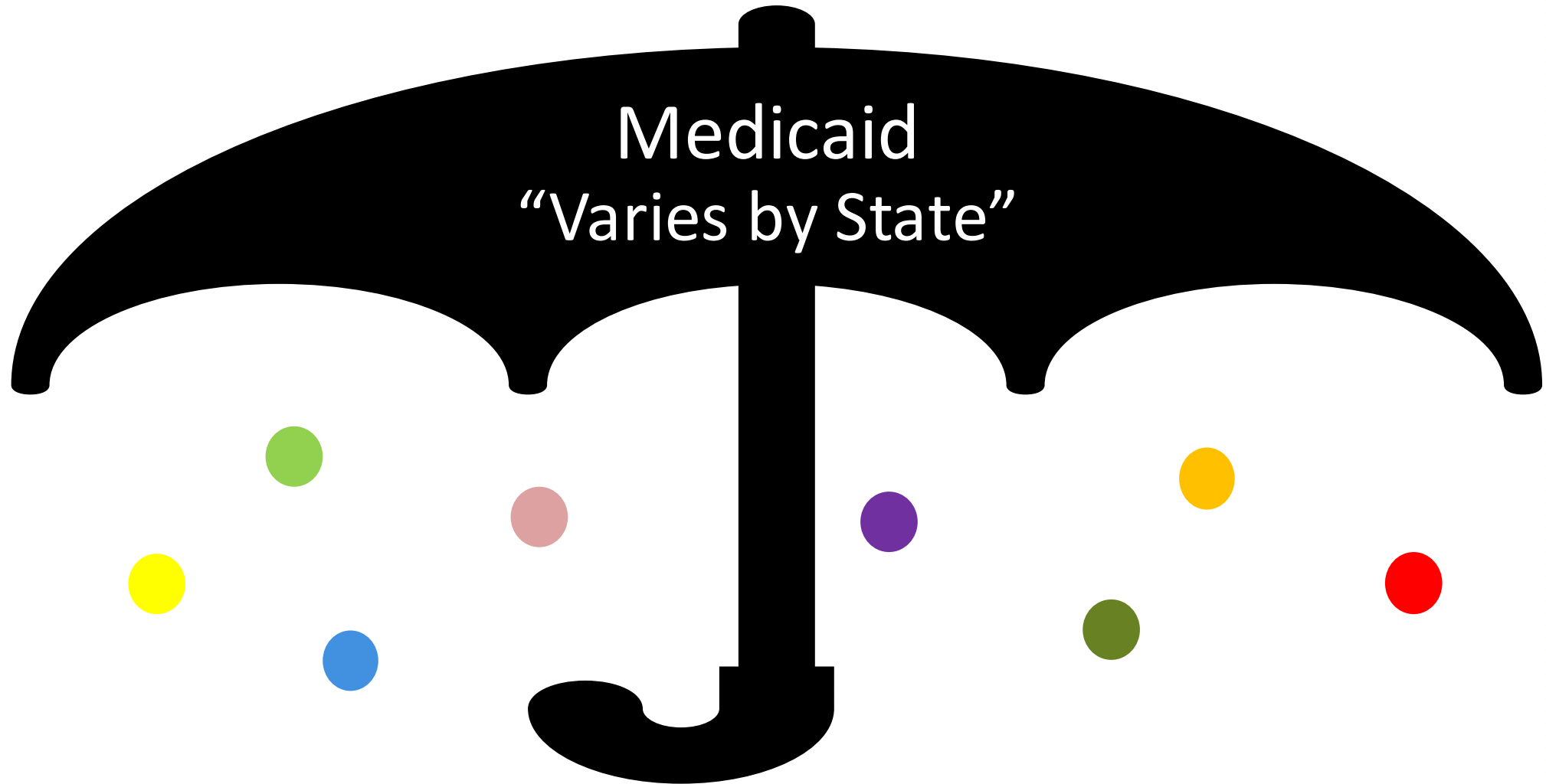
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Medicaid enrollees in 2021

	Nationally N=102 million
Female	55%
Age (Mean)	24 years
<18	39%
18-64	51%
65+	9%
Also enrolled in Medicare (Dual eligible)	13%





	Medicaid
Administered by	States, with federal (CMS) requirements & funding
Population Covered	Varies by state, with minimum requirements set by CMS
Benefits	
Other insurance	Can also be enrolled in Medicare (dual eligibles)
	Eligibility may be affected by health insurance
	Eligibility <u>not</u> affected by VHA coverage

Eligibility Groups

Low income + reason for eligibility

Mandatory

- Families (pregnant women, children, caregivers)
- Individuals receiving SSI
- Aged, blind, or disabled Individuals
- Certain Medicare enrollees

Optional

- Individuals receiving home and community based LTC services
- Medically needy & individuals with certain health conditions
- Adults $\leq 133\%$ FPL (ACA Medicaid expansion)

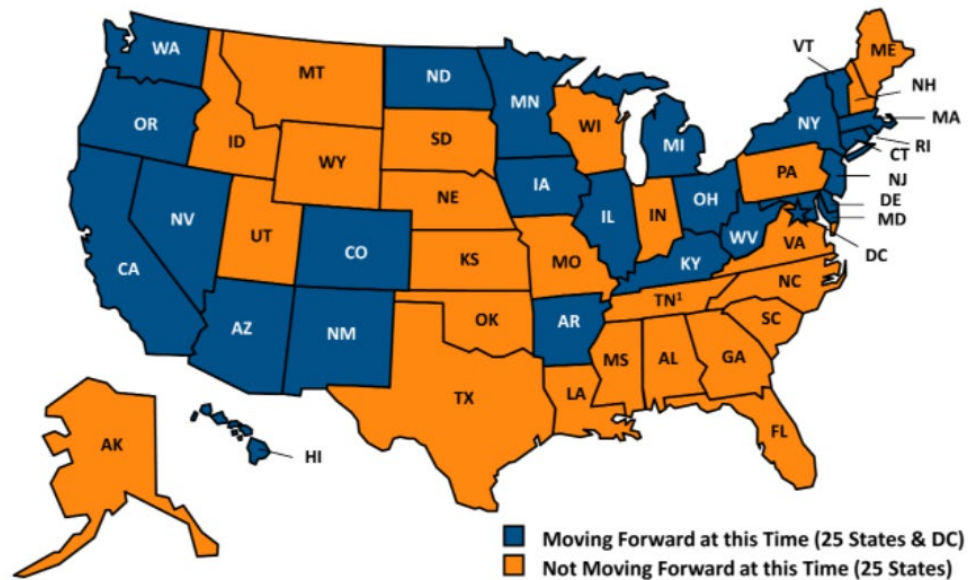
<https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf>



ACA Medicaid Expansion

Figure ES - 1

Status of State Medicaid Expansion Decisions, as of October 24, 2013

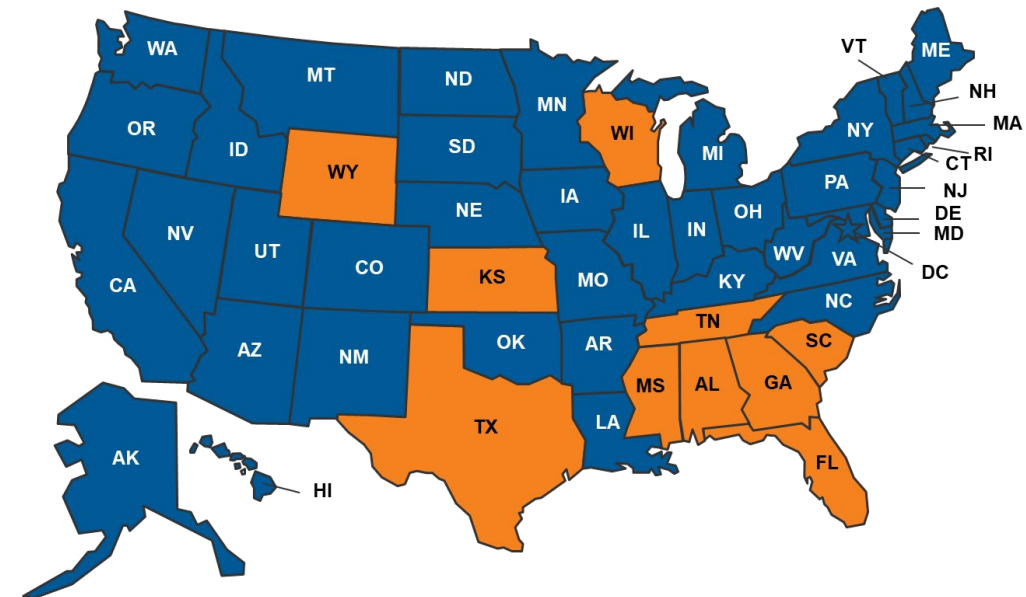


SOURCES: State decisions on the Medicaid expansion as of October 24, 2013. Based on data from the Centers for Medicare and Medicaid Services, available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> as of October 24, 2013.



<https://www.kff.org/medicaid/report/getting-into-gear-for-2014-shifting-new-medicare-eligibility-and-enrollment-policies-into-drive/>

As of December 2023



<https://www.kff.org/medicaid/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map/>

Mandatory Benefits

Inpatient & outpatient hospital services

Early and periodic screening, diagnostic, & treatment Services

Nursing facility

Home health

Physician services

Rural health clinic

Federally qualified health center

Laboratory & X-ray

Family planning

Nurse midwife

Freestanding birth center

Transportation to medical care

Optional Benefits

Prescription drugs

Clinic services

Physical & occupational therapy

Speech, hearing & language services

Respiratory care

Podiatry

Optometry

Dental & dentures

Prosthetics

Eyeglasses

Chiropractic

Private duty nursing

Personal care services

Hospice

Case management

Institution for mental disease (IMD) for individuals 65 or older

Intermediate care facility for individuals with intellectual disability

TB related services

Health homes for enrollees with chronic conditions

<https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html>



Waivers

- Gives states flexibility to modify who is eligible for care and how care is provided
- Submitted by states; must be approved by CMS
- Types of Waivers
 - 1115 – time limited research & demonstration waivers
 - 1915 (b) – freedom of choice; allows managed care plans
 - 1915 (c) – home & community based services as an alternative to institutional care

The screenshot displays the Medicaid.gov website's 'State Waivers List' page. At the top, the Medicaid.gov logo is visible with the tagline 'Keeping America Healthy'. Navigation links include 'Federal Policy Guidance', 'Resources for States', 'Medicaid', 'CHIP', 'Basic Health Program', 'State Overviews', and 'About Us'. The breadcrumb trail reads: Home > Medicaid > Section 1115 Demonstrations > State Waivers List.

The main heading is 'State Waivers List'. Below it, a paragraph explains that Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). It also provides links to learn more about sections 1915(b), 1915(c), and 1115 authorities.

A search bar is present with the text 'Search State Waiver List' and a magnifying glass icon. Below the search bar, it indicates 'Showing 1 to 10 of 419 results' and a 'SHARE RESULTS' link.

Two results are shown:

- AL Community Transition Waiver (ACT Waiver) (0878.R02.00)**
 - State: Alabama
 - Waiver Authority: 1915 (c)
 - Status: Approved
- AL Community Waiver Program (1746.R00.00)**
 - State: Alabama
 - Waiver Authority: 1915 (c)
 - Status: Approved

On the right side, there are two filter sections:

- REFINE YOUR SEARCH:**
 - Filter by State:** Alabama, Alaska, Arkansas, California, Colorado, Connecticut (all unchecked).
 - Filter by Waiver Authority:** 1115, 1915 (b1) (checked), 1915 (b2), 1915 (b3) (all unchecked).

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>



Managed care

- 86% of Medicaid enrollees were in managed care in September 2021
 - 72% among Vets
- Varies by state & eligibility group
- Can be enrolled in multiple MC plans simultaneously
 - 51% 1 plan
 - 30% 2 plans
 - 4% 3 plans
 - 2% 4+ plans



<https://www.kff.org/medicaid/state-indicator/managed-care-penetration-rates-by-eligibility-group/>



Common Types of Medicaid Managed Care Plans

- Comprehensive Managed Care
- Transportation
- Dental
- Mental Health & Substance Abuse Prepaid Inpatient
- Tradition Primary Care Case Management (PCCM)
- Integrated Care for Dual Eligibles

Characterizing Medicare & Medicaid Dual Eligibles

Demographics & SES

- 87% have income <\$20k
- 37% <65 and receiving SSDI (disability)
- 49% people of color
- 13% live in LTC facility

High rates of chronic illness

- 44% report fair or poor health status
- 47% have a mental health diagnosis
- 48% have ADL limitations

High expenditures

- 14% of Medicaid enrollees but 32% of Medicaid costs

<https://www.kff.org/medicare/issue-brief/a-profile-of-medicare-medicaid-enrollees-dual-eligibles/>



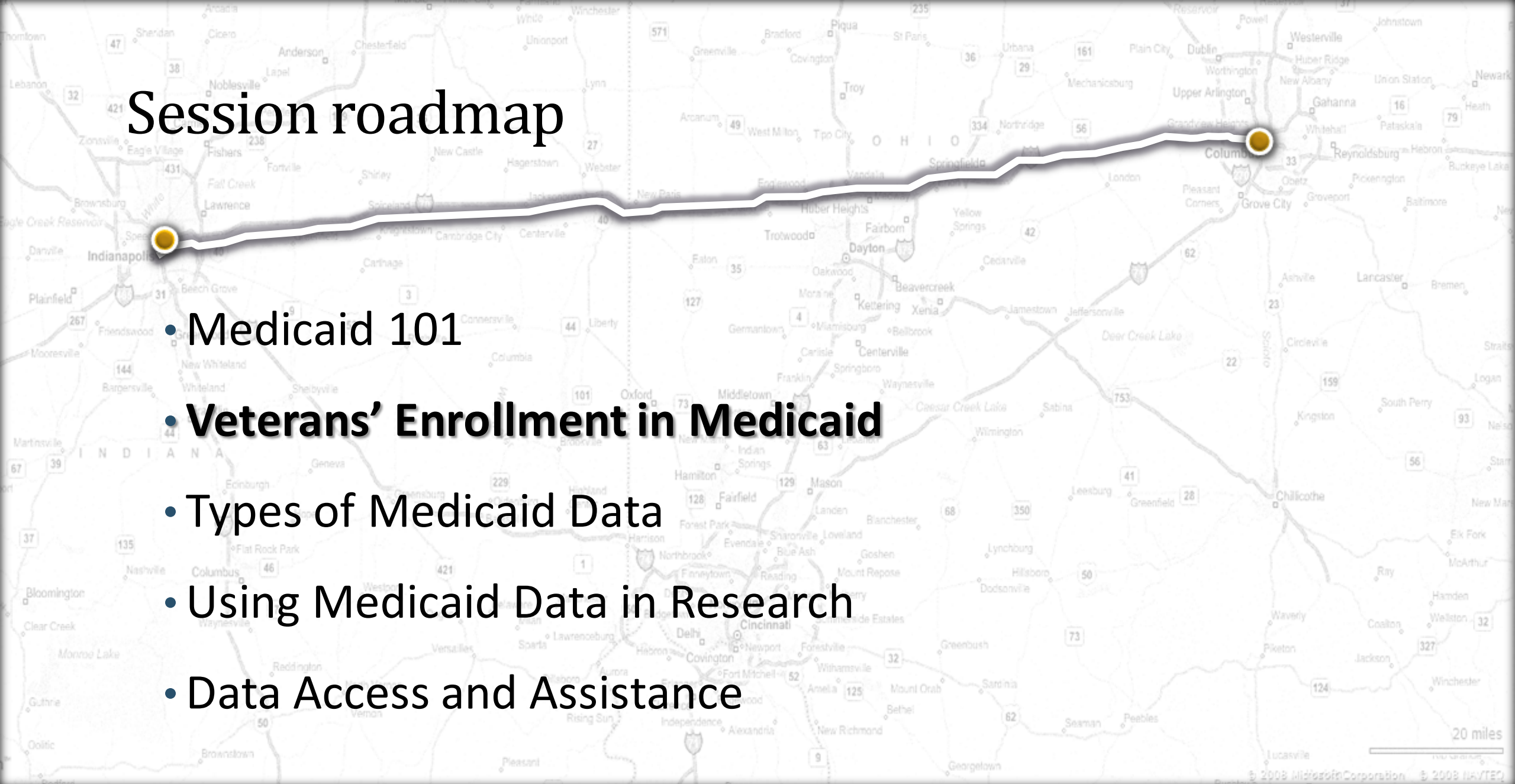
Partial Medicaid benefits aka QMB, SLMB, QI, QDWI	Full Medicaid benefits
Low income but don't meet income requirements for full Medicaid benefits	Financially eligible for Medicaid
~25% of duals (All) ~35% of duals (Vets)	~75% of duals (All) ~65% of duals (Vets)
Medicaid pays Medicare premiums, co-pays, and/or deductibles Medicare pays FIRST for services covered by both systems	
No additional services	Services covered by Medicaid only (e.g., dental, nursing facilities)

https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf



Session roadmap

- Medicaid 101
- **Veterans' Enrollment in Medicaid**
- Types of Medicaid Data
- Using Medicaid Data in Research
- Data Access and Assistance



20 miles

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Comparing Veterans to other Medicaid enrollees, 2021

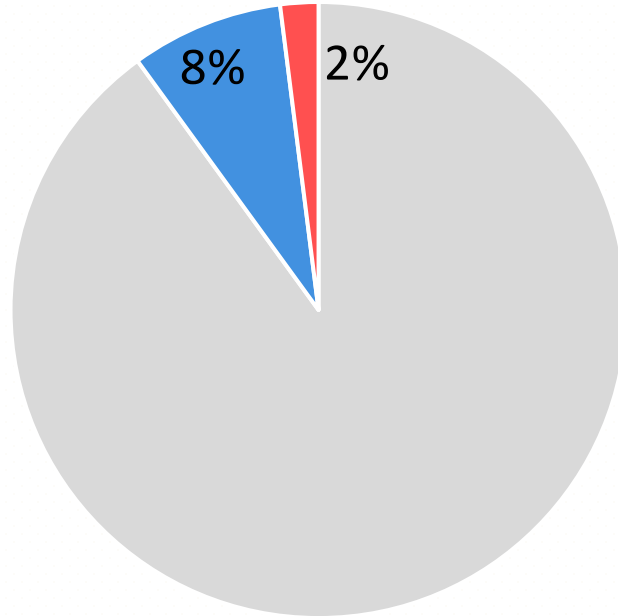
	Nationally N=102 million	Among VHA enrollees N=860k
Female	55%	21%
Age (Mean)	24 years	61 years
<18	39%	<0.1%
18-64	51%	60%
65+	9%	40%
Also enrolled in Medicare (Dual eligible)	13%	48%

Veterans' Enrollment in Medicaid

Percent of VHA Enrollees in Medicaid at least 1 month, 2021

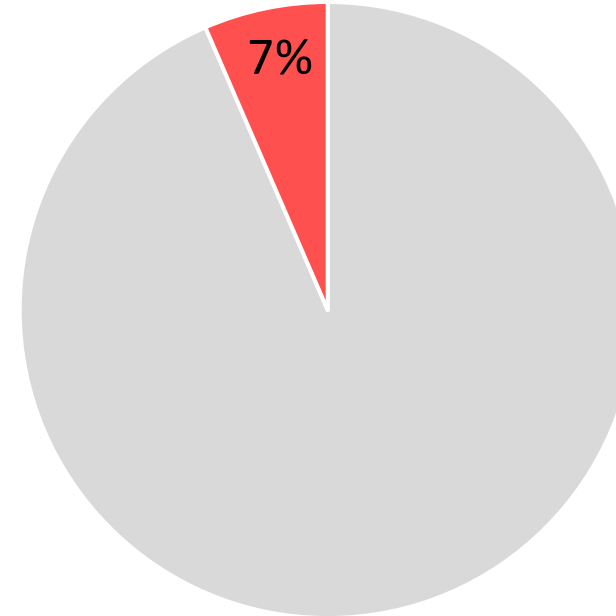
Veterans age <65

N = 5.3 million



Veterans age 65+

N = 5.1 million



 No Medicaid

 Medicaid only

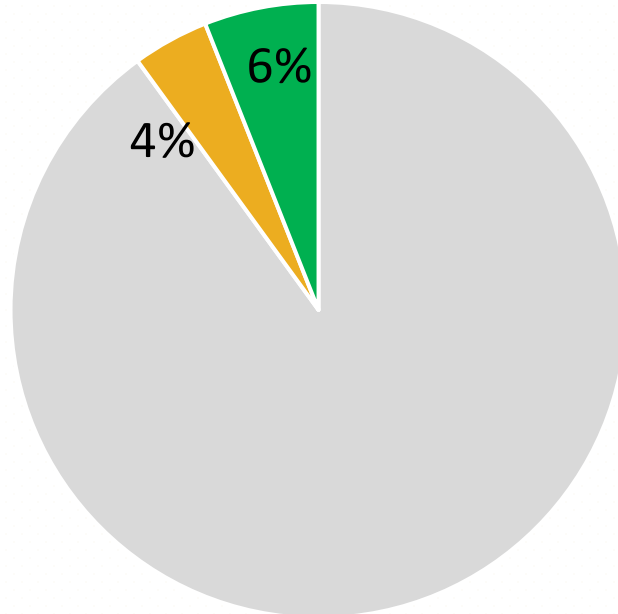
 Medicaid and Medicare

Veterans' Use of Medicaid Services

Percent of VHA Enrollees with Medicaid covered utilization, 2021

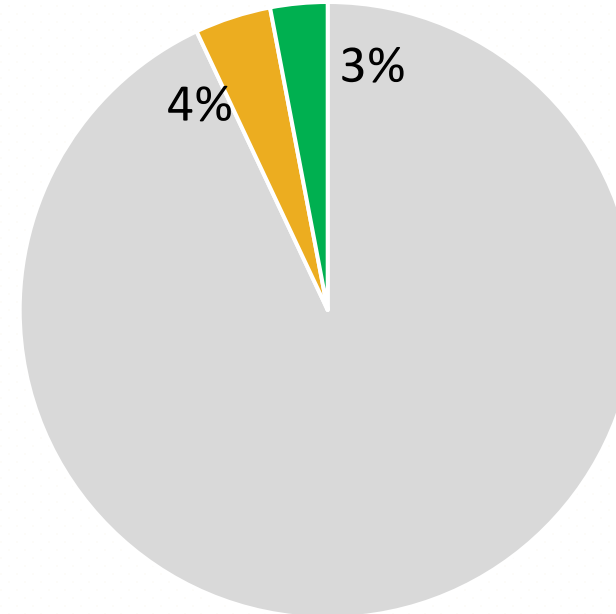
Veterans age <65

N = 5.3 million



Veterans age 65+

N = 5.1 million



No Medicaid

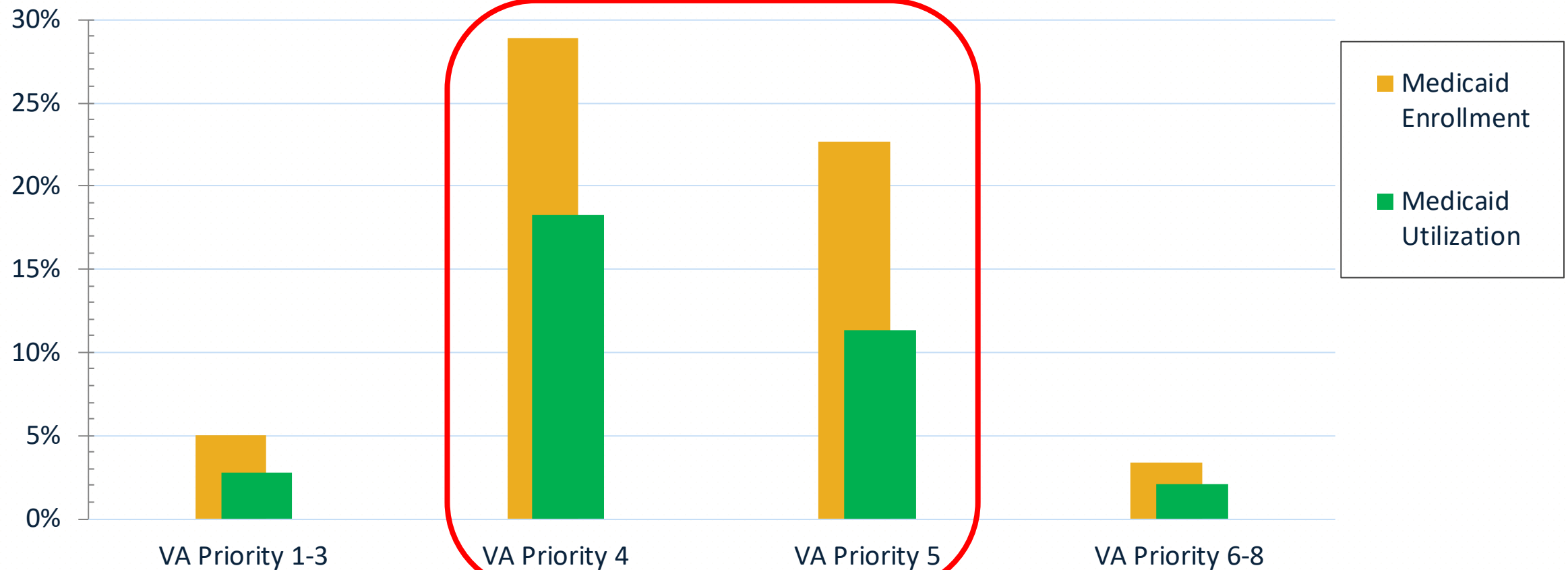


Medicaid enrollment only



Medicaid utilization

Percent of VHA enrollees with Medicaid enrollment or utilization in CY21 By VA Priority Group



VA Priority group 4

- VA Aid & Attendance or housebound benefits
- Catastrophically disabled

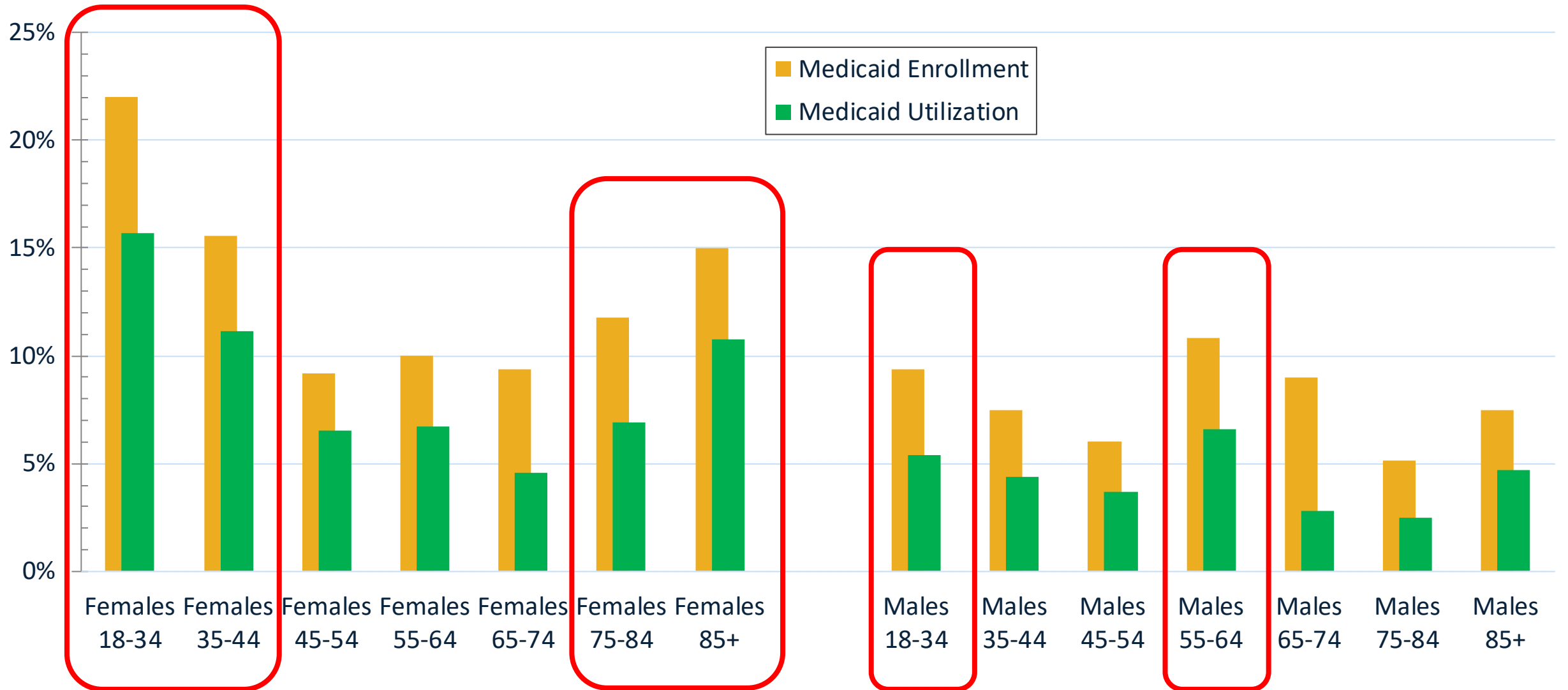
VA Priority group 5

- Income below threshold
- Receiving VA pension
- Eligible for Medicaid



Percent of VHA enrollees with Medicaid enrollment or utilization in CY21

By Sex & Age Group



Veterans' Medicaid enrollment varies by state, 2021



Highest

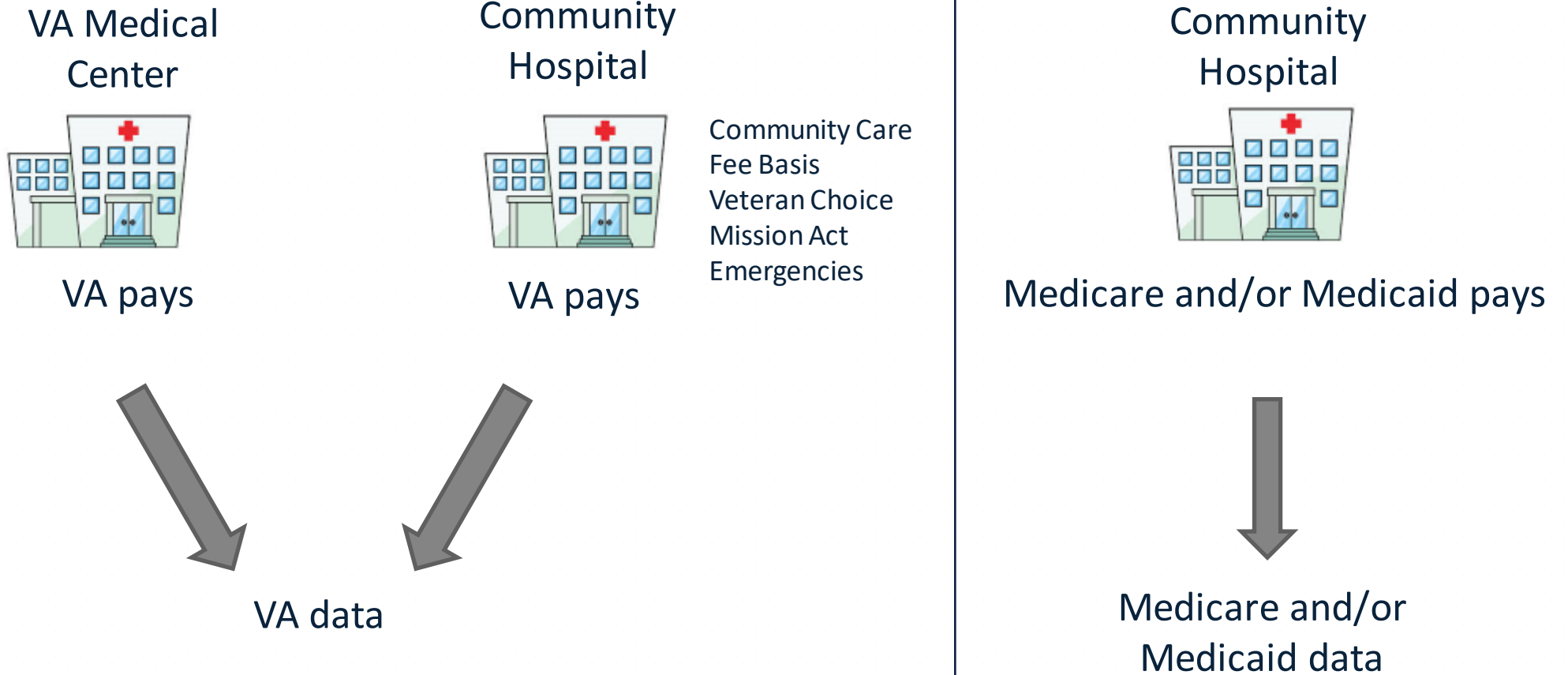
- 20% District of Columbia
- 17% Connecticut
- 13% Maine
- 11% Oregon, Louisiana, California, New York, New Mexico



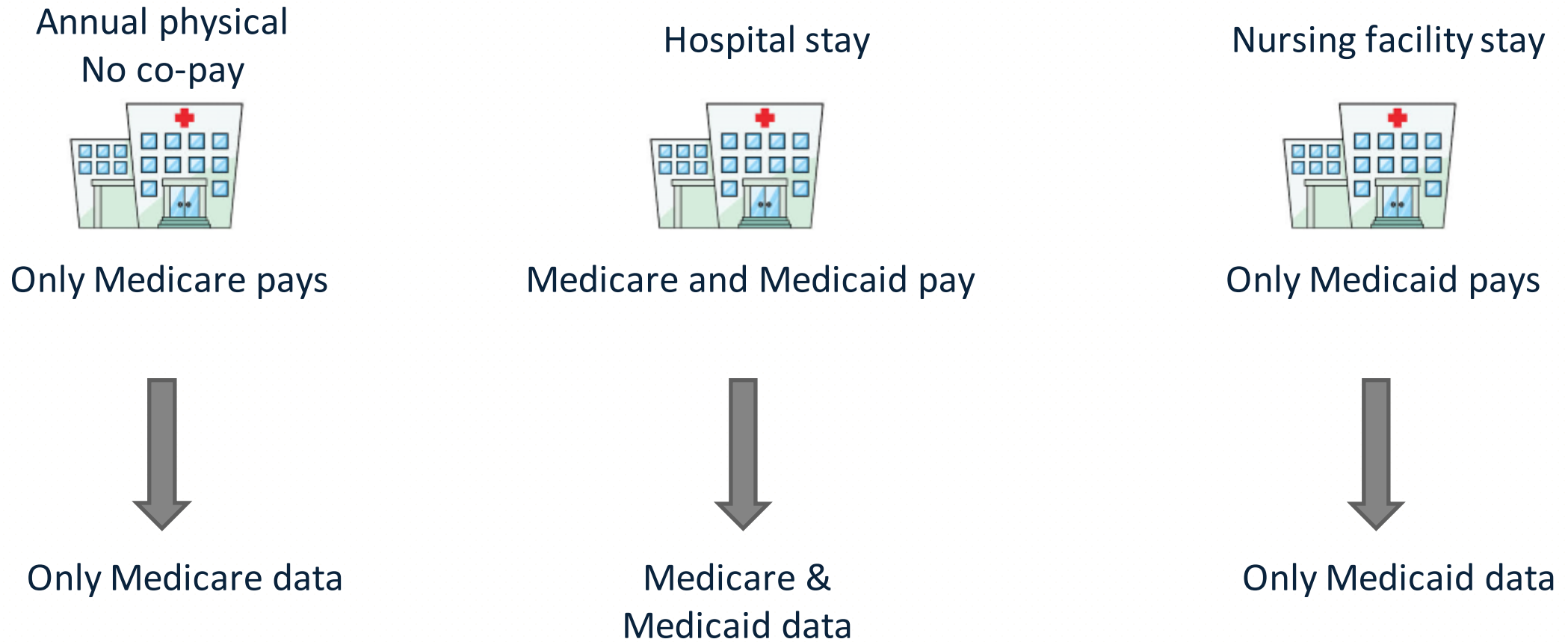
Lowest

- 5% Missouri, South Dakota, North Dakota, Alabama, Virginia, New Hampshire, Florida
- 4% Nebraska, Texas, Utah, Kansas
- 3% Wyoming

Where's the data?



Where's the data for Dual Eligibles?



Session roadmap

- Medicaid 101
- Veterans' Enrollment in Medicaid
- **Types of Medicaid Data**
- Using Medicaid Data in Research
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20 miles

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Available
in VA

Data directly from the states



National data from CMS

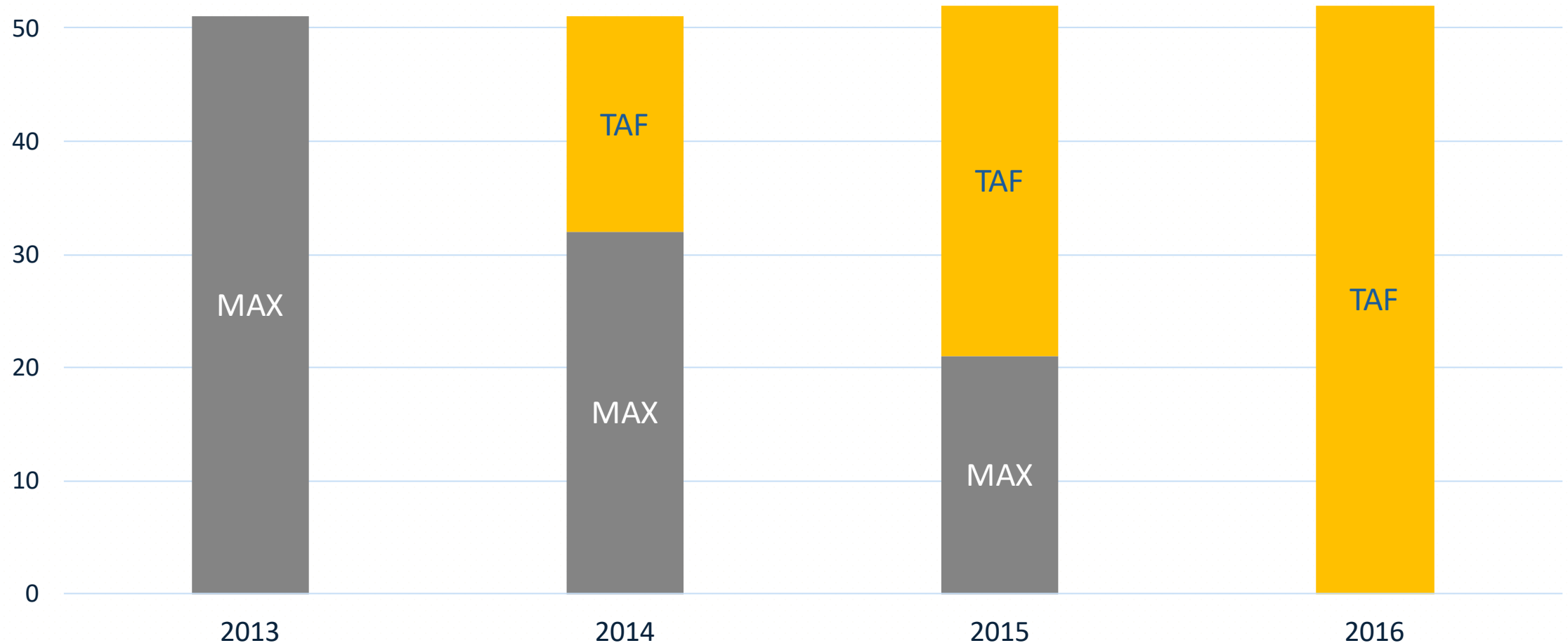


- Medicaid Analytic Extract (MAX, 1999-2015)
- T-MSIS Analytic Files (TAF, 2014-forward)



Transition from MAX data to TAF data

Number of states' data available in each format, by year



https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/Downloads/MAX_TAF_Availability_Matrix.zip



Differences between MAX & TAF

MAX

1. Simple file structure
2. Significant data delays
3. Quality checks & business rules at the federal level

TAF

1. More files & variables
2. More timely data
 - Multiple data releases (Preliminary & final)
3. Data Quality
 - States responsible for quality of data
 - At federal level, fewer business rules



Medicaid Data Quality Atlas

Visualizes data quality issues in TAF by

- State
- Year of data
- Release
- Dataset
- Variable

<https://www.medicaid.gov/dq-atlas/>

Medicaid.gov
Keeping America Healthy

DQATLAS

Explore the quality and usability of Medicaid and CHIP data in T-MSIS Analytic Files (TAF)

HOW TO USE DQ ATLAS

DQ (Data Quality) Atlas includes data quality information that supports insightful, methodologically sound analyses using the T-MSIS Analytic Files (TAF) Research Identifiable Files (RIF). Select one of the below pathways to explore key Medicaid and Children's Health Insurance Program (CHIP) topics such as enrollment, claims, expenditures, and service use.

- EXPLORE BY TOPIC**
View data quality assessments on topics such as enrollment, claims, expenditures, and service use.
- EXPLORE BY STATE**
View data quality assessments for a selected state for all available topics.
- RESOURCES**
Learn more about DQ Atlas and how it can support your work.

Feedback



SELECT A VIEW

Explore Single Topic

Compare Across Topics

SELECT A TOPIC FROM THE LIST BELOW

⊕ Service Use Information

⊕ Non-Claim Records

⊖ **Provider Information**

TOPICS

Billing Provider NPI - IP

Billing Provider NPI - LT

Billing Provider NPI - OT

Billing Provider NPI - RX

Servicing Provider NPI - OT

RETURN TO OVERVIEW

PROVIDER INFORMATION

< Billing Provider NPI - IP >

VIEW AS

Map | Table

DATA YEAR

2020

DATA VERSION

Preliminary

ALL STATES

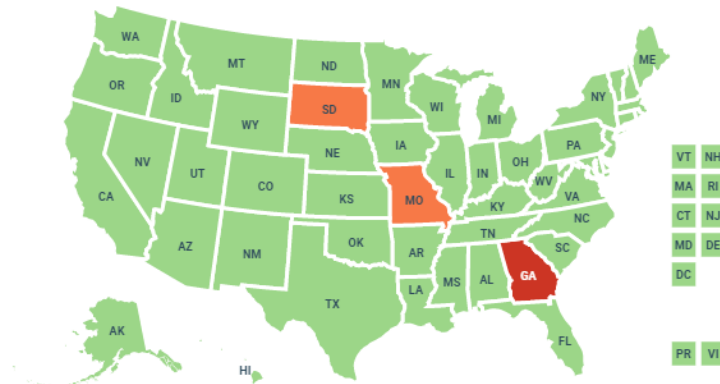
DQ Assessments

VIEW BACKGROUND AND METHODS

DATA (CSV)

DQ TOPICS SNAPSHOT

CLICK ANY STATE TO SEE FURTHER INFORMATION



ABOUT DQ ASSESSMENTS

Topic: **Billing Provider NPI - IP**

Source data: TAF

ASSESSMENT BASIS

Percentage of records in the IP file with a missing billing provider National Provider

NATIONAL SUMMARY FOR THIS TOPIC

DQ Assessment	States with specified DQ Assessment
Low concern	50
Medium concern	0
High concern	2
Unusable	1
Unclassified	0

Feedback

<https://www.medicaid.gov/dq-atlas/>

SELECT A STATE

Illinois

JUMP TO TOPIC AREA

Linking Across Files
 Enrollment Benchmarking
 Enrollment Patterns Over Time
 Beneficiary Information
 Claim Files Completeness
 Expenditure Benchmarking
 Payments
 Financial Reporting
 Service Use Information
 Non-Claim Records
 Provider Information
 Managed Care Plans

DQ ASSESSMENTS

Illinois

DISPLAY TOPICS WITH

Any DQ Assessment

DATA YEAR

2020

DATA VERSION

Release 1

[DATA \(CSV\)](#) [DQ STATE SNAPSHOT](#)

ABOUT DQ ASSESSMENTS

Toggle "View DQ Assessment information about how DQ A that topic.

Gender

VIEW DETAILS FOR TOPIC

VIEW BACKGROUND AND METHODS

DQ ASSESSMENT

LOW CONCERN

VIEW DQ ASSESSMENT LEGEND

Race and Ethnicity

VIEW DETAILS FOR TOPIC

VIEW BACKGROUND AND METHODS

DQ ASSESSMENT

MEDIUM CONCERN

VIEW DQ ASSESSMENT LEGEND

Income

VIEW DETAILS FOR TOPIC

VIEW BACKGROUND AND METHODS

DQ ASSESSMENT

UNUSABLE

VIEW DQ ASSESSMENT LEGEND

ZIP Code

VIEW DETAILS FOR TOPIC

VIEW BACKGROUND AND METHODS

DQ ASSESSMENT

LOW CONCERN

VIEW DQ ASSESSMENT LEGEND

<https://www.medicaid.gov/dq-atlas/>

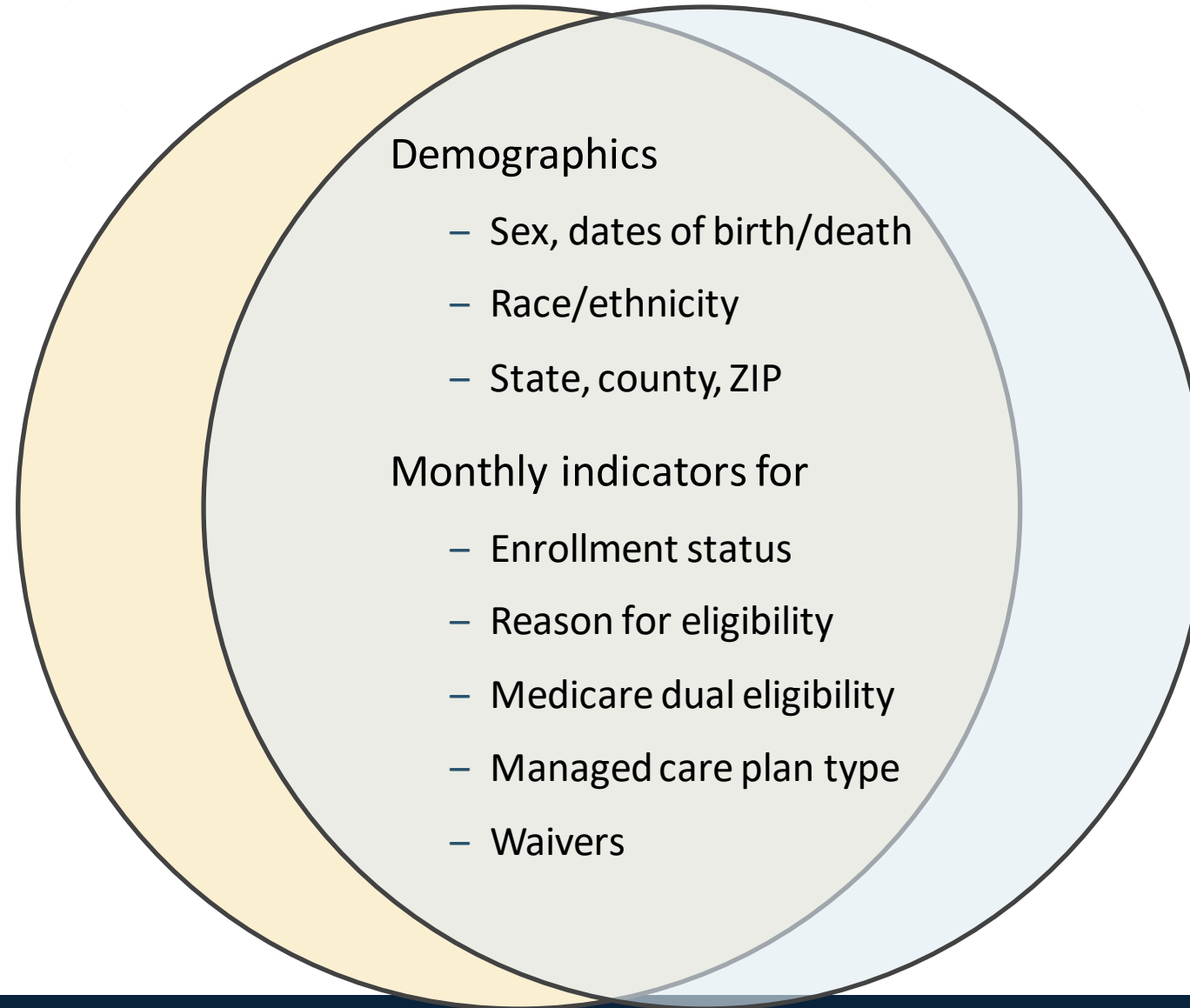

Medicaid Files

	MAX	TAF
➔	Person Summary (PS)	Demographics & Enrollment (DE)
➔	Inpatient (IP)	
➔	Long Term Care (LT)	
➔	Prescription Drug (RX)	
➔	Other Services (OT)	
➔	N/A	Annual Provider (APR)
➔	N/A	Annual Managed Care Plan (APL)

Contents of MAX PS & TAF DE

MAX PS only

- Utilization summary
- Claims payment summary



TAF DE only

More details (see next slide)

MAX vs TAF Data Structure: Person Data

MAX Person Summary (PS)

- 1 file (1 record per person, per state, per calendar year)

TAF Demographics & Enrollment (DE)

1. Base (1 record per person, per state, per calendar year)
2. Eligibility Dates
3. Managed Care Enrollment
4. Waiver Program Enrollment
5. Money Follows the Person (MFP)
6. Disability and Need
7. Home Health & State Plan Options (HH-SPO)



MAX vs TAF Data Structure: Utilization

MAX files (1 dataset each)

- Inpatient
- Long Term Care
- Other Services
- Prescription Drug

TAF files (2-3 datasets each)

- Inpatient
 - Header, Line, Occurrence
- Long Term Care
 - Header, Line, Occurrence
- Other Services
 - Header, Line, Occurrence
- Prescription Drug
 - Header, Line

Types of records in utilization data

- 24% 1. Fee-for-Service (FFS) claims
- 34% 2. Managed care “encounter claims” or “encounter records”
 - Some cost data redacted
- 41% 3. Capitated payment records (to managed care and other plans)
 - Found only in the OT file

In the 2021 Other Services (OT) data



Inpatient & Long Term Care Files

Inpatient

- Stays in Inpatient Hospital
- 1 record =
 - 1 stay (MAX)
 - 1 claim (TAF)

Long Term Care

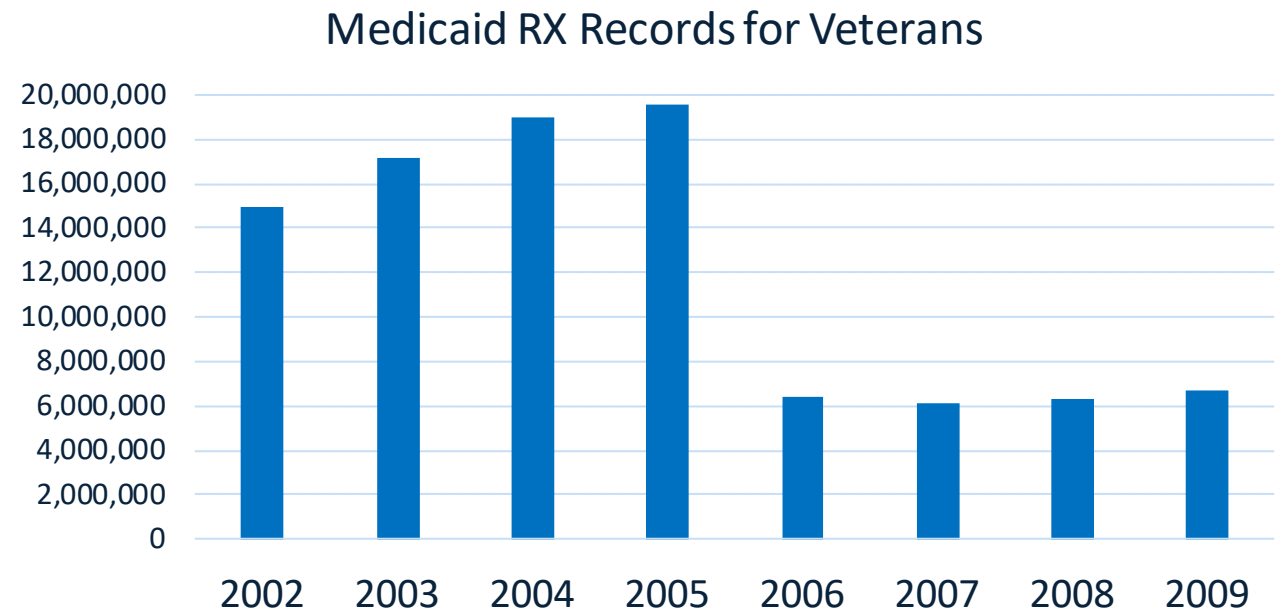
- 1 record = 1 claim
- Types of facilities (% among Vets)
 - Nursing facility (63%)
 - Inpatient psychiatric facility (36%)
 - Intermediate care facility for patients with intellectual disabilities (<2%)



Prescription Drug File

- Includes
 - Prescribed drugs
 - Over the counter medications

Prior to Medicare Part D (2006), Medicaid paid for prescription drugs for low-income Medicare beneficiaries



Other Services File

- Everything else
 - Facility & physician/professional claims & encounters
 - Capitated payments to managed care plans & prepaid health plans

- Services include
 - Physicians, outpatient hospital, clinic services
 - Laboratory
 - Transportation
 - Personal care services



Annual Provider Files

- Providers eligible to provide services to Medicaid beneficiaries
- Facilities, groups, & individuals
- Link to utilization data using State code + “Submitting State Provider ID”
- ~18 million providers in 2021

1. Base (One record per provider, per state, per year)
2. Taxonomy (specialty, type)
3. Enrollment with Medicaid program
4. Affiliated groups
5. Affiliated programs (waiver, home health, others)
6. Location
7. Licensing
8. Identifiers
9. Bed type (facilities only)



Annual Plan Files

- Characteristics of managed care plans
- Link to enrollment and utilization data using State code + “Managed Care Plan ID”
- Over 10K plans in 2021

1. Base (One record per managed care plan, per state, per year)
2. Location
3. Service Area
4. Population Enrolled (eligibility groups)
5. Operating Authority



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- Veterans' Enrollment in Medicaid
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- **Using Medicaid Data in Research**
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20 miles

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Commonly Used Data Elements

What types of information are included in Medicaid claims?

INCLUDED

- Social Security Number
- Dates of service
- Provider
- Procedure codes
- Diagnosis codes
- Costs (sometimes)

NOT INCLUDED or INCOMPLETE

- Symptoms
- Vital signs
- Test results

Provider codes

- Identifier: state specific code & sometimes NPI
- Provider roles
 - Examples in IP/LT/OT: Billing, admitting, referring, servicing
 - In RX: Prescribing and dispensing providers
- Provider info
 - Provider type
 - Specialty
 - Taxonomy

High levels of missingness for NPI

- Varies by state
- Worst in OT file



Diagnoses & Procedure Codes

	Diagnosis Codes	Procedure Codes*	Other
Inpatient	✓ ICD-9 & ICD-10^	✓ mostly ICD-9 & ICD-10^	Diagnosis Related Group (DRG)*
Long Term Care	✓ ICD-9 & ICD-10^		
Other Services	✓ ICD-9 & ICD-10^	✓ mostly CPT & HCPCS	
Prescription Drug			National Drug Code (NDC)

*Some use state specific coding system.

^ May not have transitioned to ICD-10 on 10/1/2015



Costs

- Charges submitted by providers to state/Medicaid
- Payments made to providers by
 - Medicaid
 - Medicare or other third parties
 - Beneficiaries (deductibles & co-payments)
- Many cost variables redacted on encounter records
- Capitated payments made to managed care plans



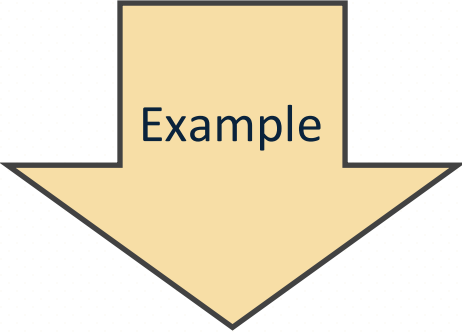
Examples using Medicaid data in VA research

Common ways Medicaid data are used in VA research

Add Medicaid data for more complete healthcare utilization or health status

Focus on VHA & Medicaid enrollment or utilization (often limited to <65 or not in Medicare)

- Many also use Medicare data
- Examples: obstetric care, LTC (nursing home stays), mental health



Example

Example: Association of ACA Medicaid Expansion with VA-Medicaid dual enrollment

Support: This research is funded from VA HSR&D IIR 19-057 and the Center of Innovations in Quality, Safety and Effectiveness (CIN 13-413). Data support came from VA Information Resource Center (Projects SDR 02-237 and 98-004).

For more information, contact Patrick O'Mahen at Patrick.O'Mahen@va.gov.

Portions of this project were presented at the 2022 Academy Health Annual Research Meeting in Washington, DC.



Background

The Project

- **The Question:** Did ACA Medicaid expansion lead to gains in Medicaid enrollment among VA enrollees?
- **Why We Care:** Medicaid improves access and outcomes, but the research focus is on people with no access to insurance. VA enrollees already have access. How enrollees interact with expansion is important for questions of health outcomes and wise use of taxpayer resources

Our Team

- Patrick N. O'Mahen, PhD: Political Scientist
- Chase S. Eck, PhD: Health Economist
- Suja S. Rajan, PhD: Health Economist
- Cheng (Rebecca) Jiang, MS: Programmer
- Melissa K. Knox, BS/RD: Project Manager
- Grace Wong, MS: Research Coordinator
- Christine Yang, MS: Research Coordinator
- Laura A. Petersen MD MPH: Principal Investigator



Population

Population

- All VA enrollees
 - Ages 18-64 (removes most Medicare)
 - 2011-2016 (before/after Medicaid expansion)
 - VA Priority 1 to 5 (possibly Medicaid eligible)
- Unit of analysis person-year
 - ~ 5 million unique Veterans
 - ~ 20.7 million person-years

Where did we get these data?

- VA Assistant Deputy Under Secretary for Health (ADUSH) enrollment files

Variables I

Dependent Variable

- Are you dual-enrolled in Medicaid and VA in a given year?
- ~ 700,000 dual enrolled at some point
- ~ 1.8 million person-years

Where did we get these data?

- We used the VA cohort and requested VIREC check who was also enrolled in Medicaid.
- Medicaid enrollment from two sources:
 - Medicaid Analytical eXtract (MAX) Person Summary (PS) File (years 2011-2015)
 - T-MSIS Analytic Files (TAF) Demographics and Enrollment (DE) File (years 2014-2016)



Variables II

Independent Variables

- **Primary interaction**
 - Did your state of residency expand Medicaid?
 - Was this before or after state expanded?
- **Sub analyses**
 - Were you VA eligible via service connection or low household income?
 - Did you live in a state that expanded via a Section 1115 Waiver or traditional Medicaid?

Where did we get these data?

- **State of residency**
 - VA ADUSH enrollment file
 - Matched VA state of residence with MAX and TAF data, eliminated mismatches
- **VA priority group**
 - VA ADUSH enrollment file
- **Section 1115 Waiver**
 - Kaiser Foundation (KFF)



Variables III

'Control' Variables

- Race
- Hispanic ethnicity
- Sex
- Age in years
- Logged drive time to VA facility
- CMS HCC Risk Score (V21)

Where did we get these data?

- Race, ethnicity
 - VA ADUSH enrollment files (sex, age)
 - MAX (PS) and TAF (DE) to fill in missing values
- Sex, age
 - VA ADUSH enrollment files (sex, age)
- Drive time
 - VA PSSG geocoded enrollee files
- Risk scores
 - VA CDW + MAX and TAF Inpatient (IP), Other Services (OT) and Rx (RX) files

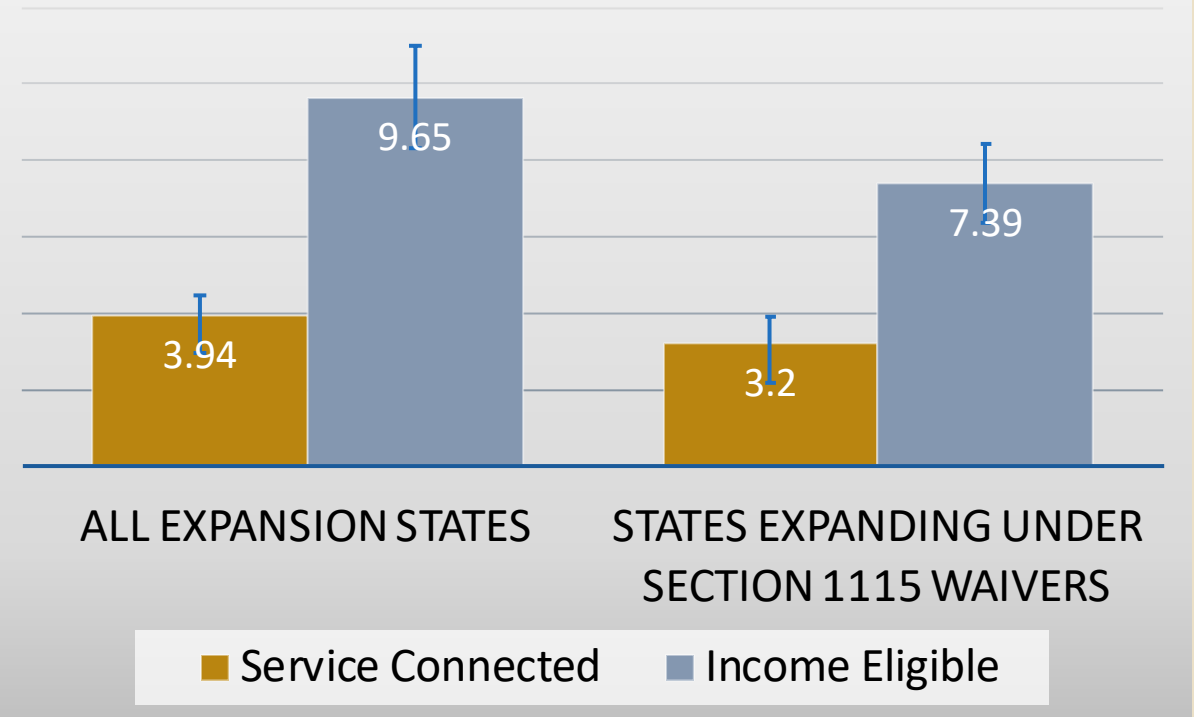


Analysis and Results

Analysis

- Difference-in-Difference
(expansion state x expansion timing)
- Linear probability model
- For each potential combination of waiver and priority group
- Fixed effects for state and year
- Robustness check using event study and balancing regressions

Figure 1: % Change in VA-Medicaid Dual Enrollment Associated with ACA Medicaid Expansion



Session roadmap

- Medicaid 101
- Veterans' Enrollment in Medicaid
- Types of Medicaid Data
- Using Medicaid Data in Research
- **Data Access and Assistance**

20 miles

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- The data steward for Centers for Medicare & Medicaid Services (CMS) data used for VA research
- Distributing data from to VA approved projects since 2003
- Providing assistance to VA research projects using CMS data
- No cost to VA researchers

Requesting Medicaid data

- Pre-Request Consultation
- Request Process and Forms
- Data Descriptions and Documentation

virec.vacmsdata@va.gov

VA INFORMATION RESOURCE CENTER (VIREC)

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VA/CMS Home
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Publications
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Help

New Request for VA/CMS Data

Process Overview

The following is an overview of the process for submitting a new VA/CMS data request for a research project that does not have a Data Use Agreement (DUA) with VIREC. This process takes approximately 1-2 months from receipt of all required documents to delivery of the data.

If additional data are needed for a research project that is already using VA/CMS data and has a DUA with VIREC, submit a [Request for Additional VA/CMS Data](#).

Step	Action
1. (Optional)	A study team member requests a Pre-Request consultation (highly recommended for new VA/CMS users).
2.	The project submits the unsigned request forms (excluding VA/CMS Rules of Behavior forms) to VIREC for review. VIREC provides instructions to correct the forms, and/or asks the project to schedule a Pre-Request Consultation. VIREC signs and returns the Data Description and Project Information and Authorization forms for the project to obtain required signatures.
3.	The project obtains the required signatures on the request forms, including VA/CMS Rules of Behavior (ROB) signed by project staff, and submits the completed and signed VA/CMS data request forms to VIREC.
4.	VIREC re-reviews VA/CMS data request forms. If no issues are identified, VIREC requests a cohort or finder file from the researcher, if applicable.
5.	VIREC prepares the data and provides the Principal Investigator (PI) with the Data Use Agreement (DUA) for signature.
6.	PI returns the signed DUA to VIREC. After a final review, VIREC releases the data to the project.

Forms & Required Documents

The following documents are required when submitting a new VA/CMS data request for a project that does not have an existing DUA with VIREC. Email the documents to virec.vacmsdata@va.gov.

When projects are engaged in research at **multiple sites**, each project site with staff who will

General Resources

- Learn about VA/CMS Data
- Non-Repository Data
- Provider Data
- Cohorts & Identifiers
- Requests
- Current Data Users

vaww.virec.research.va.gov/Index-VACMS.htm
(VA intranet only)





- Field office of VHA's Chief Strategy Office
- Data steward for CMS (Medicare & Medicaid) data used for VHA operations
 - VHA Program Offices
 - Quality Improvement/Quality Assurance
- vaww.va.gov/medicareanalysis/ (VA intranet only)



- CMS contractor based at the University of Minnesota
- Provides free assistance and training to researchers using CMS data
 - Help desk
 - Knowledge base
 - Webinars
 - In-person workshops
- www.resdac.org



Chronic Conditions Data Warehouse

Your source for national CMS Medicare and Medicaid research data

- Source of most CMS data that VA receives
- Documentation
 - Data dictionaries
 - Summary tables
 - User guides & technical guides
 - White papers & presentations
- www.ccwdata.org





- Central resource for learning about Medicaid
 - Federal policies, requirements, guidance
 - State profiles
- Data Quality Atlas
 - <https://www.medicaid.gov/dq-atlas/>
- List of waivers
 - <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>



Thank you!
Questions?



Contact Information

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VIReC CMS Data Mini-Series

**Next session:
April 9th at 3 pm Eastern**

Using CMS data to study COVID-19

Additional Resources

Quick links for VA data resources

Quick Guide: Resources for Using VA Data

<https://vaww.virec.research.va.gov/Toolkit/QG-Resources-for-Using-VA-Data.pdf> (VA Intranet)

VIReC: <https://vaww.virec.research.va.gov/Index.htm> (VA Intranet)

VIReC Cyberseminars: <https://www.virec.research.va.gov/Resources/Cyberseminars.asp>

VHA Data Portal: <https://vaww.vhadataportal.med.va.gov/Home.aspx> (VA Intranet)

VINCI: <https://vaww.vinci.med.va.gov/vincicentral/> (VA Intranet)

Health Economics Resource Center (HERC): <https://vaww.herc.research.va.gov> (VA Intranet)

CDW: <https://vaww.cdw.va.gov/Pages/CDWHome.aspx> (VA Intranet)

Archived cyberseminar: What can the HSR&D Resource Centers do for you?

https://www.hsr.d.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1014



HSRData Listserv

- Community knowledge sharing
- ~1,600 VA data users
- Researchers, operations, data stewards, managers
- Subscribe by visiting
<https://vaww.virec.research.va.gov/Support/HSRData-L.htm> (VA Intranet)

VIREC HelpDesk

- Individualized support
- Request Form:
varedcap.rcp.vaec.va.gov/redcap/surveys/?s=KXMEN77LXK (VA Intranet)



Questions about Using VA Data?