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Medicaid Provider Spending

Provider-level Medicaid spending data from T-MSIS, aggregated by billing or servicing provider, procedure code, and month. Covers fee-for-service, managed care, and CHIP claims from 2018-2024.

🕐 Latest: Feb 9, 2026   📅 Published Feb 8, 2026

📄 3.36 GB

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DOCUMENTATION   SCHEMA   EXAMPLES

Medicaid Provider Spending

This dataset contains provider-level Medicaid

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covering January 2018 through December 2024. It provides insights into how Medicaid dollars are distributed across providers and procedures nationwide.

Data Description

Attribute	Value

VERSIONS

1 version available

○ Feb 9, 2026 [Latest]

Initial release with data from January 2018 through December 2024

⎘ Copy checksum ⌄

Time Period	January 2018 - December 2024
Granularity	Provider (NPI) × HCPCS Code × Month
Geographic Scope	National (all states and territories)
Coverage	Fee-for-service, managed care, and CHIP

This dataset aggregates individual claims to the provider-procedure-month level, providing counts of beneficiaries served, claims submitted, and total amounts paid by Medicaid.

Use Cases

- **Provider spending analysis**: Identify top Medicaid providers by total spending or volume
- **Procedure utilization trends**: Track how utilization of specific procedures changes over time
- **Geographic comparisons**: Compare provider spending patterns across states
- **Outlier detection**: Identify unusual billing patterns for further investigation
- **Policy research**: Analyze the impact of policy changes on Medicaid spending

About T-MSIS

The **Transformed Medicaid Statistical Information System (T-MSIS)** is CMS's comprehensive data system for collecting

Medicaid and CHIP data from all 50 states, the District of Columbia, and US territories.

T-MSIS data is submitted monthly by states to CMS and includes information on:

- Beneficiary enrollment and eligibility
- Fee-for-service claims
- Managed care encounter data
- Provider information

Cell Suppression Methodology

To protect beneficiary privacy, this dataset applies cell suppression:

- **Threshold**: Rows with fewer than 12 total claims are dropped entirely
- **Purpose**: Prevents re-identification of individuals who received uncommon procedures or visited low-volume providers

This means the dataset represents the majority of Medicaid spending but excludes low-volume provider-procedure combinations.

Data Accuracy

This data is derived from T-MSIS submissions and is only as accurate as the data submitted by each state. State Medicaid agencies should be considered the authoritative source for all provider and claims data. T-MSIS has known data quality issues that vary by state and data element. For detailed information on data

quality concerns, refer to **CMS's DQ Atlas**.