



**Centers for Medicaid and CHIP Services (CMCS)
Transformed Medicaid Statistical Information System
(T-MSIS)**

Data Dictionary

Version: Nov07v2.1

Last Modified: 11/7/2017

End of Sheet

V2.2 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALIO VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
68	CI026	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of '0', '1', '4' should be reported when TYPE-OF-CLAIM = '1', '3', '5', '6', '7', '8', '9', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '21', '22', '23', '24', '25', '26', '27', '28', '29', '30', '31', '32', '33', '34', '35', '36', '37', '38', '39', '40', '41', '42', '43', '44', '45', '46', '47', '48', '49', '50', '51', '52', '53', '54', '55', '56', '57', '58', '59', '60', '61', '62', '63', '64', '65', '66', '67', '68', '69', '70', '71', '72', '73', '74', '75', '76', '77', '78', '79', '80', '81', '82', '83', '84', '85', '86', '87', '88', '89', '90', '91', '92', '93', '94', '95', '96', '97', '98', '99', '100', '101', '102', '103', '104', '105', '106', '107', '108', '109', '110'. ADJUSTMENT-IND values of '3' or '8' should be reported when TYPE-OF-CLAIM = '4', 'D' or 'X'	Not Applicable	8/7/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP026-0002
69	CI027	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wps-ed.com/infocms/infocms/infocms/infocms/claim-adjustment-reason-codes	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP027-0001
70	CI027	ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see CLAIM-ADJUSTMENT-REASON-CODE. If claim record does not represent an adjustment, blank file).	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP027-0002
71	CI028	ADMISSION-TYPE	The basic types of admission for inpatient hospital stays and a code indicating the priority of this admission.	Required	Value must be equal to a valid value.	1. EMERGENCY The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room. 2. URGENT The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation. 3. ELECTIVE The patient's condition permits adequate time to schedule the availability of a suitable accommodation. 4. NEWBORN The patient is a newborn delivered either inside the admitting hospital (UB04 FL 15 value '1) a baby born inside the admitting hospital or outside of the hospital (UB04 FL 15 value '0' [A baby born outside the admitting hospital]). 5. TRAUMA The patient visits a trauma center (A trauma center means a facility licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of surgeons and involving a trauma activation). 9. UNKNOWN Information not available.	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP028-0001
72	CI028	ADMISSION-TYPE	Not Applicable	NA	Value as it is reported in FL 14 "Type of Admission/Visit on the UB04 or on Loop 2300 CLL of the X12 transaction file).	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP028-0002
73	CI029	DRG-DESCRIPTION	Description of the associated state-specific DRG code. If using standard MS-DRG classification systems, leave blank.	Conditional	Value must originate from the DRGS list or be blank.	Not Applicable	10/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP029-0001
74	CI029	DRG-DESCRIPTION	Not Applicable	NA	Values using the federal code should leave DRG-Description blank, otherwise they should use a code that originates from their code set.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP029-0002
75	CI030	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM diagnosis code provided at the time of admission by the physician.	Required	Code full valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'. Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/ICD9underDiagnosisCodes/index	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP030-0001
76	CI030	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	The diagnosis provided by the physician at the time of admission which describes the author's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP030-0003
77	CI030	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank fill, 8 fill or 9 fill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP030-0004
78	CI031	ADMITTING-DIAGNOSIS-CODE-FLAG	A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS-CODE.	Required	Value must be equal to a valid value.	1. ICD-9 2. ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP031-0001
79	CI031	ADMITTING-DIAGNOSIS-CODE-FLAG	Not Applicable	NA	The state must use a code that belongs to the code set that they report they are using.	Not Applicable	10/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP031-0002
80	CI032	DIAGNOSIS-CODE-1	The primary principal ICD-9/10-CM diagnosis code as reported on the claim.	Required	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9underDiagnosisCodes/index	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0001
81	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0002
82	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0003
83	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank fill, 8 fill or 9 fill these fields.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0004
84	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0005
85	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	The primary principal diagnosis code goes into DIAGNOSIS-CODE-1.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0006
86	CI032	DIAGNOSIS-CODE-1	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP032-0007
87	CI033	DIAGNOSIS-CODE-FLAG-1	Flag used to identify if DIAGNOSIS-CODE-1 field is reported with ICD-9 or ICD-10 code.	Required	Value must be equal to a valid value.	1. ICD-9 2. ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP033-0001
88	CI033	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP033-0002
89	CI033	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP033-0004
90	CI034	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (A) high cost or high volume or both; (B) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (C) could reasonably have been prevented through the application of evidence-based guidelines. States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code '9' is no longer valid on claims submitted under the version 5010 format, effective January 1, 2015. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756C1N.pdf for a listing of exempt diagnoses.	Y. Diagnosis was present at time of inpatient admission N. Diagnosis was not present at time of inpatient admission U. Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinician undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP034-0001
91	CI034	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP034-0002
92	CI035	DIAGNOSIS-CODE-2	The second ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9underDiagnosisCodes/index	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0001
93	CI035	DIAGNOSIS-CODE-2	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0002
94	CI035	DIAGNOSIS-CODE-2	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0003
95	CI035	DIAGNOSIS-CODE-2	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0004
96	CI035	DIAGNOSIS-CODE-2	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank fill, 8 fill or 9 fill these fields.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0005
97	CI035	DIAGNOSIS-CODE-2	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP035-0006
98	CI036	DIAGNOSIS-CODE-FLAG-2	Flag used to identify if DIAGNOSIS-CODE-2 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank filled, then the corresponding diagnosis code flag should also be blank filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1. ICD-9 2. ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP036-0001
99	CI036	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP036-0002
100	CI036	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP036-0004
101	CI037	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (A) high cost or high volume or both; (B) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (C) could reasonably have been prevented through the application of evidence-based guidelines. States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code '1' is no longer valid on claims submitted under the version 5010 format, effective January 1, 2015. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756C1N.pdf for a listing of exempt diagnoses.	Y. Diagnosis was present at time of inpatient admission N. Diagnosis was not present at time of inpatient admission U. Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinician undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP037-0001
102	CI037	DIAGNOSIS-POA-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP037-0002
103	CI038	DIAGNOSIS-CODE-3	The third ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9underDiagnosisCodes/index	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0001
104	CI038	DIAGNOSIS-CODE-3	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0002
105	CI038	DIAGNOSIS-CODE-3	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0003
106	CI038	DIAGNOSIS-CODE-3	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FL files).	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0004
107	CI038	DIAGNOSIS-CODE-3	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank fill, 8 fill or 9 fill these fields.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0005
108	CI038	DIAGNOSIS-CODE-3	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP038-0006
109	CI039	DIAGNOSIS-CODE-FLAG-3	Flag used to identify if DIAGNOSIS-CODE-3 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank filled, then the corresponding diagnosis code flag should also be blank filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1. ICD-9 2. ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP039-0001
110	CI039	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP039-0002

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
111	CP039	DIAGNOSIS- CODE-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP049-0004
112	CP040	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75607N.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK - Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP049-0001
113	CP040	DIAGNOSIS-POA-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP049-0002
114	CP041	DIAGNOSIS- CODE-4	The fourth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9Codes/DiagnosisCodesCodes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0001
115	CP041	DIAGNOSIS- CODE-4	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0002
116	CP041	DIAGNOSIS- CODE-4	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0003
117	CP041	DIAGNOSIS- CODE-4	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0004
118	CP041	DIAGNOSIS- CODE-4	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 8 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0005
119	CP041	DIAGNOSIS- CODE-4	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP041-0006
120	CP042	DIAGNOSIS- CODE-FLAG-4	Flag used to identify if DIAGNOSIS- CODE-4 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP042-0001
121	CP042	DIAGNOSIS- CODE-FLAG-4	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP042-0002
122	CP042	DIAGNOSIS- CODE-FLAG-4	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP042-0004
123	CP043	DIAGNOSIS-POA-FLAG-4	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75607N.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK - Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP043-0001
124	CP043	DIAGNOSIS-POA-FLAG-4	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP043-0002
125	CP044	DIAGNOSIS- CODE-5	The fifth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9Codes/DiagnosisCodesCodes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0001
126	CP044	DIAGNOSIS- CODE-5	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0002
127	CP044	DIAGNOSIS- CODE-5	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0003
128	CP044	DIAGNOSIS- CODE-5	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0004
129	CP044	DIAGNOSIS- CODE-5	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 8 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0005
130	CP044	DIAGNOSIS- CODE-5	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP044-0006
131	CP045	DIAGNOSIS- CODE-FLAG-5	Flag used to identify if DIAGNOSIS- CODE-5 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP045-0001
132	CP045	DIAGNOSIS- CODE-FLAG-5	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP045-0002
133	CP045	DIAGNOSIS- CODE-FLAG-5	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP045-0004
134	CP046	DIAGNOSIS-POA-FLAG-5	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75607N.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK - Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP046-0001
135	CP046	DIAGNOSIS-POA-FLAG-5	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP046-0002
136	CP047	DIAGNOSIS- CODE-6	The sixth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9Codes/DiagnosisCodesCodes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0001
137	CP047	DIAGNOSIS- CODE-6	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0002
138	CP047	DIAGNOSIS- CODE-6	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0003
139	CP047	DIAGNOSIS- CODE-6	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0004
140	CP047	DIAGNOSIS- CODE-6	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 8 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0005
141	CP047	DIAGNOSIS- CODE-6	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP047-0006
142	CP048	DIAGNOSIS- CODE-FLAG-6	Flag used to identify if DIAGNOSIS- CODE-6 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP048-0001
143	CP048	DIAGNOSIS- CODE-FLAG-6	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP048-0002
144	CP048	DIAGNOSIS- CODE-FLAG-6	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP048-0004
145	CP049	DIAGNOSIS-POA-FLAG-6	A code to identify conditions that are present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75607N.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK - Exempt from POA reporting.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP049-0001
146	CP049	DIAGNOSIS-POA-FLAG-6	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP049-0002
147	CP050	DIAGNOSIS- CODE-7	The seventh ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as '2105'.	http://www.cms.gov/Medicare/Coding/ICD9Codes/DiagnosisCodesCodes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0001
148	CP050	DIAGNOSIS- CODE-7	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0002
149	CP050	DIAGNOSIS- CODE-7	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0003
150	CP050	DIAGNOSIS- CODE-7	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0004
151	CP050	DIAGNOSIS- CODE-7	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 8 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0005
152	CP050	DIAGNOSIS- CODE-FLAG-7	Flag used to identify if DIAGNOSIS- CODE-7 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP050-0006
153	CP051	DIAGNOSIS- CODE-FLAG-7	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP051-0001
154	CP051	DIAGNOSIS- CODE-FLAG-7	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP051-0004

V2.1 T-MSIS Data Dictionary

New Row #	DE ID	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD ID)	CR NO
114	CI052	DIAGNOSIS-POA-FLAG-7	A flag that indicates "Present on Admission" for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for Inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/FP362N.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI052-0001
117	CI052	DIAGNOSIS-POA-FLAG-7	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI052-0002
118	CI053	DIAGNOSIS-CODE-8	The eighth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105". http://www.cms.gov/Medicare/Coding/ICD9to10DiagnosisCodesCodes		8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0001
119	CI053	DIAGNOSIS-CODE-8	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0002
120	CI053	DIAGNOSIS-CODE-8	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0003
121	CI053	DIAGNOSIS-CODE-8	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0004
122	CI053	DIAGNOSIS-CODE-8	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 0 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0005
123	CI053	DIAGNOSIS-CODE-8	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI053-0006
124	CI054	DIAGNOSIS-CODE-FLAG-8	Flag used to identify if DIAGNOSIS-CODE-8 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 0 ICD-10	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI054-0001
125	CI054	DIAGNOSIS-CODE-FLAG-8	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI054-0002
126	CI054	DIAGNOSIS-CODE-FLAG-8	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI054-0004
127	CI055	DIAGNOSIS-POA-FLAG-8	A flag that indicates "Present on Admission" for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for Inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/FP362N.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI055-0001
128	CI055	DIAGNOSIS-POA-FLAG-8	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI055-0002
129	CI056	DIAGNOSIS-CODE-9	The ninth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105". http://www.cms.gov/Medicare/Coding/ICD9to10DiagnosisCodesCodes		8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0001
170	CI056	DIAGNOSIS-CODE-9	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0002
171	CI056	DIAGNOSIS-CODE-9	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0003
172	CI056	DIAGNOSIS-CODE-9	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0004
173	CI056	DIAGNOSIS-CODE-9	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 0 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0005
174	CI056	DIAGNOSIS-CODE-9	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI056-0006
175	CI057	DIAGNOSIS-CODE-FLAG-9	Flag used to identify if DIAGNOSIS-CODE-9 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 0 ICD-10	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI057-0001
176	CI057	DIAGNOSIS-CODE-FLAG-9	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI057-0002
177	CI057	DIAGNOSIS-CODE-FLAG-9	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI057-0004
178	CI058	DIAGNOSIS-POA-FLAG-9	A flag that indicates "Present on Admission" for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for Inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/FP362N.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI058-0001
179	CI058	DIAGNOSIS-POA-FLAG-9	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI058-0002
180	CI059	DIAGNOSIS-CODE-10	The tenth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105". http://www.cms.gov/Medicare/Coding/ICD9to10DiagnosisCodesCodes		8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0001
181	CI059	DIAGNOSIS-CODE-10	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0002
182	CI059	DIAGNOSIS-CODE-10	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0003
183	CI059	DIAGNOSIS-CODE-10	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0004
184	CI059	DIAGNOSIS-CODE-10	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 0 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0005
185	CI059	DIAGNOSIS-CODE-10	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI059-0006
186	CI060	DIAGNOSIS-CODE-FLAG-10	Flag used to identify if DIAGNOSIS-CODE-10 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 0 ICD-10	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI060-0001
187	CI060	DIAGNOSIS-CODE-FLAG-10	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI060-0002
188	CI060	DIAGNOSIS-CODE-FLAG-10	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI060-0004
189	CI061	DIAGNOSIS-POA-FLAG-10	A flag that indicates "Present on Admission" for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for Inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/FP362N.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission Documentation insufficient to determine if condition was present at the time of inpatient admission W. Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK. Exempt from POA reporting.	11/3/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI061-0001
190	CI061	DIAGNOSIS-POA-FLAG-10	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI061-0002
191	CI062	DIAGNOSIS-CODE-11	The eleventh ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105". http://www.cms.gov/Medicare/Coding/ICD9to10DiagnosisCodesCodes		8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0001
192	CI062	DIAGNOSIS-CODE-11	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0002
193	CI062	DIAGNOSIS-CODE-11	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0003
194	CI062	DIAGNOSIS-CODE-11	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0004
195	CI062	DIAGNOSIS-CODE-11	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank fill, 0 fill or 3 fill these fields</u>	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0005
196	CI062	DIAGNOSIS-CODE-11	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI062-0006
197	CI063	DIAGNOSIS-CODE-FLAG-11	Flag used to identify if DIAGNOSIS-CODE-11 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 0 ICD-10	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI063-0001
198	CI063	DIAGNOSIS-CODE-FLAG-11	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI063-0002
199	CI063	DIAGNOSIS-CODE-FLAG-11	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on RLF files.	Not Applicable	9/23/2015	CLAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CI063-0004

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
200	IP064	DIAGNOSIS-POA-FLAG-11	A flag that indicates 'Present on Admission' for DIAGNOSIS CODE 1 - 12. A code is identified as present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5030 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically unascertained. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting	11/3/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP064-0001
201	IP064	DIAGNOSIS-POA-FLAG-11	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R/F files).	Not Applicable	9/23/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP064-0002
202	IP065	DIAGNOSIS-CODE-12	The twelfth ICD-9-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.3 is coded as "2105". http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html		8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0001
203	IP065	DIAGNOSIS-CODE-12	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0002
204	IP065	DIAGNOSIS-CODE-12	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0003
205	IP065	DIAGNOSIS-CODE-12	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R/F files).	Not Applicable	9/23/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0004
206	IP065	DIAGNOSIS-CODE-12	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank fill, fill or Z fill these items.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0005
207	IP065	DIAGNOSIS-CODE-12	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP065-0006
208	IP066	DIAGNOSIS-CODE-FLAG-12	Flag used to identify if DIAGNOSIS-CODE-12 field is reported with ICD-9 or ICD-10 code.	Conditional	If the diagnosis code is blank filled, then the corresponding diagnosis code flag should also be blank filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code file.	I CD-9 I CD-10	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP066-0001
209	IP066	DIAGNOSIS-CODE-FLAG-12	Not Applicable	NA	Enter the DRG used by the payer for FFS claims or the DRG used by the managed care plan for managed care encounters.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP066-0002
210	IP066	DIAGNOSIS-CODE-FLAG-12	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R/F files).	Not Applicable	9/23/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP066-0004
211	IP067	DIAGNOSIS-POA-FLAG-12	A flag that indicates 'Present on Admission' for DIAGNOSIS CODE 1 - 12. A code is identified as present at the time the order for inpatient admission occurs, conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both; (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis; and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5030 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically unascertained. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting	11/3/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP067-0001
212	IP067	DIAGNOSIS-POA-FLAG-12	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R/F files).	Not Applicable	9/23/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP067-0002
213	IP068	DIAGNOSIS-RELATED-GROUP	Code representing the Diagnosis Related Group (DRG) that is applicable for the inpatient services being rendered.	Conditional	Enter the DRG used by the payer for FFS claims or the DRG used by the managed care plan for managed care encounters.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP068-0001
214	IP068	DIAGNOSIS-RELATED-GROUP	Not Applicable	NA	DRGs are not used, blank fill.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP068-0002
215	IP068	DIAGNOSIS-RELATED-GROUP	Not Applicable	NA	This field should only be reported on FFS claims and encounters occurred in which diagnosis related groups are used to determine paid amounts.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP068-0003
216	IP069	DIAGNOSIS-RELATED-GROUP-IND	An indicator identifying the grouping algorithm used to assign Diagnosis Related Group (DRG) values.	Conditional	Values are generated by one of two types of information: Position 3-2, state Group, generating DRG. Position 3-4, fill with the number that represents the DRG version used (D1-F8). For example, "123" would represent CMS grouper version 13. If version is unknown, fill with "99". If CMS grouper, fill with "10". If other system, fill with "XX". Position 3-4, fill with the number that represents the DRG version used (D1-F8). For example, "123" would represent CMS grouper version 13. If version is unknown, fill with "99".	Not Applicable	2/25/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP069-0001
217	IP069	DIAGNOSIS-RELATED-GROUP-IND	Not Applicable	NA	If Value is unknown, leave blank, or space fill.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP069-0002
218	IP069	DIAGNOSIS-RELATED-GROUP-IND	Not Applicable	NA	This field is required if DIAGNOSIS-RELATED-GROUP is populated.	Not Applicable	4/20/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP069-0003
219	IP069	DIAGNOSIS-RELATED-GROUP-IND	Not Applicable	NA	If a non-DRG paying state, report the DRG as blank.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP069-0007
220	IP070	PROCEDURE-CODE-1	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be reported in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-4 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional	Value must be equal to a valid value. http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html http://www.cms.gov/Medicare/Coding/ICD10ProviderDiagnosticCodes/index.html http://www.cms.gov/Medicare/Code-Books/GenInfo/index.html#codebook/medicare/medicare http://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfee/schedule-value-files.html http://www.cms.gov/apps/physician-fee-schedule/search/searchCriteria.jsp	Additional CPT codes are available for a fee through professional organizations.	11/3/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP070-0001
221	IP070	PROCEDURE-CODE-1	Not Applicable	NA	If PROCEDURE-CODE-FLAG-1 = 1 (0 through 87, state-specific coding systems) valid codes must be reported by the State. For national coding systems, code should conform to the nationally recognized format.	Not Applicable	2/25/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP070-0002
222	IP071	PROCEDURE-CODE-MOD-1	The procedure code modifier used with the Principal Procedure Code 1. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	If no Principal Procedure (procedure code-1) was performed, space-fill.	Not Applicable	11/3/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP071-0001
223	IP071	PROCEDURE-CODE-MOD-1	Not Applicable	NA	Value must be blank if corresponding procedure code is blank.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP071-0002
224	IP071	PROCEDURE-CODE-MOD-1	Not Applicable	NA	Always space blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R/F files). Modifiers do not exist for ICD-9/10 procedure codes for same encounters and will never be applicable.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	IP071-0003
225	IP071	PROCEDURE-CODE-MOD-1	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP071-0004
226	IP072	PROCEDURE-CODE-FLAG-1	A flag that identifies the coding system used for PROCEDURE-CODE-1.	Conditional	Value must be equal to a valid value. 01 CPT 4 02 ICD-9-CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM (Will be implemented on 10/1/2014) 10-87 Other Systems	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP072-0001
227	IP072	PROCEDURE-CODE-FLAG-1	Not Applicable	NA	If no Principal Procedure (procedure code-1) was performed, leave blank.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP072-0002
228	IP073	PROCEDURE-CODE-DATE-1	The date upon which the PROCEDURE-CODE-1 was performed.	Conditional	Date format is YYYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0001
229	IP073	PROCEDURE-CODE-DATE-1	Not Applicable	NA	Value must be a valid date.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0002
230	IP073	PROCEDURE-CODE-DATE-1	Not Applicable	NA	If the corresponding procedure code is filled, left blank or space-filled then this procedure code date must be left blank or space-filled.	Not Applicable	9/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0003
231	IP073	PROCEDURE-CODE-DATE-1	Not Applicable	NA	Date must occur on or before the BEGINNING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0004
232	IP073	PROCEDURE-CODE-DATE-1	Not Applicable	NA	Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0005
233	IP073	PROCEDURE-CODE-DATE-1	Not Applicable	NA	This date must occur on or before the DATE-OF-DEATH in the Eligible file.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP073-0006
234	IP074	PROCEDURE-CODE-2	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be reported in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-4 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional	Value must be equal to a valid value. http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html http://www.cms.gov/Medicare/Coding/ICD10ProviderDiagnosticCodes/index.html http://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfee/schedule-value-files.html http://www.cms.gov/apps/physician-fee-schedule/search/searchCriteria.jsp	Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0001
235	IP074	PROCEDURE-CODE-2	Not Applicable	NA	Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be filled, left blank or space-filled (e.g., if claim contains two additional procedures, they would be reported in PROCEDURE-CODE-2 and PROCEDURE-CODE-3. Remaining fields PROCEDURE-CODE-4 through PROCEDURE-CODE-5 would all be left blank or space-filled.)	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0002
236	IP074	PROCEDURE-CODE-2	Not Applicable	NA	If PROCEDURE-CODE-FLAG-2 = 1 (0 through 87, state-specific coding systems) valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized format.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0003
237	IP074	PROCEDURE-CODE-2	Not Applicable	NA	I CD-9/10-CM (corresponding PROCEDURE-CODE-FLAG-1=02/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0004
238	IP074	PROCEDURE-CODE-2	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1="A") positions 2-4 must be numeric; for Local (Regional) codes, positions 2-4 must be alphanumeric (e.g. "1234" or "1W234").	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0005
239	IP074	PROCEDURE-CODE-2	Not Applicable	NA	If no PROCEDURE-CODE-FLAG-2 was performed, leave blank or space-fill.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0006
240	IP074	PROCEDURE-CODE-2	Not Applicable	NA	Enter the character is provided for future expansion of this field.	Not Applicable	10/10/2013	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0007
241	IP074	PROCEDURE-CODE-2	Not Applicable	NA	If the corresponding procedure code flag is filled, left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	CLAMP	CLAM-HEADER-RECORD-IP-CPO0002	CP074-0008

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
242	CP074	PROCEDURE CODE-2	Not Applicable	NA	If the corresponding procedure code flag is not 8 filled, left blank or space-filled, then this procedure code must be 8 filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP074-0009
243	CP074	PROCEDURE CODE-2	Not Applicable	NA	Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP074-0010
244	CP074	PROCEDURE CODE-2	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE if the preceding PROCEDURE CODE element is not populated. (i.e. # PROCEDURE CODE-2 is populated, but PROCEDURE CODE-3 is blank filled, then PROCEDURE CODE-4 must also not be valued).	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP074-0011
245	CP075	PROCEDURE CODE-MOD-2	A series of procedure code modifiers used with the corresponding Procedure Code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	If no corresponding procedure PROCEDURE CODE-2 through PROCEDURE CODE-6 was performed, leave blank or space-filled.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP075-0001
246	CP075	PROCEDURE CODE-MOD-2	Not Applicable	NA	Value must be left blank or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP075-0002
247	CP075	PROCEDURE CODE-MOD-2	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-MOD-2 if the preceding PROCEDURE CODE-MOD element is not populated. (i.e. # PROCEDURE CODE-MOD-2 is populated, but PROCEDURE CODE-MOD-3 is blank filled, then PROCEDURE CODE-MOD-4 must also not be valued).	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP075-0003
248	CP075	PROCEDURE CODE-MOD-2	Not Applicable	NA	Always leave blank (i.e., submitted as "space pipe" with nothing in between [] on PVS files and space-filled on HF files). Modifiers do not exist for ICD-9 to procedure codes for claims/encounters and will never be applicable.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP075-0004
249	CP075	PROCEDURE CODE-MOD-2	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP075-0005
250	CP076	PROCEDURE CODE-FLAG-2	A series of flags that identifies the coding system used for the associated procedure codes (PROCEDURE CODE 2 through PROCEDURE CODE 6)	Conditional	Value must be equal to a valid value.	ICD-9 CM ICD-10-PCS ICD-10-PCS (Both National and Regional HCPCS) 07 (ICD-10-PCS will be implemented on 10/1/2014) 10-97 Other Systems	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP076-0001
251	CP076	PROCEDURE CODE-FLAG-2	Not Applicable	NA	If second procedure was performed, leave blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP076-0002
252	CP076	PROCEDURE CODE-FLAG-2	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-FLAG if the preceding PROCEDURE CODE-FLAG element is not populated. (i.e. # PROCEDURE CODE-FLAG-2 is populated, but PROCEDURE CODE-FLAG-3 is blank filled, then PROCEDURE CODE-FLAG-4 must also not be valued).	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP076-0003
253	CP077	PROCEDURE CODE-DATE-2	The date on which the procedure 2 - 6 was performed.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP077-0001
254	CP077	PROCEDURE CODE-DATE-2	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP077-0002
255	CP077	PROCEDURE CODE-DATE-2	Not Applicable	NA	If the corresponding procedure code is left blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP077-0003
256	CP077	PROCEDURE CODE-DATE-2	Not Applicable	NA	Date must occur before the ENDING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP077-0004
257	CP077	PROCEDURE CODE-DATE-2	Not Applicable	NA	Date must occur on or after the BEGINNING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP077-0005
258	CP078	PROCEDURE CODE-3	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE CODE-1, PROCEDURE CODE-MOD-1, PROCEDURE CODE-DATE-1, and PROCEDURE CODE-DATE-2. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.	Conditional	Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (e.g., if claim contains two additional procedures, they would be reported in PROCEDURE CODE-2 and PROCEDURE CODE-3. Remaining fields PROCEDURE CODE-4 through PROCEDURE CODE-6 would all be blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html http://www.cms.gov/Medicare/Coding/MedHCPCSInfo/index.html#diagnoses http://www.cms.gov/physician-fee-schedule/search/search-criteria.aspx	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0001
259	CP078	PROCEDURE CODE-3	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0002
260	CP078	PROCEDURE CODE-3	Not Applicable	NA	If PROCEDURE CODE-FLAG 3 is 10 through 87 (state-specific coding systems) valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized format.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0003
261	CP078	PROCEDURE CODE-3	Not Applicable	NA	ICD-9/10-CH (corresponding PROCEDURE CODE-FLAG = 02/07). Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0004
262	CP078	PROCEDURE CODE-3	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1-"A"-V) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "1234" or "HW234").	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0005
263	CP078	PROCEDURE CODE-3	Not Applicable	NA	If no PROCEDURE CODE-3 was performed, leave blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0006
264	CP078	PROCEDURE CODE-3	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0007
265	CP078	PROCEDURE CODE-3	Not Applicable	NA	If the corresponding procedure code flag is left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0008
266	CP078	PROCEDURE CODE-3	Not Applicable	NA	If the corresponding procedure code flag is not 8 filled, left blank or space-filled, then this procedure code must not be 8 filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0009
267	CP078	PROCEDURE CODE-3	Not Applicable	NA	Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0010
268	CP078	PROCEDURE CODE-3	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-3 if the preceding PROCEDURE CODE element is not populated. (i.e. # PROCEDURE CODE-3 is populated, but PROCEDURE CODE-4 is blank filled, then PROCEDURE CODE-5 must also not be valued).	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP078-0011
269	CP079	PROCEDURE CODE-MOD-3	A series of procedure code modifiers used with the corresponding Procedure Code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Value must be left blank or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP079-0001
270	CP079	PROCEDURE CODE-MOD-3	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-MOD-3 if the preceding PROCEDURE CODE-MOD element is not populated. (i.e. # PROCEDURE CODE-MOD-3 is populated, but PROCEDURE CODE-MOD-4 is blank filled, then PROCEDURE CODE-MOD-5 must also not be valued).	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP079-0002
271	CP079	PROCEDURE CODE-MOD-3	Not Applicable	NA	If no corresponding procedure PROCEDURE CODE-2 through PROCEDURE CODE-6 was performed, leave blank or space-filled.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP079-0003
272	CP079	PROCEDURE CODE-MOD-3	Not Applicable	NA	Always leave blank (i.e., submitted as "space pipe" with nothing in between [] on PVS files and space-filled on HF files). Modifiers do not exist for ICD-9 to procedure codes for claims/encounters and will never be applicable.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP079-0004
273	CP079	PROCEDURE CODE-MOD-3	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP079-0005
274	CP080	PROCEDURE CODE-FLAG-3	A series of flags that identifies the coding system used for the associated procedure codes (PROCEDURE CODE 2 through PROCEDURE CODE 6)	Conditional	Value must be equal to a valid value.	ICD-9 CM ICD-10-PCS ICD-10-PCS (Both National and Regional HCPCS) 07 (ICD-10-PCS will be implemented on 10/1/2014) 10-97 Other Systems	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP080-0001
275	CP080	PROCEDURE CODE-FLAG-3	Not Applicable	NA	If no third procedure was performed, leave blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP080-0002
276	CP080	PROCEDURE CODE-FLAG-3	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-FLAG if the preceding PROCEDURE CODE-FLAG element is not populated. (i.e. # PROCEDURE CODE-FLAG-2 is populated, but PROCEDURE CODE-FLAG-3 is blank filled, then PROCEDURE CODE-FLAG-4 must also not be valued).	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP080-0003
277	CP081	PROCEDURE CODE-DATE-3	The date on which the procedure 2 - 6 was performed	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0001
278	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0002
279	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	If the corresponding procedure code is left blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0003
280	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	Date must occur before the ENDING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0004
281	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	Date must occur on or after the BEGINNING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0005
282	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	This date must occur on or before the DATE OF DEATH in the Eligible file.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0006
283	CP081	PROCEDURE CODE-DATE-3	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-DATE-3 if the preceding PROCEDURE CODE-DATE element is not populated. (i.e. # PROCEDURE CODE-DATE-2 is populated, but PROCEDURE CODE-DATE-3 is blank filled, then PROCEDURE CODE-DATE-4 must also not be valued).	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP081-0007
284	CP082	PROCEDURE CODE-4	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE CODE-1, PROCEDURE CODE-MOD-1, PROCEDURE CODE-DATE-1, and PROCEDURE CODE-DATE-2. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.	Conditional	Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (e.g., if claim contains two additional procedures, they would be reported in PROCEDURE CODE-2 and PROCEDURE CODE-3. Remaining fields PROCEDURE CODE-4 through PROCEDURE CODE-6 would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html http://www.cms.gov/Medicare/Coding/MedHCPCSInfo/index.html#diagnoses http://www.cms.gov/physician-fee-schedule/search/search-criteria.aspx	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0001
285	CP082	PROCEDURE CODE-4	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0002
286	CP082	PROCEDURE CODE-4	Not Applicable	NA	If PROCEDURE CODE-FLAG 1 is 10 through 87 (state-specific coding systems) valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized format.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0003
287	CP082	PROCEDURE CODE-4	Not Applicable	NA	ICD-9/10-CH (corresponding PROCEDURE CODE-FLAG = 02/07). Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0004
288	CP082	PROCEDURE CODE-4	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1-"A"-V) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "1234" or "HW234").	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0005
289	CP082	PROCEDURE CODE-4	Not Applicable	NA	If no PROCEDURE CODE-4 was performed, leave blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0006
290	CP082	PROCEDURE CODE-4	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0007
291	CP082	PROCEDURE CODE-4	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-4 if the preceding PROCEDURE CODE element is not populated. (i.e. # PROCEDURE CODE-4 is populated, but PROCEDURE CODE-5 is blank filled, then PROCEDURE CODE-6 must also not be valued).	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0008
292	CP082	PROCEDURE CODE-4	Not Applicable	NA	Value must be left blank or space-filled.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0009
293	CP082	PROCEDURE CODE-4	Not Applicable	NA	If the corresponding procedure code flag is left blank or space-filled then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CPO0002	CP082-0010

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
294	CI082	PROCEDURE CODE-4	Not Applicable	NA	If the corresponding procedure code flag is not blank or space-filled, then this procedure code should be filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP082-0011
295	CI082	PROCEDURE CODE-4	Not Applicable	NA	Value must be different from the preceding procedure code value.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP082-0012
296	CI083	PROCEDURE CODE-MOD-4	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Value must be left blank or space-filled; if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0001
297	CI083	PROCEDURE CODE-MOD-4	Not Applicable	NA	If the corresponding procedure code flag is not left blank or space-filled, then this procedure code must not be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0002
298	CI083	PROCEDURE CODE-MOD-4	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-MOD if the preceding PROCEDURE CODE-MOD element is not populated. (i.e. if PROCEDURE CODE-MOD-2 is populated, but PROCEDURE CODE-MOD-3 is blank-filled, then PROCEDURE CODE-MOD-4 must also not be valued.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0003
299	CI083	PROCEDURE CODE-MOD-4	Not Applicable	NA	If no corresponding procedure (PROCEDURE CODE-2 through PROCEDURE CODE-4) was performed, leave blank or space-fill.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0004
300	CI083	PROCEDURE CODE-MOD-4	Not Applicable	NA	Always leave blank (i.e., submitted as "pipe pipe" with nothing in between) on PSW files and space-filled on RIF files. Modifiers do not exist for ICD-9-10 procedure codes for skin/encounters and will never be applicable.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0005
301	CI083	PROCEDURE CODE-MOD-4	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP083-0006
302	CI084	PROCEDURE CODE-FLAG-4	A series of flags that identifies the coding system used for the associated procedure code (PROCEDURE CODE-2 through PROCEDURE CODE-4)	Conditional	Value must be equal to a valid value.	01 CPT 4 02 ICD-9-CM 09 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10-87 Other Systems	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP084-0001
303	CI084	PROCEDURE CODE-FLAG-4	Not Applicable	NA	If no fourth procedure was performed, leave blank or space-fill.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP084-0002
304	CI084	PROCEDURE CODE-FLAG-4	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-FLAG if the preceding PROCEDURE CODE-FLAG element is not populated. (i.e. if PROCEDURE CODE-FLAG-2 is populated, but PROCEDURE CODE-FLAG-3 is blank-filled, then PROCEDURE CODE-FLAG-4 must also not be valued.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP084-0003
305	CI085	PROCEDURE CODE-DATE-4	The date on which the procedure 2 - 4 was performed.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0001
306	CI085	PROCEDURE CODE-DATE-4	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0002
307	CI085	PROCEDURE CODE-DATE-4	Not Applicable	NA	If the corresponding procedure code is left blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0003
308	CI085	PROCEDURE CODE-DATE-4	Not Applicable	NA	Date must occur before the ENDING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0004
309	CI085	PROCEDURE CODE-DATE-4	Not Applicable	NA	Date must occur on or after the BEGINNING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0005
310	CI085	PROCEDURE CODE-DATE-4	Not Applicable	NA	This date must occur on or before the DATE OF DEATH in the Eligible file.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP085-0006
311	CI086	PROCEDURE CODE-5	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedure performed during the hospital stay referenced by this claim. The principal procedure and related lists should be recorded in PROCEDURE CODE-1, PROCEDURE CODE-MOD-4, PROCEDURE CODE-DATE-1, and PROCEDURE CODE-FLAG-5. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE CODE-2 through PROCEDURE CODE-4 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional	Enter as many procedure as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (i.e., if claim contains two additional procedures, they would be reported in PROCEDURE CODE-2 and PROCEDURE CODE-3. Remaining fields PROCEDURE CODE-4 through PROCEDURE CODE-6 would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosis/Codes/ http://www.cms.gov/Medicare/Coding/ICD10ProviderDiagnosis/Codes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=medhpcgeninfo/ http://www.cms.gov/Medicare/Physician-Fee-for-Service-Payment/PhysicianFeeSched/PPS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0001
312	CI086	PROCEDURE CODE-5	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0002
313	CI086	PROCEDURE CODE-5	Not Applicable	NA	If PROCEDURE CODE-FLAG-1 1 to 10 through 87 (state-specific coding systems) valid codes must be supplied to the State. For national coding systems, code should conform to the nationally recognized formats.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0003
314	CI086	PROCEDURE CODE-5	Not Applicable	NA	ICD-9-10-CM corresponding PROCEDURE CODE-FLAG 1(2/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0004
315	CI086	PROCEDURE CODE-5	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1-"A"-"V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g. "X1234" or "TW234").	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0005
316	CI086	PROCEDURE CODE-5	Not Applicable	NA	If no PROCEDURE CODE-5 was performed, leave blank or space-fill.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0006
317	CI086	PROCEDURE CODE-5	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0007
318	CI086	PROCEDURE CODE-5	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-5 if the preceding PROCEDURE CODE-5 element is not populated. (i.e. if PROCEDURE CODE-2 is populated, but PROCEDURE CODE-3 is blank-filled, then PROCEDURE CODE-4 must also not be valued.)	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0008
319	CI086	PROCEDURE CODE-5	Not Applicable	NA	If the corresponding procedure code flag is left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0009
320	CI086	PROCEDURE CODE-5	Not Applicable	NA	If the corresponding procedure code flag is not 8-filled, left blank or space-filled, then this procedure code must not be 8-filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0010
321	CI086	PROCEDURE CODE-5	Not Applicable	NA	Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP086-0011
322	CI087	PROCEDURE CODE-MOD-5	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Value must be left blank, or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP087-0001
323	CI087	PROCEDURE CODE-MOD-5	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-MOD if the preceding PROCEDURE CODE-MOD element is not populated. (i.e. if PROCEDURE CODE-MOD-2 is populated, but PROCEDURE CODE-MOD-3 is blank-filled, then PROCEDURE CODE-MOD-4 must also not be valued.)	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP087-0002
324	CI087	PROCEDURE CODE-MOD-5	Not Applicable	NA	If no corresponding procedure (PROCEDURE CODE-1 through PROCEDURE CODE-4) was performed, leave blank or space-fill.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP087-0003
325	CI087	PROCEDURE CODE-MOD-5	Not Applicable	NA	Always leave blank (i.e., submitted as "pipe pipe" with nothing in between) on PSW files and space-filled on RIF files. Modifiers do not exist for ICD-9-10 procedure codes for skin/encounters and will never be applicable.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP087-0004
326	CI087	PROCEDURE CODE-MOD-5	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP087-0005
327	CI088	PROCEDURE CODE-FLAG-5	A series of flags that identifies the coding system used for the associated procedure code (PROCEDURE CODE-2 through PROCEDURE CODE-4)	Conditional	Value must be equal to a valid value.	01 CPT 4 02 ICD-9-CM 09 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10-87 Other Systems	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP088-0001
328	CI088	PROCEDURE CODE-FLAG-5	Not Applicable	NA	If no fifth procedure was performed, leave blank or space-fill.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP088-0002
329	CI088	PROCEDURE CODE-FLAG-5	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-FLAG if the preceding PROCEDURE CODE-FLAG element is not populated. (i.e. if PROCEDURE CODE-FLAG-2 is populated, but PROCEDURE CODE-FLAG-3 is blank-filled, then PROCEDURE CODE-FLAG-4 must also not be valued.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP088-0003
330	CI089	PROCEDURE CODE-DATE-5	The date on which the procedure 2 - 4 was performed.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0001
331	CI089	PROCEDURE CODE-DATE-5	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0002
332	CI089	PROCEDURE CODE-DATE-5	Not Applicable	NA	If the corresponding procedure code is 8-filled, left blank or space-filled, then this procedure code date must be 8-filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0003
333	CI089	PROCEDURE CODE-DATE-5	Not Applicable	NA	Date must occur before the ENDING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0004
334	CI089	PROCEDURE CODE-DATE-5	Not Applicable	NA	Date must occur on or after the BEGINNING DATE OF SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0005
335	CI089	PROCEDURE CODE-DATE-5	Not Applicable	NA	This date must occur on or before the DATE OF DEATH in the Eligible file.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP089-0006
336	CI090	PROCEDURE CODE-6	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedure performed during the hospital stay referenced by this claim. The principal procedure and related lists should be recorded in PROCEDURE CODE-1, PROCEDURE CODE-MOD-4, PROCEDURE CODE-DATE-1, and PROCEDURE CODE-FLAG-5. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE CODE-2 through PROCEDURE CODE-4 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional	Enter as many procedure as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (i.e., if claim contains two additional procedures, they would be reported in PROCEDURE CODE-2 and PROCEDURE CODE-3. Remaining fields PROCEDURE CODE-4 through PROCEDURE CODE-6 would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosis/Codes/ http://www.cms.gov/Medicare/Coding/ICD10ProviderDiagnosis/Codes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=medhpcgeninfo/ http://www.cms.gov/Medicare/Physician-Fee-for-Service-Payment/PhysicianFeeSched/PPS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0001
337	CI090	PROCEDURE CODE-6	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0002
338	CI090	PROCEDURE CODE-6	Not Applicable	NA	If PROCEDURE CODE-FLAG-1 1 to 10 through 87 (state-specific coding systems) valid codes must be supplied to the State. For national coding systems, code should conform to the nationally recognized formats.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0003
339	CI090	PROCEDURE CODE-6	Not Applicable	NA	ICD-9-10-CM corresponding PROCEDURE CODE-FLAG 1(2/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0004
340	CI090	PROCEDURE CODE-6	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1-"A"-"V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g. "X1234" or "TW234").	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0005
341	CI090	PROCEDURE CODE-6	Not Applicable	NA	If no PROCEDURE CODE-6 was performed, leave blank or space-fill.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0006
342	CI090	PROCEDURE CODE-6	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0007
343	CI090	PROCEDURE CODE-6	Not Applicable	NA	Do not use multiple instances of PROCEDURE CODE-6 if the preceding PROCEDURE CODE-6 element is not populated. (i.e. if PROCEDURE CODE-2 is populated, but PROCEDURE CODE-3 is blank-filled, then PROCEDURE CODE-4 must also not be valued.)	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0008
344	CI090	PROCEDURE CODE-6	Not Applicable	NA	If the corresponding procedure code flag is left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0009
345	CI090	PROCEDURE CODE-6	Not Applicable	NA	If the corresponding procedure code flag is not 8-filled, left blank or space-filled, then this procedure code must not be 8-filled, blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0010
346	CI090	PROCEDURE CODE-6	Not Applicable	NA	Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP090-0011
347	CI091	PROCEDURE CODE-MOD-4	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Value must be left blank, or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CF00002	CP091-0001

New Row #	DE NO	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
413	CIP111	CLAIM-PMT-REMT-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide supplemental explanation for an adjustment amount described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	http://www.wps.ncd.com/reference/codlists/healthcare/remittance-policies	00 10 2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI111-0001	
414	CIP112	TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI112-0001	
415	CIP112	TOT-BILLED-AMT	Not Applicable	NA	The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI112-0002	
416	CIP112	TOT-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I", then TOT-BILLED-AMT must = "00000000".	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI112-0003	
417	CIP112	TOT-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I, C, W" (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI112-0004	
418	CIP113	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI113-0001	
419	CIP113	TOT-ALLOWED-AMT	Not Applicable	NA	The sum of the allowed amounts at the detail levels must equal TOT-ALLOWED-AMT	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI113-0002	
420	CIP114	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.	Required	This data element must include a valid dollar amount.	This field should be populated with the amount that the Medicaid agency paid to the provider.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI114-0001
421	CIP114	TOT-MEDICAID-PAID-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I, C, W" (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI114-0002	
422	CIP114	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI115-0001	
423	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI116-0001	
424	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-DED-IND with a "1", and code space in TOT-MEDICARE-COINS-AMT.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI116-0002	
425	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal to the total billed amount.	Not Applicable	10/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI116-0003	
426	CIP117	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI117-0001	
427	CIP117	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	Value must be less than TOT-BILLED-AMT.	Not Applicable	10/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI117-0002	
428	CIP117	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	If the Medicare coinsurance amount can be identified separately from Medicare deductible amount, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, code space in this field, code MEDICARE-COMB-DED-IND with a "1", and fill the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI117-0003	
429	CIP118	TOT-TPR-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount donated at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI118-0001	
430	CIP118	TOT-TPR-AMT	Not Applicable	NA	The value of TOT-TPR-AMT should be less than (TOT-BILLED-AMT - (TOT-MEDICARE-COINS-AMT + TOT-MEDICARE-DEDUCTIBLE-AMT)).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI118-0002	
431	CIP119	OTR-OTHER-INSURANCE-IND	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI119-0001	
432	CIP121	OTR-OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI121-0001	
433	CIP122	OTHER-TPR-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Port 002 Third Party Resource is Other 003 Third Party Resource is Lien (TEBA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI122-0001	
434	CIP123	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A "service tracking claim" is used to report lump sum payments that cannot be attributed to a single encounter. (Note: Use an encounter record to report services provided under a patient payment arrangement).	Conditional	Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 Cash Payment 03 Lump Sum Payment 04 Court Settlement 05 Supplemental 06 Other	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI123-0001	
435	CIP123	SERVICE-TRACKING-TYPE	Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (Valid values for service tracking claims include 4, D, X).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	Not Applicable	
436	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Required on service tracking records, TYPE-OF-CLAIM equals 4, D, X).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0001	
437	CIP124	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0001	
438	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Amount of total received by an individual patient, when the state accepts a lump sum from a provider that covered similar services delivered to more than one patient, such as a group screening for EHPD.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0003	
439	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is/0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0004	
440	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0005	
441	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If SERVICE-TRACKING-TYPE = "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must be= "000000000000".	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI124-0006	
442	CIP125	FIXED-PAYMENT-IND	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state plan provides a monthly patient management fee of \$150 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to verify monthly fixed payments. Fixed payments do not have a defined "medical record" associated with the payment, therefore, fixed payments are not subject to medical record request and medical record review.	Conditional	Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI125-0001	
443	CIP126	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Medicaid Health Service Agency D Education Agency E Child and Family Services Agency F County G CHS H Provider I Other	10/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI126-0001	
444	CIP127	FUNDING-SOURCE-NON-FEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Corrected public expenditures (CPE) 04 Provider Loans 05 Donations 06 State appropriations to the CHIP agency	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI127-0001	
445	CIP128	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional	Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI128-0001	
446	CIP128	MEDICARE-COMB-DED-IND	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI128-0003	
447	CIP129	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix for information on the various program types.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI129-0001	
448	CIP129	PROGRAM-TYPE	Not Applicable	NA	Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	Not Applicable	10/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI129-0002	
449	CIP129	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (11) then TM-MSB-ELIGIBLE-FILE-STATE-PLAN-OPTION-TYPE must =01 for the same time period.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI129-0003	
450	CIP129	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=1915(i) (value=13) then TM-MSB-ELIGIBLE-FILE-STATE-PLAN-OPTION-TYPE must =02 for the same time period.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI129-0004	
451	CIP130	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI130-0001	
452	CIP130	PLAN-ID-NUMBER	Not Applicable	NA	Use the number as it is carried in the state's system.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI130-0002	
453	CIP130	PLAN-ID-NUMBER	Not Applicable	NA	The managed care ID on the individual's eligible record must match that which is included on any claims records (TYPE-OF-CLAIM= "I, C, W") for the eligible individual.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI130-0004	
454	CIP130	PLAN-ID-NUMBER	Not Applicable	NA	See TM-MSB Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care-Plan-ID in the Eligible File"	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI130-0005	
455	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity).	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI131-0001	
456	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI131-0002	
457	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI131-0003	
458	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-ID on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-ID on file for the individual in the eligibility subject area or the TPL subject area.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI131-0004	
459	CIP132	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	Value must be equal to a valid value.	1 Claim Header - Sum of Line Item payments 2 Claim Detail - Individual Line Item payments	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI132-0001	
460	CIP132	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line encounter records should be blank.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CFO0002	CPI132-0002	

V2.2 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
695	CI192	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP192-0001
696	CI193	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP193-0001
697	CI194	DRG-OUTLIER-AMT	The additional payment on a claim that is associated with either a cost outlier or length of stay outlier. Outlier payments compensate hospitals paid on a fixed amount per Medicare "diagnosis related group" discharge with extra dollars for patient stays that substantially exceed the typical requirements for patient stays in the same DRG category.	Conditional	This data element must include a valid dollar amount.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP194-0001
698	CI194	DRG-OUTLIER-AMT	Not Applicable	NA	If there is an outlier code then there must be an outlier amount.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP194-0002
699	CI195	DRG-REL-WEIGHT	The relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. The national average charge for each DRG is compared to the overall average. This ratio is published annually in the Federal Register for each DRG. A DRG with a weight of 2,0000 means that charges were historically twice the average; a DRG with a weight of 0.5000 was half the average.	Conditional	State specific.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP195-0001
700	CI196	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP196-0001
701	CI196	MEDICARE-HIC-NUM	Not Applicable	NA	If this is a crossover Medicare claim, the Beneficiary must have a MEDICARE-HIC-Num.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP196-0002
702	CI196	MEDICARE-HIC-NUM	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP196-0004
703	CI196	MEDICARE-HIC-NUM	Not Applicable	NA	States records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP196-0005
704	CI197	OUTLIER-CODE	This code indicates the Type of Outlier Code or DRG Source.	Conditional	Value must be equal to a valid value.	01 Day Outlier 02 Cost Outlier 03 DRG Received from the Intermediary 07 CMS Developed DRG 08 CMS Developed DRG Using Patient Status Code 09 Not Group able 10 Composite of cost outliers	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP197-0001
705	CI197	OUTLIER-CODE	Not Applicable	NA	If there is an outlier amount, then there is an outlier code.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP197-0002
706	CI198	OUTLIER-DAYS	This field specifies the number of days paid as outliers under Prospective Payment System (PPS) and the days over the threshold for the DRG.	Conditional	Must be numeric.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP198-0001
707	CI198	OUTLIER-DAYS	Not Applicable	NA	Used in conjunction with OUTLIER-CODE field. The field identifies two mutually exclusive conditions. The first, for PPS providers (codes 1, 2, and 2), classifies stays of exceptional cost or length (outliers). The second, for non-PPS providers (codes 6, 7, 8, and 9), denotes the source for developing the DRG.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP198-0002
708	CI198	OUTLIER-DAYS	Not Applicable	NA	If the unit of the outlier is days, then the outlier days should not be missing.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP198-0003
709	CI199	PATIENT-STATUS	A code indicating the Patient's status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-92. This is also referred to as DISCHARGE-STATUS.	Required	Value must be equal to a valid value.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP199-0001
710	CI199	PATIENT-STATUS	Not Applicable	NA	If the date of death is valued, then the patient status should indicate that the patient has expired.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP199-0002
711	CI199	PATIENT-STATUS	Not Applicable	NA	Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual or http://www.nubc.org/subscriber/index.shtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60604 Phone: 312-422-3000 Fax: 312-422-4500	Not Applicable	8/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP199-0003
712	CI201	BM4	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional	B units: BMI = mass (kg) / (height(m) ²) Imperial/US customary units: BMI = mass (lb) * 703 / (height(in) ²) BMI = mass (lb) * 4.88 / (height(ft) ²) BMI = mass (st) * 9840 / (height(in) ²)	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP201-0001
713	CI201	BM4	Not Applicable	NA	CMS is relieving states of the responsibility to: a) Provide these data. b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will incur any Addendum B mitigation plan documentation expectations.	Not Applicable	9/23/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP201-0002
714	CI202	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are in date YYMM format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP202-0001
715	CI202	REMITTANCE-NUM	Not Applicable	NA	Value must not be null	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP202-0002
716	CI202	REMITTANCE-NUM	Not Applicable	NA	If there is a remittance date, then there must also be a remittance number.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP202-0003
717	CI203	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing.	Conditional	Value must be equal to a valid value.	0: No 1: Yes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP203-0001
718	CI203	SPLIT-CLAIM-IND	Not Applicable	NA	If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR6) = U.	Not Applicable	10/10/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP203-0002
719	CI204	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is not state, but for payment purposes the provider is treated as an in-state provider.)	Conditional	Value must be equal to a valid value.	0: No 1: Yes	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP204-0001
720	CI206	BENEFICIARY-CONSUANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP206-0001
721	CI206	BENEFICIARY-CONSUANCE-AMOUNT	Not Applicable	NA	If no coinsurance is applicable enter 0.00	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP206-0002
722	CI206	BENEFICIARY-CONSUANCE-AMOUNT	Not Applicable	NA	If it is unknown whether coinsurance was paid, 9 fill, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP206-0003
723	CI207	BENEFICIARY-CONSUANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP207-0001
724	CI207	BENEFICIARY-CONSUANCE-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP207-0002
725	CI207	BENEFICIARY-CONSUANCE-DATE-PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP207-0003
726	CI208	BENEFICIARY-CO-PAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP208-0001
727	CI208	BENEFICIARY-CO-PAYMENT-AMOUNT	Not Applicable	NA	If no copayment is applicable enter 0.00	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP208-0002
728	CI209	BENEFICIARY-CO-PAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP209-0001
729	CI209	BENEFICIARY-CO-PAYMENT-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP209-0002
730	CI209	BENEFICIARY-CO-PAYMENT-DATE-PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP209-0003
731	CI210	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP210-0001
732	CI210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Not Applicable	NA	No deductible is applicable enter 0.00	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP210-0002
733	CI210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Not Applicable	NA	If it is unknown whether a deductible was paid, 9 fill, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP210-0003
734	CI211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP211-0001
735	CI211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP211-0002
736	CI211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP211-0003
737	CI212	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be equal to a valid value.	0: Denied: The payment of claim in its entirety was denied by the state. 1: Not Denied: The state paid some or all of the claim.	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP212-0001
738	CI212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	If it is reported that states will submit all denied claims to CMS.	Not Applicable	2/25/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP212-0002
739	CI212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP212-0003
740	CI212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All claims with TOC = 2 OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM-DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	Not Applicable
741	CI213	COPY-PAID-IND	An indicator signifying that the copy was waived by the provider.	Optional	Value must be equal to a valid value.	0: Not Waived: The provider did not waive the beneficiary's copayment 1: Waived: The provider waived the beneficiary's copayment	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP213-0001
742	CI214	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A "Health Home Entity" can be a designated provider (i.e., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering system has not been established, the entities' names are being used instead.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP214-0001
743	CI214	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP214-0002
744	CI216	THIRD-PARTY-CONSUANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP216-0001
745	CI217	THIRD-PARTY-CONSUANCE-DATE-PAID	The date the third party paid the coinsurance amount	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAIM-HEADER-RECORD-IP-CF00002	CP217-0001

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
746	CP217	THIRD-PARTY COINSURANCE DATE PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP217-0002
747	CP218	THIRD-PARTY COPAYMENT AMOUNT PAID	The amount the third party paid the copayment amount.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP218-0001
748	CP218	THIRD-PARTY COINSURANCE AMOUNT PAID	Not Applicable	NA	If the field is not applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP218-0002
749	CP219	THIRD-PARTY COINSURANCE DATE PAID	The date the third party paid the copayment amount.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP219-0001
750	CP219	THIRD-PARTY COPAYMENT DATE PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP219-0002
751	CP220	MEDICARE AMOUNT PAID-OSH	The amount included in the TOT-MEDICARE-PAID-AMT that is attributable to a Disproportionate Share Hospital (DSH) payment, when the state makes DSH payments by claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP220-0001
752	CP221	HEALTH HOME PROVIDER NPI	The National Provider ID (NPI) of the health home provider.	Conditional	The value must be a valid NPI	http://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP221-0001
753	CP221	HEALTH HOME PROVIDER NPI	Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP221-0002
754	CP222	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) identification Number. Note: MBI replaces the HCN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing. If applicable, OAS interface with non-payment exchange partners would remain HCN-based, while interfaces with payment partners would use the new MBI.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP222-0001
755	CP222	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	If individual is NOT enrolled in Medicare, leave blank or space-fill	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP222-0002
756	CP222	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSY files and space-filled on FL files. This data element is a duplicate of the "UNDER-SUPERVISION-OF-PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP222-0003
757	CP223	OPERATING-PROV-TAXONOMY	The Provider Taxonomy of the provider who performed an operation on the patient.	Conditional	Value must be equal to a valid value.	http://www.wpsc-clm.com/reference	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP223-0001
758	CP223	OPERATING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP223-0002
759	CP223	OPERATING-PROV-TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP223-0003
760	CP224	UNDER-DIRECTION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	NA	Not Applicable	http://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	Not Applicable
761	CP224	UNDER-DIRECTION-OF-PROV-NPI	Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP224-0002
762	CP224	UNDER-DIRECTION-OF-PROV-NPI	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSY files and space-filled on FL files. This data element is a duplicate of the "UNDER-SUPERVISION-OF-PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP224-0003
763	CP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA	Value must be equal to a valid value.	http://www.wpsc-clm.com/reference	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP225-0001
764	CP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP225-0002
765	CP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP225-0003
766	CP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSY files and space-filled on FL files. This data element is a duplicate of the "UNDER-SUPERVISION-OF-PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP225-0004
767	CP226	UNDER-SUPERVISION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who supervised another provider.	NA	Not Applicable	http://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	Not Applicable
768	CP226	UNDER-SUPERVISION-OF-PROV-NPI	Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP226-0002
769	CP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who supervised another provider.	NA	Value must be equal to a valid value.	http://www.wpsc-clm.com/reference	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP227-0001
770	CP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP227-0002
771	CP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP227-0003
772	CP228	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP228-0001
773	CP228	MEDICARE-PAID-AMT	Not Applicable	NA	If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP228-0002
774	CP228	MEDICARE-PAID-AMT	Not Applicable	NA	If the claim was Medicare payment is only available at the provider level, report the entire payment amount. The T-MSSS record corresponding to the line item with the highest charge. Zero fill Medicare amount paid on all other T-MSSS records created from the original claim.	Not Applicable	2/25/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP228-0003
775	CP228	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP228-0004
776	CP229	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP229-0001
777	CP229	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "N/A," "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP229-0002
778	CP230	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	LAIMP	CLAM-HEADER-RECORD-IP-CP00002	CP230-0001
779	CP231	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAM-HEADER-RECORD-IP record segment is CP00002.	Required	Value must be equal to a valid value.	CP00003	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP231-0001
780	CP231	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP231-0002
781	CP232	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP232-0001
782	CP232	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP232-0002
783	CP232	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP232-0003
784	CP232	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP232-0004
785	CP233	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP233-0001
786	CP233	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP233-0002
787	CP233	RECORD-NUMBER	Not Applicable	NA	RECORD-TO-RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP233-0003
788	CP234	MSS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicare/CHIP enrolled individual and any claims submitted to the system.	Required	MSS Identification Number must be reported	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP234-0001
789	CP234	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP234-0002
790	CP234	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For "TYPE-OF-CLAIM" = 4 or 0 (lump sum adjustments), this field must begin with an "A."	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP234-0003
791	CP234	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP234-0004
792	CP235	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP235-0001
793	CP235	ICN-ORIG	Not Applicable	NA	Record the value exactly as it appears in the State system. Do not pad.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP235-0002
794	CP235	ICN-ORIG	Not Applicable	NA	If on the original ORN approach for reporting adjustment claims, this field should always be populated with the claim identification number assigned to the original paid/denied claim. This field should remain constant and be carried forward onto any adjustment claims. The intention is for this correct claim identification number to be the link that ties the original claim and all adjustment claims together.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP235-0003
795	CP235	ICN-ORIG	Not Applicable	NA	During the adjustment chain link process for reporting adjustment claims, the final adjustment record will populate this field with the claim identification number assigned to the original paid/denied claim. Subsequent adjustments should populate the ICN-ORIG field with the claim identification number reported to the ICN-ADJ field of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	Not Applicable
796	CP236	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP236-0001
797	CP236	ICN-ADJ	Not Applicable	NA	Record the value exactly as it appears in the State system. Do not pad.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP236-0002
798	CP236	ICN-ADJ	Not Applicable	NA	This field should be blank filled if the ADJUSTMENT-INDICATOR = 0.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP236-0003
799	CP237	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL CONTROL NUMBER on the claim that is being adjusted.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP237-0001
800	CP238	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Conditional	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP238-0001
801	CP238	LINE-NUM-ADJ	Not Applicable	NA	This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	Not Applicable
802	CP239	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional	Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void / Reverse of a prior submission 2 Replacement / Resubmission of a prior submission 3 Gross Credit / Gross Credit Adjustment 4 Gross Debit / Debit Credit Adjustment	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP239-0001
803	CP239	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line-adjustment indicator.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP00003	CP239-0002

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
804			Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP239-0004
			Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5", "A", "C", "E", "U", "W", "Y".	Not Applicable				
805	CP239	LINE-ADJUSTMENT-IND	Claim adjustment reason codes communicative with a service line was paid differently than it was billed.	Conditional	ADJUSTMENT-IND values of "0" or "8" should be reported when TYPE-OF-CLAIM = "4", "D" or "X".	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP240-0001
806	CP240	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicative with a service line was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP240-0002
807	CP241	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Conditional	There is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PAY-REASON-CODE)	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP241-0001
808	CP242	CLAIM-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional	Value must not be null.	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP241-0001
809	CP243	BEGINNING-DATE-OF-SERVICE	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional	Value must be equal to a valid value.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP241-0001
			For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP242-0001
810	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0002
811	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before or be the same as the end of time period.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0003
812	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as Ending Date of Service.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0004
813	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as adjudication date.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0005
814	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before Date of Death.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0006
815	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an inpatient CHIP child or beginning of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-entire CHIP child.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0007
816	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual should not have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0008
817	CP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A CHIP claim record for an individual eligible for Separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP243-0009
818	CP244	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ended.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0001
819	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0002
820	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0003
821	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION DATE.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0004
822	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before the Date of Death.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0005
823	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0006
824	CP244	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as End of Time Period.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP244-0007
825	CP245	REVENUE-CODE	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined in UB-04 Billing Manual).	Required	Only valid codes as defined by the "National Uniform Billing Committee" should be used.	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP245-0001
826	CP245	REVENUE-CODE	Not Applicable	NA	Enter all UB-04 Revenue Codes listed on the claim.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP245-0002
827	CP245	REVENUE-CODE	Not Applicable	NA	Value must be a valid code.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP245-0003
828	CP245	REVENUE-CODE	Not Applicable	NA	If value invalid, record it exactly as it appears in the state system.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP245-0004
829	CP248	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP248-0001
830	CP249	PLT-QUANTITY-OF-SERVICE-ALLOWED	On facility claim entries, this field is to capture the actual service quantity by revenue code category, e.g., number of days in a particular type of accommodation, units of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Required	Must be numeric.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP249-0001
831	CP249	PLT-QUANTITY-OF-SERVICE-ACTUAL	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP249-0002
832	CP249	PLT-QUANTITY-OF-SERVICE-ACTUAL	Not Applicable	NA	For use with CLAIMP and CLAIMT claims.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP249-0003
833	CP250	PLT-QUANTITY-OF-SERVICE-ALLOWED	On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, units of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Conditional	Must be numeric.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP250-0001
834	CP250	PLT-QUANTITY-OF-SERVICE-ALLOWED	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP250-0002
835	CP250	PLT-QUANTITY-OF-SERVICE-ALLOWED	Not Applicable	NA	For use with CLAIMP and CLAIMT claims.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP250-0003
836	CP251	REVENUE-CHARGE	The total charge for the related UB-04 Revenue Code (REVENUE-CODE). Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual).	Required	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0001
837	CP251	REVENUE-CHARGE	Not Applicable	NA	Enter charge for each UB-04 Revenue Code listed on the claim.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0002
838	CP251	REVENUE-CHARGE	Not Applicable	NA	The total amount should be the sum of each of the charges amounts submitted at the claim detail level.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0003
839	CP251	REVENUE-CHARGE	Not Applicable	NA	TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0004
840	CP251	REVENUE-CHARGE	Not Applicable	NA	The sum of claim line charges (REVENUE-CHARGE) should be less than or equal to the TOT-BILLED-AMT.	Not Applicable	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0005
841	CP251	REVENUE-CHARGE	Not Applicable	NA	Value must be left blank or space-filled if the revenue code is blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0006
842	CP251	REVENUE-CHARGE	Not Applicable	NA	Value must not be left blank or space-filled if the revenue code is not blank or space-filled.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP251-0007
843	CP252	ALLOWED-AMT	The maximum amount allowed of the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP252-0001
844	CP253	TRF-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount devoted to the claim detail level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP253-0001
845	CP254	MEDICAD-PAID-AMT	The total amount paid by Medicaid or the managed care plan on this claim or adjustment at the claim detail level.	Required	TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP254-0001
846	CP254	MEDICAD-PAID-AMT	Not Applicable	NA	For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSB record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSB records created from the original claim.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP254-0002
847	CP254	MEDICAD-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid Amount Paid field. If the providers were reimbursed by Medicaid for them, IF THE COINSURANCE AND DEDUCTIBLES WERE NOT PAID BY THE STATE, THEN REPORT THE MEDICARE AMOUNT PAID AS \$0.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP254-0003
848	CP255	MEDICAD-FFS-EQUIVALENT-AMT	The MEDICAD-FFS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP255-0001
849	CP255	MEDICAD-FFS-EQUIVALENT-AMT	Not Applicable	NA	Required when TYPE-OF-CLAIM = 3, C, or W.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP255-0002
850	CP256	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Conditional	Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP256-0001
851	CP257	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0001
852	CP257	TYPE-OF-SERVICE	Not Applicable	NA	All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMT flag.	Not Applicable	8/7/2017	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0002
853	CP257	TYPE-OF-SERVICE	Not Applicable	NA	Experiences that demonstrated there can be instances where more than one service area category would be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient visits. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0003
854	CP257	TYPE-OF-SERVICE	Not Applicable	NA	See Appendix B for information on the various types of service.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0004
855	CP257	TYPE-OF-SERVICE	Not Applicable	NA	Inpatient Claims Encounters File - Claims encounters with TYPE-OF-SERVICE = 00L, 05L, 06L, 08L, 08L, 09L, 09L, 09L, 13L, 13L, or 13L. (Note: In CLAIMP, TYPE-OF-SERVICE 08L and 08L refer only to services received on an Inpatient basis.)	Not Applicable	9/23/2015	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0005
856	CP257	TYPE-OF-SERVICE	Not Applicable	NA	Males cannot receive midwife services or other pregnancy-related procedures.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP257-0006
857	CP260	SERVING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required	If value is invalid, record it exactly as it appears in the state system.	Not Applicable	4/30/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP260-0001
858	CP260	SERVING-PROV-NUM	Not Applicable	NA	For institutional providers and other providers operating as a group, the SERVING-PROV-NUM should be for the individual who rendered the service.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP260-0002
859	CP260	SERVING-PROV-NUM	Not Applicable	NA	If "SERVING-PROV-NUM" provider and the "Billing" provider are the same then use the same number in both fields.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP260-0003
860	CP260	SERVING-PROV-NUM	Not Applicable	NA	Note: Once a national provider ID numbering system is in place, the national number should be used if only the state's legacy ID number is available then that number can be entered in this field.	Not Applicable	2/25/2013	LAIMP	CLAM-LINE-RECORD-IP-CP0003	CP260-0004

V.21 T-MSIS Data Dictionary

Row #	DE ID	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD ID)	CR NO
851	CP260	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	2/15/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP260-005
852	CP260	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value reported in the SUBMITTING-STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP260-007
853	CP260	SERVING-PROV-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP260-008
854	CP261	SERVING-PROV-NP-NUM	The NP or the health care professional who delivers or completes a particular medical service or non-surgical procedure. The SERVING-PROV-NP-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP261-0001
855	CP261	SERVING-PROV-NP-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP261-0002
856	CP262	SERVING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary.	NA	Value must be equal to a valid value.	http://www.gsa.gov/efresproc/	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP262-0001
857	CP262	SERVING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP262-0002
858	CP263	SERVING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP263-0001
859	CP264	SERVING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP264-0001
870	CP265	OPERATING-PROV-NP-NUM	The National Provider ID (NPI) of the provider who performed the surgical procedures on the beneficiary.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP265-0001
871	CP265	OPERATING-PROV-NP-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP265-0002
872	CP266	OTHER-TRF-COLLECTION	This data element indicates that the claim is for a beneficiary for whom third party resource development and collection activities are in progress, when the facility is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Fort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEBRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP266-0001
873	CP267	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required	A value is required for CLAIMIP records.	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP267-0001
874	CP268	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System (MACPS) to benefit type list. See Appendix H Benefit Types for descriptions of the categories.	Required	Value must be equal to a valid value.	See Appendix H for listing of valid values.	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP268-0001
875	CP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim is matched with Title XIX or Title XXI.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP269-0001
876	CP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursement with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP269-0002
877	CP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursement with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP269-0003
878	CP270	XX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP270-0001
879	CP270	XX-MBESCBES-CATEGORY-OF-SERVICE	Not Applicable	NA	Maternal cannot receive services where the category of service is "Other Pregnancy-related Procedures," "Neural Midwife," "Transcending Birth Center" or "Tobacco Cessation for Pregnant Women."	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP270-0002
880	CP271	XX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment # for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP271-0001
881	CP272	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP272-0001
882	CP273	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP273-0001
883	CP273	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE-NOTATION field with "no," "n.a.," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP273-0002
884	CP274	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP274-0001
885	CP275	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each replacement or update submission for the same reporting period and file type (subject area).	Required	Field is required on all "C", "V", and "B" SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CF0001	CP275-0001
886	CP275	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CF0001	CP275-0002
887	CP278	NDC-QUANTITY	This field is to capture the actual quantity of the National Drug Code being prescribed on this inpatient claim.	Conditional	Must be numeric.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP278-0001
888	CP278	NDC-QUANTITY	Not Applicable	NA	This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/infusion that were billed.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP278-0002
889	CP279	HPCS-RATE	For inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the NPIA-B271 claim loop 2600-3V206 or UB-04 FL 44 (only if the value represents an accommodation rate).	Conditional	Not Applicable	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP279-0001
890	CP284	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by the claim.	Conditional	Position 10-12 must be Alpha Numeric or blank	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0001
891	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	Position 1-5 must be Numeric	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0002
892	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	Position 6-9 must be Alpha Numeric	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0003
893	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC arguments used and their size (e.g., (3, 4, 2) or (3, 4) as defined in the National Drug Code directory).	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0004
894	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0005
895	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	For certain Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HPCS or state specific codes can be put in the NDC field.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0006
896	CP284	NATIONAL-DRUG-CODE	Not Applicable	NA	This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP in inpatient facility setting.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP284-0007
897	CP285	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional	Value must be equal to a valid value.	2 International Unit ML Milliliter P International Unit GR Gram MG Milligram ML Milliliter UN Unit	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP285-0001
898	CP285	NDC-UNIT-OF-MEASURE	Not Applicable	NA	Enter the unit of measure for each corresponding quantity value.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP285-0002
899	CP286	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required	Date format: YYYYMMDD (National Data Standard).	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0001
900	CP286	ADJUDICATION-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0002
901	CP286	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records (ADJUSTMENT-INDICATOR=> 0), use date of final adjudication when possible.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0003
902	CP286	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0004
903	CP286	ADJUDICATION-DATE	Not Applicable	NA	If a complete, valid date is not available or is unknown, Y#B	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0005
904	CP286	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME PERIOD included in the T-MSIS HEADR RECORD	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0006
905	CP286	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or after the ADMISSION-DATE	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0007
906	CP286	ADJUDICATION-DATE	Not Applicable	NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0008
907	CP286	ADJUDICATION-DATE	Not Applicable	NA	A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year re-eligibility investigation status has expired, except when the eligible is an unborn child in the CHIP program.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP286-0009
908	CP287	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Conditional	Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Single Authority 003 Hiring and Budget Authority	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP287-0001
909	CP288	PRE-AUTHORIZATION-NUM	A number, code or other value that indicates the services provided on this claim have been authorized by the payer or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CF0003	CP288-0001
910	CP289	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required	If a particular license is applicable to all locations, create an identifier that signifies "All Locations"	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CF0002	CP289-0001
911	CP289	PROV-LOCATION-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CF0002	CP289-0002

V2.1 Y-MSIS Data Dictionary

New Row #	DE ID	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
981	CL1027	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required	Code full valid ICD-10-CM codes without a decimal point. For example: 210.5 is coded as "2105". Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/ICD9andICD10Codes/Codes/codes/	07/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1027-0001
982	CL1027	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	E-codes are not valid as Admitting Diagnosis Codes.	Not Applicable	10/10/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1027-0002
983	CL1027	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Once the Admitting Diagnosis is formalized before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1027-0003
984	CL1027	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 0- or 9-fill.	Not Applicable	07/27/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1027-0004
985	CL1028	ADMITTING-DIAGNOSIS-CODE-FLAG	A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS-CODE.	Required	Value must be equal to a valid value.	0 (ICD-9) 1 (ICD-10)	07/27/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1028-0001
986	CL1028	ADMITTING-DIAGNOSIS-CODE-FLAG	Not Applicable	NA	The state must use a code that belongs to the code set that they report they are using.	Not Applicable	10/10/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1028-0002
987	CL1029	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Required	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9andICD10Codes/codes/	11/9/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0001
988	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0002
989	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0003
990	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 0-fill or 9-fill these blanks.	Not Applicable	2/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0004
991	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0005
992	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	2/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0006
993	CL1029	DIAGNOSIS-CODE-1	Not Applicable	NA	Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1-5.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1029-0007
994	CL1030	DIAGNOSIS-CODE-FLAG-1	A flag that identifies the coding system used for the DIAGNOSIS-CODE-1-12.	Required	If the diagnosis code is blank/filled, then the corresponding diagnosis code flag should also be blank/filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 (ICD-9) 2 (ICD-10)	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1030-0001
995	CL1030	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OI claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1030-0002
996	CL1030	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1030-0004
997	CL1031	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7562RN.pdf for a listing of exempt diagnoses.	1 (Diagnosis was present at time of inpatient admission) N (Diagnosis was not present at time of inpatient admission) W (Documentation insufficient to determine if condition was present at the time of inpatient admission) U (Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission). BLANK - Exempt from POA reporting.	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1031-0001
998	CL1031	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1031-0002
999	CL1032	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9andICD10Codes/codes/	07/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0001
1000	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0002
1001	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0003
1002	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0004
1003	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 0-fill or 9-fill these blanks.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0005
1004	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0006
1005	CL1032	DIAGNOSIS-CODE-2	Not Applicable	NA	Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1-5.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1032-0007
1006	CL1033	DIAGNOSIS-CODE-FLAG-2	DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Conditional	If the diagnosis code is blank/filled, then the corresponding diagnosis code flag should also be blank/filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 (ICD-9) 2 (ICD-10)	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1033-0001
1007	CL1033	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OI claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1033-0002
1008	CL1033	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1033-0004
1009	CL1034	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7562RN.pdf for a listing of exempt diagnoses.	1 (Diagnosis was present at time of inpatient admission) N (Diagnosis was not present at time of inpatient admission) W (Documentation insufficient to determine if condition was present at the time of inpatient admission) U (Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission). BLANK - Exempt from POA reporting.	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1034-0001
1010	CL1034	DIAGNOSIS-POA-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1034-0002
1011	CL1035	DIAGNOSIS-CODE-3	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9andICD10Codes/codes/	07/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0001
1012	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0002
1013	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0003
1014	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0004
1015	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 0-fill or 9-fill these blanks.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0005
1016	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0006
1017	CL1035	DIAGNOSIS-CODE-3	Not Applicable	NA	Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1-5.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1035-0007
1018	CL1036	DIAGNOSIS-CODE-FLAG-3	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional	If the diagnosis code is blank/filled, then the corresponding diagnosis code flag should also be blank/filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 (ICD-9) 2 (ICD-10)	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1036-0001
1019	CL1036	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OI claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1036-0002
1020	CL1036	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1036-0004
1021	CL1037	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7562RN.pdf for a listing of exempt diagnoses.	1 (Diagnosis was present at time of inpatient admission) N (Diagnosis was not present at time of inpatient admission) W (Documentation insufficient to determine if condition was present at the time of inpatient admission) U (Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission). BLANK - Exempt from POA reporting.	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1037-0001
1022	CL1037	DIAGNOSIS-POA-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1037-0002
1023	CL1038	DIAGNOSIS-CODE-4	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9andICD10Codes/codes/	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0001
1024	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0002
1025	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0003
1026	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FIF files.	Not Applicable	9/23/2015	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0004
1027	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 0-fill or 9-fill these blanks.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0005
1028	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0006
1029	CL1038	DIAGNOSIS-CODE-4	Not Applicable	NA	Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1-5.	Not Applicable	02/25/2013	CLAM-RT	CLAM-HEADER-RECORD-LT-CL100002	CL1038-0007

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD ID)	CR NO
1100	CL1054	SOURCE LOCATION	The field denotes the claims payment system from which the claim was extracted.	Required	Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction Accounting System 08 Other State Agency Claims Payment System 09 Court/Local Government Claims Payment System 10 Manager/Other Claims Payment System 11 Managed Care Organization (MCO)	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1054-0001
1101	CL1057	CHECK NUM	The check or EFT number.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1057-0001
1102	CL1057	CHECK NUM	Not Applicable	NA	If there is a valid check date there should also be a valid check number.	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1057-0002
1103	CL1058	CHECK EFF DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional	Date format to CCYMMDD (National Data Standard).	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1058-0001
1104	CL1058	CHECK EFF DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	Not Applicable
1105	CL1058	CHECK EFF DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1058-0002
1106	CL1058	CHECK EFF DATE	Not Applicable	NA	Could be the same as Remittance Date.	Not Applicable	2/25/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1058-0003
1107	CL1058	CHECK EFF DATE	Not Applicable	NA	If there is a valid check number, there should also be a valid check date.	Not Applicable	8/26/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1058-0004
1108	CL1059	CLAIM PMT REM CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.cms.gov	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1059-0001
1109	CL1060	CLAIM PMT REM CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.cms.gov	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1060-0001
1110	CL1061	CLAIM PMT REM CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.cms.gov	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1061-0001
1111	CL1062	CLAIM PMT REM CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.cms.gov	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1062-0001
1112	CL1063	TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1063-0001
1113	CL1063	TOT-BILLED-AMT	Not Applicable	NA	The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	Not Applicable	2/25/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1063-0002
1114	CL1063	TOT-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I", then TOT-BILLED-AMT must = "00000000".	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1063-0003
1115	CL1063	TOT-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I, C, W" (encounter record) this field should be populated with the amount that the provider billed to the managed care plan.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1063-0004
1116	CL1064	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1064-0001
1117	CL1064	TOT-ALLOWED-AMT	Not Applicable	NA	The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT.	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1064-0002
1118	CL1065	TOT-MEDICARE-PAID-AMT	The total amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.	Required	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1065-0001
1119	CL1065	TOT-MEDICARE-PAID-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "I, C, W" (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1065-0002
1120	CL1066	TOT-CO-PAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drug, in addition to the amount paid by Medicaid/CHIP.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1066-0001
1121	CL1067	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1067-0001
1122	CL1067	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-DED-IND with a "1", and code space in TOT-MEDICARE-CONG-AMT.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	Not Applicable
1123	CL1067	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal the total billed amount.	Not Applicable	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1067-0002
1124	CL1068	TOT-MEDICARE-CONG-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1068-0001
1125	CL1068	TOT-MEDICARE-CONG-AMT	Not Applicable	NA	Value must be less than TOT-BILLED-AMT.	Not Applicable	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1068-0003
1126	CL1068	TOT-MEDICARE-CONG-AMT	Not Applicable	NA	If the Medicare coinsurance amount can be identified separately from Medicare deductible amount, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, code space in this field, code MEDICARE-COMB-DED-IND with a "1", and fill the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT.	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	Not Applicable
1127	CL1069	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties (i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount reported at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1069-0001
1128	CL1069	TOT-TPL-AMT	Not Applicable	NA	The TOT-TPL-AMT should be = (TOT-BILLED-AMT - (minus) TOT-MEDICARE-CONG-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT)	Not Applicable	10/10/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1069-0002
1129	CL1070	TOT-OTHER INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1070-0001
1130	CL1071	OTHER INSURANCE-IND	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Conditional	Value must be equal to a valid value.	1 Yes 2 No	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1071-0001
1131	CL1072	OTHER TPL COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Font 002 Third Party Resource is Total 003 Third Party Resource is Lien (THBA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1072-0001
1132	CL1073	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A "Service tracking claim" is used to report lump sum payments that cannot be allocated to a specific date. Note: Use an encounter record to report services provided under a capitated payment arrangement.	Conditional	Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Inq/Rec Code 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1073-0001
1133	CL1073	SERVICE-TRACKING-TYPE	Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (Valid values for service tracking claims include 4, D, X)	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	Not Applicable
1134	CL1074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Required on service tracking records, TYPE-OF-CLAIM equals 4, D, X)	Not Applicable	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0002
1135	CL1074	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0001
1136	CL1074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Amount received by an individual patient, when the total across a lump sum forms a provider that covered similar services delivered to more than one patient, such as a group billing for PPS1.	Not Applicable	2/25/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0003
1137	CL1074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICARE-PAID-AMOUNT is 0 and provided payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0004
1138	CL1074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0005
1139	CL1074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	SERVICE-TRACKING-TYPE = "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE <= 000000000000.	Not Applicable	4/30/2013	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1074-0006
1140	CL1075	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for programs or eligible services - not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of \$120 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" associated with the payment, therefore, fixed payments are not subject to medical record request and medical record review.	Conditional	Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	8/7/2017	LAJMLT	CLAM-HEADER-RECORD-LT-CL100002	CL1075-0001

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1141	LT076	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT076-0001
1142	LT077	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, states are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	0 State appropriations to the Medicaid agency 01 Intergovernmental transfers (IGT) 02 Provider taxes 03 Donations 04 State appropriations to the CHIP agency	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT077-0001
1143	LT078	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their insurance amount because the amounts could not be separated.	Conditional	Value must be equal to a valid value.	0 Amount not combined with insurance amount 1 Amount combined with insurance amount	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT078-0001
1144	LT078	MEDICARE-COMB-DED-IND	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim. If the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT078-0003
1145	LT079	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT079-0001
1146	LT079	PROGRAM-TYPE	Not Applicable	NA	Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	Not Applicable	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT079-0002
1147	LT079	PROGRAM-TYPE	Not Applicable	NA	PROGRAM-TYPE=Community First Choice (11) then (1-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must =01 for the same time period.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT079-0003
1148	LT079	PROGRAM-TYPE	Not Applicable	NA	PROGRAM-TYPE=1915 (value=43) then (1-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must =02 for the same time period.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT079-0004
1149	LT080	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/9/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT080-0001
1150	LT080	PLAN-ID-NUMBER	Not Applicable	NA	Use the number as it is carried in the state's system. (TYPE OF CLAIM=C, V, W).	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT080-0002
1151	LT080	PLAN-ID-NUMBER	Not Applicable	NA	TYPE OF CLAIM = Encounter or Capitation Payment, leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT080-0003
1152	LT080	PLAN-ID-NUMBER	Not Applicable	NA	The managed care plan on the individual's eligible record must match that which is included on any claims records for the eligible individual.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT080-0005
1153	LT080	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan-ID in the Eligible File"	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT080-0006
1154	LT081	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity)	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11-9/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT081-0001
1155	LT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 304 Subpart F regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT081-0002
1156	LT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT081-0003
1157	LT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the PR subject area.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT081-0004
1158	LT082	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	Value must be equal to a valid value.	1 Claim Header - Sum of Line Item payments 2 Claim Detail - Individual Line Item payments	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT082-0001
1159	LT082	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT082-0002
1160	LT083	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional	Value must be equal to a valid value.	01 PPS - Acute Inpatient PPS 02 LTCPPS - Long Term Care Hospital PPS 03 DRPPS - Skilled Nursing Facility PPS 04 HPPS - Home Health PPS 05 IRPPS - Inpatient Rehabilitation Facility PPS 06 PIPPPS - Inpatient Psychiatric Facility PPS 07 OPUS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (DAD+VCC, RA) Capitation Payment Model	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT083-0001
1161	LT083	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND=1), the claim must have a MEDICARE-REIM-TYPE.	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT083-0002
1162	LT084	NON-COV-DAYS	The number of days of institutional long-term care not covered by the payer for this sequence as specified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional	Must contain number of non-covered days.	Not Applicable	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT084-0001
1163	LT084	NON-COV-DAYS	Not Applicable	NA	The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period) - This Date minus Admission Date/Start of Care) for any payer sequence.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT084-0002
1164	LT085	NON-COV-CHARGES	The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional	This data element must include a valid dollar amount.	Not Applicable	10/10/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT085-0001
1165	LT086	MEDICAD-COV-INPATIENT-DAYS	The number of inpatient psychiatric days covered by Medicaid on this claim.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	11/9/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT086-0001
1166	LT086	MEDICAD-COV-INPATIENT-DAYS	Not Applicable	NA	This field is required and only applicable when a CLAIMT record has TYPE OF SERVICE = 044, 046, or 050 (Inpatient mental health (psychiatric, non-walk)).	Not Applicable	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT086-0002
1167	LT086	MEDICAD-COV-INPATIENT-DAYS	Not Applicable	NA	This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT086-0003
1168	LT087	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required	Must be populated on every record	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT087-0001
1169	LT087	CLAIM-LINE-COUNT	Not Applicable	NA	If the number of claim lines is above the state-approved limit, the record will be split and the SPLIT-CLAIM-IND will equal 1.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT087-0002
1170	LT087	CLAIM-LINE-COUNT	Not Applicable	NA	The claim line count should equal the sum of the claim lines for this record.	Not Applicable	4/30/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT087-0003
1171	LT090	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT090-0001
1172	LT091	HEALTH-CARE-ACQUIRED-CONDITION-IND	This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT091-0001
1173	LT092	OCCURRENCE-CODE-01	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT092-0001
1174	LT092	OCCURRENCE-CODE-01	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT092-0002
1175	LT092	OCCURRENCE-CODE-01	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT092-0003
1176	LT093	OCCURRENCE-CODE-02	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT093-0001
1177	LT093	OCCURRENCE-CODE-02	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT093-0002
1178	LT093	OCCURRENCE-CODE-02	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT093-0003
1179	LT094	OCCURRENCE-CODE-03	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT094-0001
1180	LT094	OCCURRENCE-CODE-03	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT094-0002
1181	LT094	OCCURRENCE-CODE-03	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT094-0003
1182	LT095	OCCURRENCE-CODE-04	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT095-0001
1183	LT095	OCCURRENCE-CODE-04	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT095-0002
1184	LT095	OCCURRENCE-CODE-04	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT095-0003
1185	LT096	OCCURRENCE-CODE-05	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT096-0001
1186	LT096	OCCURRENCE-CODE-05	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT096-0002
1187	LT096	OCCURRENCE-CODE-05	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT096-0003
1188	LT097	OCCURRENCE-CODE-06	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT097-0001
1189	LT097	OCCURRENCE-CODE-06	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT097-0002
1190	LT097	OCCURRENCE-CODE-06	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT097-0003
1191	LT098	OCCURRENCE-CODE-07	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT098-0001
1192	LT098	OCCURRENCE-CODE-07	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT098-0002
1193	LT098	OCCURRENCE-CODE-07	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PPS files and space-filled on FL files.	Not Applicable	9/23/2015	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT098-0003
1194	LT099	OCCURRENCE-CODE-08	A code to describe specific events) relating to this billing period covered by the claim. (These are FL 01, 02, 03, 04, 05, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/	8/7/2017	CLAIMT	CLAIM-HEADER-RECORD-LT-CL100002	LT099-0001

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1371	CL134	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL134-0001
1372	CL135	REFERRING-PROV-NUM	A unique identification number assigned to a provider which identifies the physician or other provider who referred the patient. For physicians, this must be the individual's ID number, not a group identification number.	Conditional	Value is invalid, record exactly as it appears in the state system.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL135-0001
1373	CL135	REFERRING-PROV-NUM	Not Applicable	NA	If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL135-0002
1374	CL135	REFERRING-PROV-NUM	Not Applicable	NA	The value reported in REFERRING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL135-0003
1375	CL135	REFERRING-PROV-NUM	Not Applicable	NA	The value reported in REFERRING-PROV-NUM should match a value reported in the SUBMITTING-STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL135-0004
1376	CL135	REFERRING-PROV-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL135-0005
1377	CL136	REFERRING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who recommended the referring provider to the patient.	Conditional	NPI must be valid. Provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL136-0001
1378	CL136	REFERRING-PROV-NPI-NUM	Not Applicable	NA	Valid characters include only numbers 0-9	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL136-0002
1379	CL137	REFERRING-PROV-TAXONOMY	For CLAIMR and CLAIML files, the taxonomy code for the service provider.	NA	Value must be equal to a valid value.	http://www.medicare.gov/cpt	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL137-0001
1380	CL137	REFERRING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL137-0002
1381	CL138	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL138-0001
1382	CL139	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL139-0001
1383	CL140	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL140-0001
1384	CL140	MEDICARE-HIC-NUM	Not Applicable	NA	This is a crossover Medicare claim. The Beneficiary must have a MEDICARE HIC NUM.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL140-0003
1385	CL140	MEDICARE-HIC-NUM	Not Applicable	NA	Beneficiary must not submit records for an eligible individual where the assigned Medicare HIC Number does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL140-0004
1386	CL140	MEDICARE-HIC-NUM	Not Applicable	NA	Claim records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL140-0005
1387	CL141	PATIENT-STATUS	A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04. This is also referred to as discharge status.	Required	Value must be equal to a valid value.	To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.shtml	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL141-0001
1388	CL141	PATIENT-STATUS	Not Applicable	NA	If the date of death is valued, then the patient status should indicate that the patient has expired.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL141-0002
1389	CL141	PATIENT-STATUS	Not Applicable	NA	Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual. To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.shtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL141-0003	
1390	CL143	BM6	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional	It units: BMI = mass (kg) / (height(m) ²) Imperial/US Customary units: BMI = mass (lb) * 703 / (height(in)) ² BMI = mass (lb) * 4.88 / (height(in)) ² BMI = mass (st) * 9840 / (height(in)) ²	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL143-0001
1391	CL143	BM6	Not Applicable	NA	CMS is relieving states of the responsibility to: (a) provide this data element. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data element cannot be populated all of the time. However if a state determines that it can populate the field and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL143-0002
1392	CL144	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYMM format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL144-0001
1393	CL144	REMITTANCE-NUM	Not Applicable	NA	Value must not be null	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL144-0002
1394	CL144	REMITTANCE-NUM	Not Applicable	NA	If there is a remittance date, then there must also be a remittance number.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL144-0003
1395	CL144	REMITTANCE-NUM	The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.	Conditional	The data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL144-0004
1396	CL145	ICR-OP-UMB-AMT	Not Applicable	NA	Not Applicable	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL145-0001
1397	CL146	DAILY-RATE	The amount a policy will pay per day for a covered service. In some cases for OH claims this is referred to as a flat rate.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL146-0001
1398	CL147	ICF-ID-DAYS	The number of days of intermediate care for individuals with an intellectual disability that were paid for in whole or in part by Medicaid.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0001
1399	CL147	ICF-ID-DAYS	Not Applicable	NA	If value exceeds 99998 days, code as 99998. (e.g., code 100023 as 99998)	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0002
1400	CL147	ICF-ID-DAYS	Not Applicable	NA	ICF-ID-DAYS include every day of intermediate care facility services for individuals with an intellectual disability that is at least partially paid for by the State, even if private or third party funds are used for some portion of the payment.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0003
1401	CL147	ICF-ID-DAYS	Not Applicable	NA	ICF-ID-DAYS should be less than or equal to the length of stay.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0004
1402	CL147	ICF-ID-DAYS	Not Applicable	NA	ICF-ID-DAYS is applicable only for TYPE-OF-SERVICE = 046.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0005
1403	CL147	ICF-ID-DAYS	Not Applicable	NA	If TYPE-OF-SERVICE = Mental Hospital Services for the Acute, Inpatient Psychiatric Facility Services for Individuals <21, or Nursing Facility Services, then ICF-ID-DAYS must = "88888".	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0006
1404	CL147	ICF-ID-DAYS	Not Applicable	NA	For all claims for psychiatric services or nursing facility care services (TYPE-OF-SERVICE = 009, 044, 045, 047, 048, 050, or 059), leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0007
1405	CL147	ICF-ID-DAYS	Not Applicable	NA	ICF-ID-DAYS is applicable only for TYPE-OF-SERVICE = 046.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0008
1406	CL147	ICF-ID-DAYS	Not Applicable	NA	If ICF-ID-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS is ELIGIBLE for the associated MOS-IDENTIFIER (or SON depending on which value is used as the unique identifier for enrollees) must be ICF/ID for the same month as the begin and end date of service.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL147-0009
1407	CL148	LEAVE-DAYS	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL148-0001
1408	CL148	LEAVE-DAYS	Not Applicable	NA	LEAVE-DAYS is applicable only for TYPE-OF-SERVICE = 009, 041, 044, 047, 059 - intermediate Care Facility for Individuals with Intellectual Disabilities, or Nursing Facility services.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL148-0002
1409	CL149	NURSING-FACILITY-DAYS	The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0001
1410	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	NURSING-FACILITY-DAYS include every day of nursing care services that is at least partially paid for by the state, even if private or third party funds are used for some portion of the payment.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0002
1411	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	If value exceeds 99998 days, code as 99998	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0003
1412	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	For all claims for psychiatric services or intermediate care services for individuals with intellectual disabilities (TYPE-OF-SERVICE = 044, 046, 048, 050), leave blank or space-fill	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0004
1413	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	The value for NURSING-FACILITY-DAYS must be less than or equal to the difference between the dates of service.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0005
1414	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	This field is required where the Type of Service indicates it is a Nursing Facility (009, 041, 047, or 059).	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0006
1415	CL149	NURSING-FACILITY-DAYS	Not Applicable	NA	If NURSING-FACILITY-DAYS is greater than zero, then LEVEL-OF-CARE-STATUS is ELIGIBLE for the associated MOS-IDENTIFIER should be "000" (Nursing facility) for the same month as the begin and end date of service.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL149-0008
1416	CL150	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL150-0001
1417	CL150	SPLIT-CLAIM-IND	Not Applicable	NA	If the claim has been split, the Transaction Handling Code Indicator will indicate a Split Payment and Remittance (000) (BPP02) = 0.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL150-0002
1418	CL151	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL151-0001
1419	CL153	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL153-0001
1420	CL153	BENEFICIARY-COINSURANCE-AMOUNT	Not Applicable	NA	If no coinsurance is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL153-0002
1421	CL154	BENEFICIARY-COINSURANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (Nubnet) Data Standard.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL154-0001
1422	CL154	BENEFICIARY-COINSURANCE-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL154-0002
1423	CL154	BENEFICIARY-COINSURANCE-DATE-PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL154-0003
1424	CL155	BENEFICIARY-CO-PAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL155-0001
1425	CL155	BENEFICIARY-CO-PAYMENT-AMOUNT	Not Applicable	NA	If no copayment is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL10002	CL155-0002

V2.2 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1550	CL1208	MEDICAID-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid Amount Paid field. If the providers were reimbursed by Medicaid for their services, the Coinsurance and Deductibles were not paid by the state, then report the MEDICAID-PAID-AMT as \$0	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1208-0003
1551	CL1209	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1209-0001
1552	CL1209	MEDICAID-FFS-EQUIVALENT-AMT	Not Applicable	NA	Required when TYPE-OF-CLAIM = C, S, or W	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1209-0002
1553	CL1210	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Conditional	Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1210-0001
1554	CL1211	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1211-0001
1555	CL1211	TYPE-OF-SERVICE	Not Applicable	NA	All claims for resident psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAMLT file.	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1211-0002
1556	CL1211	TYPE-OF-SERVICE	Not Applicable	NA	All claims for resident psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAMLT file. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported if they qualified under the coverage rules under home health services if they were not billed as part of the NF bill.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1211-0003
1557	CL1211	TYPE-OF-SERVICE	Not Applicable	NA	See Appendix D for information on the various types of service.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1211-0004
1558	CL1211	TYPE-OF-SERVICE	Not Applicable	NA	Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 050, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type)	Not Applicable	9/23/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1211-0005
1559	CL1212	SERVING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required	If value is invalid, record it exactly as it appears in the state system.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0001
1560	CL1212	SERVING-PROV-NUM	Not Applicable	NA	"Serving" provider and the "Billing" provider are the same then use the same number in both fields.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0002
1561	CL1212	SERVING-PROV-NUM	Not Applicable	NA	Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state's legacy ID number is available then that number can be entered in this field.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0003
1562	CL1212	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value in the PROVIDER-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the claim record in the Provider file.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0004
1563	CL1212	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value reported in the SUBMITTING-STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0006
1564	CL1212	SERVING-PROV-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1212-0007
1565	CL1213	SERVING-PROV-NPI-NUM	The NPI of the health care professional who delivers or completes a particular medical service or non-surgical procedure. The SERVING-PROV-NPI-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "seconded claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1213-0001
1566	CL1213	SERVING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/330000mainandCoordination/Administrative/submitnpi	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1213-0002
1567	CL1214	SERVING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary.	NA	Value must be equal to a valid value.	http://www.wpc-ed.com/edconnect	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1214-0001
1568	CL1214	SERVING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1214-0003
1569	CL1215	SERVING-PROV-TYPE	A code describing the type of provider (i.e., doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION CODE #3 for a listing of valid values.	11/3/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1215-0001
1570	CL1216	SERVING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION CODE #2 for a listing of valid values.	11/3/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1216-0001
1571	CL1217	OTHER-TRF-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource deduction and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Fort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEBRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1217-0001
1572	CL1218	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H for descriptions of the categories.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1218-0001
1573	CL1219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1219-0001
1574	CL1219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursement with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1219-0002
1575	CL1219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursement with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1219-0003
1576	CL1221	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HSPA provider taxonomy codes.	Required	A value is required for CLAIMET records.	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1221-0001
1577	CL1224	X9-MESBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1224-0001
1578	CL1224	X9-MESBES-CATEGORY-OF-SERVICE	Not Applicable	NA	X9s cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Free-standing Birth Center" or "Tobacco Cessation for Pregnant Women".	Not Applicable	4/30/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1224-0002
1579	CL1225	X9-MESBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment B for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1225-0001
1580	CL1226	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1226-0001
1581	CL1226	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: States can populate the STATE-NOTATION field with "no," "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files: States should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1226-0002
1582	CL1227	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subset area).	Required	Field is required on all "C", "U", and "R" SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIM1	FILE-HEADER-RECORD-LT-CL100001	CL1227-0001
1583	CL1227	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	CLAIM1	FILE-HEADER-RECORD-LT-CL100001	CL1227-0002
1584	CL1228	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by the claim.	Conditional	Position 10-12 must be Alpha Numeric or Blank	Not Applicable	11/3/2015	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0001
1585	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	Position 1-3 must be Numeric	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0002
1586	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	Position 4-9 must be Alpha Numeric	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0003
1587	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	Drug code format must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC categories used and their size (e.g., 14, 4, 2) or 15, 4) as defined in the National Drug Code Directory.	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0004
1588	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0005
1589	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0006
1590	CL1228	NATIONAL-DRUG-CODE	Not Applicable	NA	The field is applicable for pharmaceuticals and DME services that are provided to Medicaid/CHIP residents living in a long-term care facility.	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1228-0007
1591	CL1229	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional	Value must be equal to a valid value.	2 International Unit ML Milliliter GR Gram MG Milligram ML Milliliter UN Unit	8/7/2017	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1229-0001
1592	CL1229	NDC-UNIT-OF-MEASURE	Not Applicable	NA	Enter the unit of measure for each corresponding quantity value.	Not Applicable	10/10/2013	CLAIM1	CLAIM-LINE-RECORD-LT-CL100003	CL1229-0002

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1661	OT019	KN-ORIG	Not Applicable	NA	If using the original KN approach for reporting adjustment claims, this field should always be populated with the claim identifier number assigned to the original paid/allowed claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0003
1662	OT019	KN-ORIG	Not Applicable	NA	If using the day-chain KN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original paid/allowed claim. Subsequent adjustment should populate the KN-ORIG field with the claim identification number reported in the CN-ADJ of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1663	OT020	KN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT020-0001
1664	OT020	KN-ADJ	Not Applicable	NA	Record the value exactly as it appears in the state system, <u>do not pad</u>	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT020-0002
1665	OT020	KN-ADJ	Not Applicable	NA	This field should be blank filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT020-0003
1666	OT021	IDENTIFIER-ID	The identifier ID number is the value that identifies the provider/trading partner/claiming organization to state's claim adjudication system.	Conditional	Value must not be null	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT021-0001
1667	OT022	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicare/CHIP enrolled individual and any claims submitted to the system.	Required	MSS Identification Number must be reported	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT022-0001
1668	OT022	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT022-0002
1669	OT022	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an 'X'	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT022-0003
1670	OT022	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT022-0004
1671	OT022	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium Payments in the T-MSSS OF File"	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT022-0005
1672	OT023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT023-0001
1673	OT023	CROSSOVER-INDICATOR	Not Applicable	NA	If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (the date of service).	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT023-0002
1674	OT023	CROSSOVER-INDICATOR	Not Applicable	NA	Detail records should be created for all crossover claims.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT023-0003
1675	OT024	1155A-DEMONSTRATION-IND	Indicates that the claim or encounter was covered under the authority of an 1155A demonstration, 1155A is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT024-0001
1676	OT025	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required	Value must be equal to a valid value.	Original Claim - Encounter 1 Void / Reversal of a prior submission 2 Adjustment / Re-admission of a prior submission 3 Gross Credit / Gross Credit Adjustment 4 Gross Debit / Debit Credit Adjustment	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT025-0001
1677	OT025	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "2", "3", "5", "6", "8", "9", "C", "X", "Y", "W", "T". ADJUSTMENT-IND values of "5", "6" or "8" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT025-0002
1678	OT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wps.cdf.com/refsource/codes/ids/healthcare/claim_adjustment	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT026-0001
1679	OT026	ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PRIOR-REASON-CODES)	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT026-0002
1680	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	CLAIMOT Code Specific ICD-9/10 CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0007
1681	OT027	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10 CM code found on the claim.	Required	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/ResearchandStatisticsandData/422002nd/01m0000100000000000	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0001
1682	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0002
1683	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10 CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0003
1684	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	The primary diagnosis code goes into DIAGNOSIS-CODE-1	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0004
1685	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0005
1686	OT027	DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT027-0006
1687	OT028	DIAGNOSIS-CODE-FLAG-1	CLAIMP, CLAIMT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 CLAIMP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10 CM code found on the claim.	Required	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT028-0001
1688	OT028	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	For implementation date only. Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and IT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT028-0002
1689	OT028	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT028-0004
1690	OT029	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. States that do not use the proper methodology may use CMS-approved methodology that is prospective in nature.	NA	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2015. The POA field should be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Transmittals/downloads/R075601N.pdf for a listing of exempt diagnoses.	1 Diagnosis was present at time of inpatient admission 2 Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT029-0001
1691	OT029	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	POA should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files). The POA (present on admission) flag is only applicable on Inpatient claims/encounters.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT029-0002
1692	OT029	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT029-0003
1693	OT030	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10 CM code found on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/ResearchandStatisticsandData/422002nd/01m0000100000000000	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0001
1694	OT030	DIAGNOSIS-CODE-2	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0002
1695	OT030	DIAGNOSIS-CODE-2	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10 CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0003
1696	OT030	DIAGNOSIS-CODE-2	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0004
1697	OT030	DIAGNOSIS-CODE-2	Not Applicable	NA	CLAIMOT Code Specific ICD-9/10 CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0006
1698	OT030	DIAGNOSIS-CODE-2	Not Applicable	NA	Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1-2	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT030-0007
1699	OT031	DIAGNOSIS-CODE-FLAG-2	CLAIMP, CLAIMOT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 2 CLAIMP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10 CM code found on the claim.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT031-0001
1700	OT031	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	For implementation date only. Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and IT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT031-0002
1701	OT031	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT031-0004
1702	OT032	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. States that do not use the proper methodology may use CMS-approved methodology that is prospective in nature.	NA	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2015. The POA field should be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Transmittals/downloads/R075601N.pdf for a listing of exempt diagnoses.	1 Diagnosis was present at time of inpatient admission 2 Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT032-0001
1703	OT032	DIAGNOSIS-POA-FLAG-2	Not Applicable	NA	POA should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files). The POA (present on admission) flag is only applicable on Inpatient claims/encounters.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT032-0002
1704	OT032	DIAGNOSIS-POA-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	OT032-0003

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD ID)	CR NO
1754		Not Applicable		NA	If TYPE-OF-CLAIM is C, L, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01050-0002
1765	C01050	TOT-MEDICAD-PAID-AMT	The total amount paid by Medicaid/CHIP coverage for each office or emergency department visit or purchase of prescription drug in addition to the amount paid by Medicaid/CHIP.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01051-0001
1766	C01052	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01052-0001
1767	C01052	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-DED-IND with a "1", and code space in TOT-MEDICARE-CONTS-AMT.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	Not Applicable
1768	C01052	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal to the total billed amount.	Not Applicable	10/10/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01052-0002
1769	C01053	TOT-MEDICARE-CONTS-AMT	The amount paid by Medicaid/CHIP, on this claim, toward the recipient's Medicare coinsurance at the claim detail level.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01053-0001
1770	C01053	TOT-MEDICARE-CONTS-AMT	Not Applicable	NA	Value must be less than TOT-BILLED-AMT.	Not Applicable	10/10/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01053-0003
1771	C01053	TOT-MEDICARE-CONTS-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-DED-IND with a "1", and code space in TOT-MEDICARE-CONTS-AMT.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01053-0005
1772	C01054	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01054-0001
1773	C01054	TOT-TPL-AMT	Not Applicable	NA	The TOT-TPL-AMT should be <= TOT-BILLED-AMT - (minx) (TOT-MEDICARE-CONTS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01054-0002
1774	C01056	TOT-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01056-0001
1775	C01057	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under another insurance plan other than Medicare or Medicaid.	Conditional	Value must be equal to a valid value.	0 - No 1 - Yes	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01057-0001
1776	C01058	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/For 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TIEBA) 004 Third Party Resource is Lien (OTHER) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01058-0001
1777	C01059	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A "service tracking claim" is used to report lump sum payments that cannot be attributed to a single encounter. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional	Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 BSH Payment 03 Lump-Sum Payment 04 Cost Settlement 05 Supplemental 06 Other	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01059-0001
1778	C01059	SERVICE-TRACKING-TYPE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium Payments in the T-MSIS OF FILE".	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01059-0002
1779	C01059	SERVICE-TRACKING-TYPE	Not Applicable	Conditional	This field is required if TYPE-OF-CLAIM equals a service tracking claim (valid values for service tracking claims include 4, 0, X).	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	Not Applicable
1780	C01060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Required on service tracking records, TYPE-OF-CLAIM equals 4, D, X)	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0002
1781	C01060	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0001
1782	C01060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Amount paid for services received by an individual patient, when the state accepts a lump sum from a provider that covered similar services delivered to more than one patient, such as a group licensing for EPIC.	Not Applicable	2/25/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0003
1783	C01060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICAD-PAID-AMOUNT is 0 Billed and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0004
1784	C01060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0005
1785	C01060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If SERVICE-TRACKING-TYPE = "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE <= 0000000000.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01060-0006
1786	C01061	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of \$3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" associated with the payment, therefore, fixed payments are not subject to medical record request and medical record review.	Conditional	Value must be equal to a valid value.	0 Not Fixed Payment 1 Fixed Payment	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01061-0001
1787	C01062	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G CH H Providers I Other	10/10/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01062-0001
1788	C01063	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations 06 State appropriations to the CHIP agency	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01063-0001
1789	C01064	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional	Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01064-0001
1790	C01064	MEDICARE-COMB-DED-IND	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01064-0003
1791	C01065	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01065-0001
1792	C01065	PROGRAM-TYPE	Not Applicable	NA	Value for 1915 (i) waiver must correspond to the values for 1915(i) waiver in the Waiver Type.	Not Applicable	10/10/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01065-0002
1793	C01065	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (11) then (T-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must =01 for the same time period.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01065-0003
1794	C01065	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=1915(i) (value=11) then (T-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must =02 for the same time period.	Not Applicable	4/30/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01065-0004
1795	C01066	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0001
1796	C01066	PLAN-ID-NUMBER	Not Applicable	NA	Use the number as is carried in the state's system.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0002
1797	C01066	PLAN-ID-NUMBER	Not Applicable	NA	See CMS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care-Plus-ID in the Eligible File"	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0003
1798	C01066	PLAN-ID-NUMBER	Not Applicable	NA	The BILLING-PROV-NUM must equal this data element if the TYPE-OF-SERVICE=119, 122. See CMS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case Management Reporting"	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0005
1799	C01066	PLAN-ID-NUMBER	Not Applicable	NA	The managed care ID on the individual's eligible record must match that which is included on any claims records (TYPE-OF-CLAIM=2, C, W) for the eligible individual.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0006
1800	C01066	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care-Plus-ID in the Eligible File"	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0007
1801	C01066	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Dual Eligible Code"	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01066-0008
1802	C01067	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity)	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01067-0001
1803	C01067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 302 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01067-0002
1804	C01067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01067-0003
1805	C01067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the ITR subject area.	Not Applicable	2/25/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01067-0004
1806	C01068	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	Value must be equal to a valid value.	1 Claim Header - Sum of Line Item payments 2 Claim Detail - Individual Line Item payments	8/7/2017	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01068-0001
1807	C01068	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank.	Not Applicable	2/25/2013	CLAIM01	CLAIM-HEADER-RECORD-01-C010002	C01068-0002

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2036	OT1125	BM		A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional	SI units: BMI = mass (kg) / (height(m) ²) SI units (imperial): BMI = mass (lb) * 7.03 / (height(in) ²) BMI = mass (lb) * 4.88 / (height(ft) ²) BMI = mass (kg) * 7.03 / (height(m) ²)	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1125-0001
2037	OT1125	BM		Not Applicable	NA	CMS is relieving states of the responsibility to: (i) Provide these data. (ii) Document a mitigation plan in the Source-to-Target Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation requirements.	Not Applicable	9/23/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1125-0002
2038	OT1126	REMITTANCE-NUM		The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are full date YYMM format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1126-0001
2039	OT1126	REMITTANCE-NUM		Not Applicable	NA	Value must not be null	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1126-0002
2040	OT1126	REMITTANCE-NUM		Not Applicable	NA	If there is a remittance date, then there must also be a remittance number.	Not Applicable	04/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1126-0003
2041	OT1127	DAILY-RATE		The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1127-0001
2042	OT1128	BORDER-STATE-IND		This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1128-0001
2043	OT1130	BENEFICIARY-CONSUANCE-AMOUNT		The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1130-0001
2044	OT1130	BENEFICIARY-CONSUANCE-AMOUNT		Not Applicable	NA	If no coinsurance is applicable enter 0.00	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1130-0002
2045	OT1131	BENEFICIARY-CONSUANCE-DATE-PAID		The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1131-0001
2046	OT1131	BENEFICIARY-CONSUANCE-DATE-PAID		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1131-0002
2047	OT1131	BENEFICIARY-CONSUANCE-DATE-PAID		Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1131-0003
2048	OT1132	BENEFICIARY-COXPAYMENT-AMOUNT		The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1132-0001
2049	OT1132	BENEFICIARY-COXPAYMENT-AMOUNT		Not Applicable	NA	If no copayment is applicable enter 0.00	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1132-0002
2050	OT1133	BENEFICIARY-COXPAYMENT-DATE-PAID		The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1133-0001
2051	OT1133	BENEFICIARY-COXPAYMENT-DATE-PAID		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1133-0002
2052	OT1133	BENEFICIARY-COXPAYMENT-DATE-PAID		Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1133-0003
2053	OT1134	BENEFICIARY-DEDUCTIBLE-AMOUNT		The amount of money the beneficiary paid towards an annual deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1134-0001
2054	OT1134	BENEFICIARY-DEDUCTIBLE-AMOUNT		Not Applicable	NA	If no deductible is applicable enter 0.00	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1134-0002
2055	OT1135	BENEFICIARY-DEDUCTIBLE-DATE-PAID		The date the beneficiary paid the deductible amount.	Conditional	Date format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1135-0001
2056	OT1135	BENEFICIARY-DEDUCTIBLE-DATE-PAID		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1135-0002
2057	OT1135	BENEFICIARY-DEDUCTIBLE-DATE-PAID		Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1135-0003
2058	OT1136	CLAIM-DENIED-INDICATOR		An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1136-0001
2059	OT1136	CLAIM-DENIED-INDICATOR		Not Applicable	NA	If it is expected that states will submit all denied claims to CMS.	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1136-0002
2060	OT1136	CLAIM-DENIED-INDICATOR		Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1136-0003
2061	OT1136	CLAIM-DENIED-INDICATOR		Not Applicable	NA	All claims with FOC = Z OR CLAIM-STATUS = Z6, B7, S42, B56, or B54 should also have CLAIM-DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	Not Applicable
2062	OT1137	COPY-WAIVED-IND		An indicator signifying that the copy was waived by the provider.	Conditional	Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1137-0001
2063	OT1138	HEALTH-HOME-ENTITY-NAME		A free-text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1138-0001
2064	OT1138	HEALTH-HOME-ENTITY-NAME		Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1138-0002
2065	OT1140	THIRD-PARTY-CONSUANCE-AMOUNT-PAID		The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1140-0001
2066	OT1141	THIRD-PARTY-CONSUANCE-DATE-PAID		The date the third party paid the coinsurance amount.	Optional	Date format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1141-0001
2067	OT1141	THIRD-PARTY-CONSUANCE-DATE-PAID		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1141-0002
2068	OT1141	THIRD-PARTY-CONSUANCE-DATE-PAID		Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1141-0003
2069	OT1142	THIRD-PARTY-COXPAYMENT-AMOUNT-PAID		The amount the third party paid the copayment amount.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1142-0001
2070	OT1143	THIRD-PARTY-COXPAYMENT-DATE-PAID		The date the third party paid the copayment amount.	Optional	Date format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1143-0001
2071	OT1143	THIRD-PARTY-COXPAYMENT-DATE-PAID		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1143-0002
2072	OT1143	THIRD-PARTY-COXPAYMENT-DATE-PAID		Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1143-0003
2073	OT1144	DATE-CAPITATED-AMOUNT-REQUESTED		The date that the managed care entity submitted the capitated payment bill to the state.	Conditional	Date format should be CCYMMDD (National Data Standard)	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1144-0001
2074	OT1144	DATE-CAPITATED-AMOUNT-REQUESTED		Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1144-0002
2075	OT1145	CAPITATED-PAYMENT-AMOUNT-REQUESTED		The amount of the capitated payment bill submitted by the managed care entity to the state.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1145-0001
2076	OT1146	HEALTH-HOME-PROVIDER-NPI		The National Provider ID (NPI) of the health home provider.	Conditional	The value must be a valid NPI	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1146-0001
2077	OT1146	HEALTH-HOME-PROVIDER-NPI		Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1146-0002
2078	OT1147	MEDICARE-BENEFICIARY-IDENTIFIER		The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing. If applicable, CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1147-0001
2079	OT1147	MEDICARE-BENEFICIARY-IDENTIFIER		Not Applicable	NA	If individual is NOT enrolled in Medicare, leave blank or space-fill.	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1147-0002
2080	OT1147	MEDICARE-BENEFICIARY-IDENTIFIER		Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between []) on F35 files and space-filled on F37 files and such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	Not Applicable	9/23/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1147-0003
2081	OT1148	UNDER-DIRECTION-OF-PROV-NPI		The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	NA	Not Applicable	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	Not Applicable
2082	OT1148	UNDER-DIRECTION-OF-PROV-NPI		Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between []) on F35 files and space-filled on F37 files. This data element is a duplicate of the "UNDER-SUPERVISION-OF-PROV-NPI" field and as such do not need to be populated.	Not Applicable	9/23/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1148-0002
2083	OT1149	UNDER-DIRECTION-OF-PROV-TAXONOMY		The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA	Value must be equal to a valid value.	http://www.wpc-ed.com/reference	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1149-0001
2084	OT1149	UNDER-DIRECTION-OF-PROV-TAXONOMY		Not Applicable	NA	Generally, the provider Taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1149-0002
2085	OT1149	UNDER-DIRECTION-OF-PROV-TAXONOMY		Not Applicable	NA	Left-fill unused bytes with spaces	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1149-0003
2086	OT1149	UNDER-DIRECTION-OF-PROV-TAXONOMY		Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between []) on F35 files and space-filled on F37 files. This data element is a duplicate of the "UNDER-SUPERVISION-OF-PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1149-0004
2087	OT1150	UNDER-SUPERVISION-OF-PROV-NPI		The National Provider ID (NPI) of the provider who supervised another provider.	Conditional	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1150-0001
2088	OT1150	UNDER-SUPERVISION-OF-PROV-NPI		Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1150-0002
2089	OT1151	UNDER-SUPERVISION-OF-PROV-TAXONOMY		The Provider Taxonomy of the provider who supervised another provider.	NA	Value must be equal to a valid value	http://www.wpc-ed.com/reference	11/3/2015	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1151-0001
2090	OT1151	UNDER-SUPERVISION-OF-PROV-TAXONOMY		Not Applicable	NA	Generally, the provider Taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1151-0002
2091	OT1151	UNDER-SUPERVISION-OF-PROV-TAXONOMY		Not Applicable	NA	Left-fill unused bytes with spaces	Not Applicable	2/25/2013	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1151-0003
2092	OT1152	STATE-NOTATION		A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	LAJMO1	CLAIM-HEADER-RECORD-01-COT100002	OT1152-0001

VJ.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2093	OT1152	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "no," "na," or leave the field blank (i.e., submitted as "line pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OF-COT00002	COT152-0002
2094	OT1153	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OF-COT00002	COT153-0001
2095	OT1154	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-REASER RECORD-# record segment is CPO0002.	Required	Value must be equal to a valid value.	COT0003	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT154-0001
2096	OT1154	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT154-0002
2097	OT1155	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid segment.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT155-0001
2098	OT1155	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT155-0002
2099	OT1155	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT155-0003
2100	OT1155	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT155-0004
2101	OT1156	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT156-0001
2102	OT1156	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT156-0002
2103	OT1156	RECORD-NUMBER	Not Applicable	NA	RECORD-OR-DIRECTOR-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT156-0004
2104	OT1157	MSS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS Identification Number must be reported.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT157-0001
2105	OT1157	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT157-0002
2106	OT1157	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For TYPE OF CLAIM 4 or D (lump sum adjustment), this field must begin with an 'A'.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT157-0003
2107	OT1157	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT157-0004
2108	OT1157	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium Payments in the T-MSSS OF FILE."	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT157-0005
2109	OT1158	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT158-0001
2110	OT1158	ICN-ORIG	Not Applicable	NA	Record the value exactly as it appears in the State system. Do not pad.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT158-0002
2111	OT1158	ICN-ORIG	Not Applicable	NA	Using the original ICN approach for reporting adjustment claims, this field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT158-0003
2112	OT1158	ICN-ORIG	Not Applicable	NA	If using the daily-chain ICN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original paid/denied claim. Subsequent adjustments should populate the ICN-ORIG field with the claim identification number reported in the ICN-ADJ field of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	Not Applicable
2113	OT1159	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT159-0001
2114	OT1159	ICN-ADJ	Not Applicable	NA	Record the value exactly as it appears in the State system. Do not pad.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT159-0002
2115	OT1159	ICN-ADJ	Not Applicable	NA	This field should be blank field if the ADJUSTMENT INDICATOR = 0.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT159-0003
2116	OT1160	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	Value must be equal to a valid value.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT160-0001
2117	OT1161	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT161-0001
2118	OT1161	LINE-NUM-ADJ	Not Applicable	NA	This field should be left blank or space-filled if the ADJUSTMENT INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT161-0002
2119	OT1162	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record (claim/recounter represents at claim detail level).	Conditional	Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void / Reversal of a prior submission 2 Reassignment / Reassignment of a prior submission 3 Gross Credit / Gross Credit Adjustment 4 Gross Debit / Debit Credit Adjustment	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT162-0001
2120	OT1162	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line adjustment indicator.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT162-0002
2121	OT1162	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment reason, then there must be a line adjustment indicator.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT162-0003
2122	OT1162	LINE-ADJUSTMENT-IND	Not Applicable	NA	Value must be equal to a valid value. ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "2", "3", "5", "A", "B", "C", "E", "U", "V", "W", or "Y".	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT162-0004
2123	OT1163	LINE-ADJUSTMENT-REASON-IND	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional	ADJUSTMENT-IND values of "0" or "8" should be reported when TYPE-OF-CLAIM = "4", "7" or "X" unless must be equal to a valid value.	http://www.wac.wednet.edu/research/cedelists/healthcare/claim-adjustment	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT163-0001
2134	OT1143	LINE-ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PMNT-REM-CODE)	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT163-0002
2125	OT1164	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house participant to state's claim adjudication system.	Conditional	Value must be null	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT164-0001
2126	OT1165	CLAIM-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional	Value must be equal to a valid value.	http://www.wac.wednet.edu/research/cedelists/healthcare/claim-status-codes	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT165-0001
2127	OT1166	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0001
2128	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0002
2129	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before or be the same as the ending date of service.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0003
2130	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as adjudication date.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0004
2131	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before Date of Death.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0005
2132	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-carbon CHIP child.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0006
2133	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual, if applicable, should not have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0007
2134	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0008
2135	OT1166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium Payments in the T-MSSS OF FILE."	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT166-0009
2136	OT1167	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ended.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0001
2137	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must be a valid date.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0002
2138	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0003
2139	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0004
2140	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0005
2141	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0006
2142	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as End of Time Period.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0007
2143	OT1167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium Payments in the T-MSSS OF FILE."	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT167-0008
2144	OT1168	REVENUE-CODE	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by ICD-9 Billing Manual).	Conditional	Only valid codes as defined by the "National Uniform Billing Committee" should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT168-0001
2145	OT1168	REVENUE-CODE	Not Applicable	NA	Enter all ICD-9 Revenue Codes listed on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT168-0002
2146	OT1168	REVENUE-CODE	Not Applicable	NA	Value must be valid code.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT168-0003
2147	OT1168	REVENUE-CODE	Not Applicable	NA	If value invalid, record it exactly as it appears in the state system.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT168-0004

V2.1 Y-MHS Data Dictionary

New Row #	DE ID	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2148	OT1169	PROCEDURE CODE	A field to capture the CPT or HCPCS code that describes a service or good rendered by the provider to an enrollee on the specified date of service.	Required	Value must be a valid code. If PROCEDURE CODE FLAG 1 is [D] through 8F, state specific coding systems) valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized format. CPT (PROC-CD-FLAG-1=01). Positions 5-8 should be numeric and position 6-7 must be blank. HCPCS (PROC-CD-FLAG-1=06). Position 1 must be an alpha character ("A"- "Z") and position 6-7 must be blank. Value can include both National and Local (Regional) codes. For National codes (position 1="A"- "Y") positions 2-9 must be numeric; for Local (Regional) codes, positions 2-9 must be alphanumeric (e.g., "X1234" or "WW234").	http://www.cms.gov/Medicare/Coding/KCD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/KCD9ProviderDiagnosticCodes/KCD9.html http://www.cms.gov/Medicare/Coding/MedicPCSCenterInfo/Index.html#directivemedicpcgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianRelativeValueFile.html http://www.cms.gov/apps/physician-fee-schedule/search/searchCriteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1169-0001
2149	OT1169	PROCEDURE CODE	Not Applicable	NA	If no PROCEDURE CODE was performed, leave blank or space-fill	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1169-0002
2150	OT1169	PROCEDURE CODE	Not Applicable	NA	ICD-9-CM codes are the ICD-9 standard for procedure codes on inpatient claims. When ICD-9-CM coding is used, the PROCEDURE CODE FLAG-1=02-07. Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-7 must be blank. When ICD-9-CM coding is used starting 10/1/2014, the PROCEDURE CODE FLAG-1=07. Positions 1-7 must be alpha or numeric. Position 8 must be blank.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1169-0003
2151	OT1169	PROCEDURE CODE	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1169-0004
2152	OT1169	PROCEDURE CODE	Not Applicable	NA	Eligible individuals who are not pregnant cannot have claims with procedures pertaining to labor and delivery.	Not Applicable	4/30/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1169-0005
2153	OT1170	PROCEDURE CODE DATE	The date upon which the procedure was performed.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0001
2154	OT1170	PROCEDURE CODE DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0002
2155	OT1170	PROCEDURE CODE DATE	Not Applicable	NA	If the corresponding procedure code is left blank or space-filled then this procedure code date must be blank or space-filled.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0003
2156	OT1170	PROCEDURE CODE DATE	Not Applicable	NA	Date must occur before the ENDING DATE OF SERVICE.	Not Applicable	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0004
2157	OT1170	PROCEDURE CODE DATE	Not Applicable	NA	Date must occur on or after the BEGINNING DATE OF SERVICE.	Not Applicable	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0005
2158	OT1170	PROCEDURE CODE DATE	Not Applicable	NA	This date must occur on or before the DATE OF DEATH in the Eligible file.	Not Applicable	4/30/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1170-0006
2159	OT1171	PROCEDURE CODE FLAG	A flag that identifies the coding system used for the PROCEDURE CODE.	Required	Value must be equal to a valid value.	01 CPT 4 02 ICD-9-CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-9-CM (will be implemented on 10/1/2014) 10 By Other System 99 Not Applicable 99 Unknown	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1171-0001
2160	OT1171	PROCEDURE CODE FLAG	Not Applicable	NA	If no principal procedure was performed, leave blank or space-fill	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1171-0002
2161	OT1172	PROCEDURE CODE MOD-1	A field to capture a modifier code associated with the PROCEDURE CODE field on the OT claim line. More than one modifier is reported; the additional codes should be captured in fields PROCEDURE CODE MOD-2 through PROCEDURE CODE MOD-4.	Conditional	All HCPCS diagnosis codes (ICD-9-CM, HCPCS, etc.) submitted as "pipe pipe" with nothing in between () on PWS files and space-filled on FIF files.	Valid values are supplied by the state.	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1172-0001
2162	OT1172	PROCEDURE CODE MOD-1	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1172-0002
2163	OT1173	IMMUNIZATION TYPE	This field identifies the type of immunization provided in order to track additional detail not currently possible in CPT codes.	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1173-0001
2164	OT1174	BILLED AMT	The amount billed at the claim detail level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1174-0001
2165	OT1174	BILLED AMT	Not Applicable	NA	If TYPE OF CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1174-0002
2166	OT1175	ALLOWED AMT	The maximum amount displayed on the claim line level as determined by the payer as being allowable under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1175-0001
2167	OT1176	COPAY AMT	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1176-0001
2168	OT1177	THI AMT	Third Party Liability (THI) refers to the legal obligation of third parties, i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1177-0001
2169	OT1178	MEDICAID PAID AMT	The amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim detail level.	Required	If TYPE OF CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1178-0001
2170	OT1178	MEDICAID PAID AMT	Not Applicable	NA	If claims have Medicaid payment is only available at the header level, report the entire payment amount on the MSB record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other MSB records created from the original claim.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1178-0002
2171	OT1178	MEDICAID PAID AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicare Amount Paid field. If the providers were not paid by Medicaid for them, if the Coinsurance and Deductibles were not paid by the state, then report the Medicaid Amount Paid as \$0	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1178-0003
2172	OT1178	MEDICAID PAID AMT	Not Applicable	NA	If TYPE OF CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1178-0004
2173	OT1179	MEDICAID FF-EQUIVALENT AMT	The MEDICAID FF-EQUIVALENT AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1179-0001
2174	OT1179	MEDICAID FF-EQUIVALENT AMT	Not Applicable	NA	Required when TYPE OF CLAIM = 3, C, or W	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1179-0002
2175	OT1182	MEDICARE PAID AMT	The amount paid by Medicare on this claim or adjustment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1182-0001
2176	OT1182	MEDICARE PAID AMT	Not Applicable	NA	If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE PAID AMT should reflect the actual amount paid by Medicare.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1182-0002
2177	OT1182	MEDICARE PAID AMT	Not Applicable	NA	For claims where Medicare payment is only available at the header level, report the entire payment amount on the MSB record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other MSB records created from the original claim.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1182-0003
2178	OT1182	MEDICARE PAID AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1182-0004
2179	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required	Must be numeric.	Not Applicable	9/23/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0001
2180	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	For use with CLAIMOT and CLAIMBX claims. For CLAIMP and CLAIMOT claims/encounter records, use the P1 QUANTITY OF SERVICE field.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0002
2181	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	LETRN field with zeros if value is less than 9 bytes long.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0003
2182	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	NOTE: One prescription for 300 250 milligram tablets results in QUANTITY OF SERVICE=300.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0004
2183	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.	Not Applicable	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0005
2184	OT1183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. power filed vials, use 1 as the number of units.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1183-0006
2185	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Conditional	Must be numeric.	Not Applicable	11/3/2015	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0001
2186	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	For use with CLAIMOT and CLAIMBX claims. For CLAIMP and CLAIMOT claims/encounter records, use the P1 QUANTITY OF SERVICE field.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0002
2187	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	LETRN field with zeros if value is less than 9 bytes long.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0003
2188	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	NOTE: One prescription for 300 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED=300.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0004
2189	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. power filed vials, use 1 as the number of units.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0005
2190	OT1184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.	Not Applicable	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1184-0006
2191	OT1186	TYPE OF SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1186-0001
2192	OT1186	TYPE OF SERVICE	Not Applicable	NA	All claims for outpatient psychiatric care provided in a separately administered or psychiatric wing or psychiatric hospital are included in the CLAIMT file.	Not Applicable	9/7/2017	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1186-0002
2193	OT1186	TYPE OF SERVICE	Not Applicable	NA	Experiments that are experimental have more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1186-0003
2194	OT1186	TYPE OF SERVICE	Not Applicable	NA	See Appendix C for information on the various types of service.	Not Applicable	2/25/2013	LAAMOT	CLAIM-LINE-RECORD-OF-COT00003	OT1186-0004

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2195	OT186	TYPE-OF-SERVICE	Not Applicable	NA	Other Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 115, 119, 120, 121, 122, 123, 127, 131, 134, or 135.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT186-005
2196	OT186	TYPE-OF-SERVICE	Not Applicable	NA	Males cannot receive midwife services or other pregnancy-related procedures.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT186-006
2197	OT186	TYPE-OF-SERVICE	Not Applicable	NA	Subacute payments (TYPE-OF-CLASSIFICATION) for non-emergency medical transportation (NEMT) should be reported with TYPE-OF-SERVICE=123	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT186-007
2198	OT186	TYPE-OF-SERVICE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Non-Emergency Medical Transportation (NEMT) Prolonged Ambulatory Health Plans (PAHPs) in the T-MSIS Managed Care File"	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT186-008
2199	OT187	HCBS-SERVICE-CODE	Codes indicating that the service represents a long term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long term care provided in the home and community setting (e.g. 9151G, 9151U, 1915G), and 1915J(K) services).	Conditional	Value must be equal to a valid value.	1 The HCBS service was provided under 1915J 2 The HCBS service was provided under 1915G 3 The long term care was provided under 1915G 4 The HCBS service was provided under a 1915G HCBS Waiver 5 The HCBS service was provided under an 1119 waiver 6 The HCBS service was not provided under the statutes identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT187-001
2200	OT188	HCBS-TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT188-001
2201	OT188	HCBS-TAXONOMY	Not Applicable	NA	If HCBS-SERVICE- CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT188-002
2202	OT188	HCBS-TAXONOMY	Not Applicable	NA	If HCBS-SERVICE- CODE = 9 it is unknown what authority the HCBS service was provided. Then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915G, 1915U, 1915J(K) waiver, or 1119 waiver service. See "If HCBS-SERVICE- CODE = 1 through 8 above."	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT188-003
2203	OT189	SERVING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required	If value is invalid, record it exactly as it appears in the state system.	Valid values are supplied by the state.	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-001
2204	OT189	SERVING-PROV-NUM	Not Applicable	NA	For institutional providers (TYPE-OF-SERVICE = 002,003, 004,028) and other providers operating as a group, THE SERVING-PROV-NUM should be for the individual who rendered the service.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-002
2205	OT189	SERVING-PROV-NUM	Not Applicable	NA	If "Serving" provider and the "Billing" provider are the same then use the same number in both fields.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-003
2206	OT189	SERVING-PROV-NUM	Not Applicable	NA	NOTE: Once a national provider ID numbering system is in place, the national number should be used. If only the state's legacy ID number is available then that number can be entered in this field.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-004
2207	OT189	SERVING-PROV-NUM	Not Applicable	NA	Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-005
2208	OT189	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER TYPE = "1" on the same record in the Provider file.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-006
2209	OT189	SERVING-PROV-NUM	Not Applicable	NA	The value reported in SERVING-PROV-NUM should match a value reported in the SUBMITTING-STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-007
2210	OT189	SERVING-PROV-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT189-008
2211	OT190	SERVING-PROV-NPI-NUM	The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	Conditional	The value must consist of digits 0 through 9 only	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT190-001
2212	OT190	SERVING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulatory-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT190-002
2213	OT190	SERVING-PROV-NPI-NUM	Not Applicable	NA	The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT190-004
2214	OT191	SERVING-PROV-TAXONOMY	The taxonomy code for the provider who treated the recipient.	NA	Value must be equal to a valid value.	http://www.wa.gov/infocenter/	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT191-001
2215	OT191	SERVING-PROV-TAXONOMY	Not Applicable	NA	Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT191-002
2216	OT191	SERVING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT191-003
2217	OT192	SERVING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) who treated the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT192-001
2218	OT193	SERVING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT193-001
2219	OT194	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom either third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TDR) 004 Third Party Resource is Lien (DRN) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT194-001
2220	OT195	TOOTH-DESIGNATION-SYSTEM	A code to identify the tooth numbering system is being used.	Conditional	Enter the value that corresponds to the tooth designation system used to populate the TOOTH-NUMBER, AREA-OF-ORAL-CAVITY, and TOOTH-SURFACE-CODE data elements.	0 ANS/ADA/ISO Specification No. 9904 1 ADA's Universal/National Tooth Designation system	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT195-001
2221	OT196	TOOTH-NUM	The tooth number serviced based on the tooth numbering system identified in the TOOTH-DESIGNATION-SYSTEM field.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT196-001
2222	OT196	TOOTH-NUM	Not Applicable	NA	If 04 tooth designation system is used: Permanent Upper right quad medial to distal: 11-18 Permanent Upper left quad medial to distal: 22-28 Permanent lower right quad medial to distal: 41-48 Permanent lower left quad medial to distal: 31-38 Primary/Deciduous upper right quad medial to distal: 51-55 Primary/Deciduous upper left quad medial to distal: 61-65 Primary/Deciduous lower right quad medial to distal: 71-75 Primary/Deciduous lower left quad medial to distal: 81-85	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT196-002
2223	OT196	TOOTH-NUM	Not Applicable	NA	If 05 tooth designation system is used: Source: Current Dental Terminology, CDT 2009 - 2010, American Dental Association).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT196-003
2224	OT196	TOOTH-NUM	Not Applicable	NA	If the first character of TOOTH-NUM is 8 through T then beneficiary age must be < 15. (Deciduous teeth are usually all gone by age 14)	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT196-004
2225	OT196	TOOTH-NUM	Not Applicable	NA	If TOOTH-NUM == missing then TYPE-OF-SERVICE must = Dental	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT196-005
2226	OT196	TOOTH-NUM	Not Applicable	NA	If more than one tooth number is applicable to a single claim line then report the first tooth value here. When T-MSIS was first implemented only one occurrence of tooth number could be reported per claim line. The T-MSIS layout was enhanced as of [TBD] to allow for multiple tooth numbers per line.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	Not Applicable
2227	OT197	TOOTH-QUAD-CODE	The area of the oral cavity is designated by a two-digit code.	Conditional	Value must be equal to a valid value.	01 Entire Oral Cavity 02 Maxillary Area 03 Mandibular Area 04 Upper Right Sextant 05 Upper Anterior Sextant 06 Upper Left Sextant 07 Lower Anterior Sextant 08 Lower Right Sextant 09 Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.) 10 Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.) 11 Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.) 12 Lower Left Quadrant 13 Lower Right Quadrant	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT197-001
2228	OT197	TOOTH-QUAD-CODE	Not Applicable	NA	If TOOTH-QUAD-CODE == missing then TYPE-OF-SERVICE must = Dental	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT197-002
2229	OT197	TOOTH-QUAD-CODE	Not Applicable	NA	If more than one tooth quadrant is applicable to a single claim line then report the first quadrant value here. When T-MSIS was first implemented only one occurrence of tooth quadrant could be reported per claim line. The T-MSIS layout was enhanced as of [TBD] to allow for multiple tooth quadrants per line.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	Not Applicable
2230	OT198	TOOTH-SURFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Conditional	Value must be equal to a valid value.	0 Buccal - The surface of the tooth which is closest to the cheek. 1 Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face. 2 Facial - The surface of a tooth that is directed towards the face. 3 Incisal - The cutting edge of the anterior teeth. 4 Lingual - The surface of the tooth that is directed towards the tongue. 5 Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face. 6 Occlusal - The surfaces of the posterior (back) teeth which provides the chewing function.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT198-001
2231	OT198	TOOTH-SURFACE-CODE	Not Applicable	NA	If TOOTH-SURFACE-CODE == missing then TYPE-OF-SERVICE must = Dental	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT198-002
2232	OT198	TOOTH-SURFACE-CODE	Not Applicable	NA	If more than one tooth surface is applicable to a single claim line then report the first surface value here. When T-MSIS was first implemented only one occurrence of tooth surface could be reported per claim line. The T-MSIS layout was enhanced as of [TBD] to allow for multiple tooth surfaces per line.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	Not Applicable
2233	OT199	ORIGINATION-ADDR-U01	The street address of the origination point from which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT199-001
2234	OT199	ORIGINATION-ADDR-U01	Not Applicable	NA	For transportation claims, this is only required if state has captured this information, otherwise it is optional.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT199-002
2235	OT200	ORIGINATION-ADDR-U02	The street address of the origination point from which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OF-COT00003	COT200-001

V2.1 T-MSS Data Dictionary

Table with columns: New Row #, DE NO, DATA ELEMENT NAME, DEFINITION, NECESSITY, CODING REQUIREMENT, VALID VALUES, LAST UPDATE DATE, FILENAME, FILE SEGMENT (with RECORD-ID), CR NO. The table contains 334 rows of data detailing various data elements and their specifications.

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2359	EX002	MSIS-IDENTIFICATION-NUM	A date-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX002-0003
2360	EX002	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be specified to CMS.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX002-0002
2361	EX003	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX003-0001
2362	EX003	CROSSOVER-INDICATOR	Not Applicable	NA	If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX003-0002
2363	EX003	CROSSOVER-INDICATOR	Not Applicable	NA	Detail records should be created for all crossover claims.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX003-0003
2364	EX004	1115A-DEMONSTRATOR-IND	Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional	Value must be equal to a valid value.	1 No 2 Yes	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX004-0001
2365	EX005	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required	Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void / Reversal of a prior submission 2 Replacement / Resubmission of a prior submission 3 Gross Credit / Gross Credit Adjustment 4 Gross Debit / Debt Credit Adjustment	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX005-0001
2366	EX005	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of '0', '1', '4' should be reported when TYPE-OF-CLAIM = '1', '3', '5', 'A', 'C', 'E', 'U', 'W', 'Y'. ADJUSTMENT-IND values of '2' or '6' should be reported when TYPE-OF-CLAIM = '4', 'D' or 'X'	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX005-0002
2367	EX006	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be in the set of valid values.	http://www.wps-cd.com/referencelist/healthcare/claim-adjustment-codes	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX006-0001
2368	EX006	ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see CLAIM-PIVOT-RECORD)	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX006-0002
2369	EX007	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0001
2370	EX007	ADJUDICATION-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0002
2371	EX007	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records [TYPE-OF-CLAIM = C, W]; use date the encounter was processed by the claim.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0003
2372	EX007	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records [ADJUSTMENT-INDICATOR = 1]; use date of final adjudication when possible.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0004
2373	EX007	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSDS-HEADER-RECORD	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0005
2374	EX007	ADJUDICATION-DATE	Not Applicable	NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0006
2375	EX007	ADJUDICATION-DATE	Not Applicable	NA	A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration eligibility status has expired, except when the eligible is an unborn child in the CHIP program.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0007
2376	EX008	MEDIACID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX008-0001
2377	EX008	MEDIACID-PAID-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX008-0002
2378	EX009	TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0001
2379	EX009	TYPE-OF-CLAIM	Not Applicable	NA	States should only submit CHIP claims for CHIP eligibles.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0002
2380	EX009	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0003
2381	EX009	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0004
2382	EX009	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0005
2383	EX009	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TMR code.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0006
2384	EX030	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Conditional	Value must be equal to a valid value.	http://www.wps-cd.com/referencelist/healthcare/claim-status-codes	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX030-0001
2385	EX030	CLAIM-STATUS	Not Applicable	NA	All claims with TOC = 2 OR CLAIM-STATUS = 24, 87, 542, 838, or 634 should also have CLAIM-DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	Not Applicable
2386	EX001	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pending, finalized, additional information requested, etc.), which is further detailed in the companion data element CLAIM-STATUS.	Required	Value must be equal to a valid value.	http://www.wps-cd.com/referencelist/healthcare/claim-status-cats	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX001-0001
2387	EX001	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	Not Applicable
2388	EX001	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All claims with TOC = 2 OR CLAIM-STATUS = 24, 87, 542, 838, or 634 should also have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	Not Applicable
2389	EX032	SOURCE-EDUCATION	The field denotes the claim payment system from which the claim was adjudicated.	Required	Value must be equal to a valid value.	01 ABMS 02 Non-ABMS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO)	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX032-0001
2390	EX003	CHECK-NUM	The check or EFT number.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX003-0001
2391	EX003	CHECK-NUM	Not Applicable	NA	If there is a valid check date there should also be a valid check number.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX003-0002
2392	EX004	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	Not Applicable
2393	EX004	CHECK-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	Not Applicable
2394	EX004	CHECK-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX004-0002
2395	EX004	CHECK-EFF-DATE	Not Applicable	NA	Could be the same as Remittance Date.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX004-0003
2396	EX004	CHECK-EFF-DATE	Not Applicable	NA	If there is a valid check number, there should also be a valid check date.	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX004-0004
2397	EX008	CLAIM-PIVOT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.wps-cd.com/referencelist/healthcare/remittance-advice-remark-codes	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX008-0001
2398	EX006	CLAIM-PIVOT-REM-CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.wps-cd.com/referencelist/healthcare/remittance-advice-remark-codes	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX006-0001
2399	EX007	CLAIM-PIVOT-REM-CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.wps-cd.com/referencelist/healthcare/remittance-advice-remark-codes	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX007-0001
2400	EX008	CLAIM-PIVOT-REM-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191, commonly referred to as HIPAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.wps-cd.com/referencelist/healthcare/remittance-advice-remark-codes	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX008-0001
2401	EX009	TOY-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider.	Conditional	TOY-BILLED-AMT must be a valid dollar amount.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0001
2402	EX009	TOY-BILLED-AMT	Not Applicable	NA	The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0002
2403	EX009	TOY-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "H", then TOY-BILLED-AMT must = "00000000".	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0003
2404	EX009	TOY-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = "C, W" (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX009-0004
2405	EX040	TOY-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	TOY-ALLOWED-AMT must be a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX040-0001
2406	EX040	TOY-ALLOWED-AMT	Not Applicable	NA	The sum of the allowed amounts at the detailed levels must equal TOY-ALLOWED-AMT	Not Applicable	4/30/2013	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX040-0002
2407	EX041	TOY-MEDIACID-PAID-AMT	The total amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.	Required	Value must be equal to a valid value.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX041-0001
2408	EX041	TOY-MEDIACID-PAID-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) the field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX041-0002
2409	EX042	TOY-MEDIACID-PAID-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drug in addition to the amount paid by Medicaid/CHIP.	Conditional	The data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX042-0001
2410	EX043	TOY-MEDIACID-CHECK/BILL-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-EX-CHX000002	EX043-0001

V2.1 T-MSIS Data Dictionary

Row #	DE ID	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2411	EX043	TOF-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-BED-IND with a "1", and code space in TOF-MEDICARE-CONS-AMT.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX043-0002
2412	EX043	TOF-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal to the total billed amount.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX043-0003
2413	EX044	TOF-MEDICARE-CONS-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare coinsurance	Conditional	This data element must include a valid dollar amount.	Not Applicable	16/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX044-0001
2414	EX044	TOF-MEDICARE-CONS-AMT	Not Applicable	NA	Value must be less than TOF-BILLED-AMT.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	Not Applicable
2415	EX044	TOF-MEDICARE-CONS-AMT	Not Applicable	NA	If the Medicare coinsurance amount can be identified separately from Medicare deductible amount, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, code space in this field, code MEDICARE-COMB-BED-IND with a "1", and fill the combined payment amount in TOF-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX044-0002
2416	EX045	TOF-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditure for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX045-0001
2417	EX045	TOF-TPL-AMT	Not Applicable	NA	The TOF-TPL-AMT should be = TOF-BILLED-AMT - (minus) TOF-MEDICARE-CONS-AMT + (plus) TOF-MEDICARE-DEDUCTIBLE-AMT.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX045-0002
2418	EX047	TOF-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX047-0001
2419	EX048	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under another insurance plan other than Medicare or Medicaid.	Conditional	Value must be equal to a valid value.	1: No 2: Yes	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX048-0001
2420	EX049	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TERA) 004 Third Party Resource is Lien (DRPE) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX049-0001
2421	EX050	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A "service tracking claim" is used to report lump sum payments that cannot be attributed to a single encounter. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional	Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 DRG Payment 02 DRG Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX050-0001
2422	EX050	SERVICE-TRACKING-TYPE	Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (valid values for service tracking claims include 4, 5, 6)	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	Not Applicable
2423	EX051	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX051-0001
2424	EX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Amount paid for services received by an individual patient, when the state accepts a lump sum from a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX051-0002
2425	EX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Required on service tracking records, TYPE-OF-CLAIM equals 4, 5, 6.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX051-0003
2426	EX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX051-0004
2427	EX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOF-MEDICAD-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX051-0005
2428	EX052	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly management fee of \$3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" associated with the payment, therefore, fixed payments are not subject to medical record request and medical record review.	Conditional	Value must be equal to a valid value.	0: Not Fixed Payment 1: Fixed Payment	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX052-0001
2429	EX053	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicaid Agency B: DRG Agency C: Mental Health Service Agency D: State Agency E: Child and Family Services Agency F: County G: CH H: Providers Other	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX053-0001
2430	EX054	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, states are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Off-budget public expenditures (CPE) 04 Provider taxes 05 Donations 06 State appropriations to the CHIP agency	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX054-0001
2431	EX055	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix B for information on the various program types.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX055-0001
2432	EX055	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (L1) then (T-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX055-0002
2433	EX055	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (L1) then (T-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must = 03 for the same time period.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX055-0003
2434	EX055	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=1915 (value=13) then (T-MSIS ELIGIBLE FILE) STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX055-0004
2435	EX055	PROGRAM-TYPE	Not Applicable	NA	Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX055-0005
2436	EX056	PLAN-ID-NUMBER	A unique number assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional	The field contains any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX056-0001
2437	EX056	PLAN-ID-NUMBER	Not Applicable	NA	use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W).	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX056-0002
2438	EX056	PLAN-ID-NUMBER	Not Applicable	NA	If TYPE-OF-CLAIM=3, C, W (Encounter Record), leave blank or space-ffl	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX056-0003
2439	EX056	PLAN-ID-NUMBER	Not Applicable	NA	The managed care ID on the individual's eligible record must match that which is included on any claims records (TYPE-OF-CLAIM=3, C, W) for the eligible individual.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX056-0004
2440	EX056	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care-Plan-ID in the Eligible File"	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX056-0007
2441	EX057	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity).	NA	The field contains any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX057-0001
2442	EX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 43 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/21/2014.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX057-0002
2443	EX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX057-0003
2444	EX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-ID on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-ID on file for the individual in the eligibility subject area or the TPL subject area.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX057-0004
2445	EX058	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	Value must be equal to a valid value.	1: Claim Header - Sum of Line Item payments 2: Claim Detail - Individual Line Item payments	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX058-0001
2446	EX058	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank.	Not Applicable	2/25/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX058-0002
2447	EX059	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional	Value must be equal to a valid value.	01 PPS - Acute Inpatient PPS 02 ICPPS - Long Term Care Hospital PPS 03 ICPPS - Skilled Nursing Facility PPS 04 ICPPS - Home Health PPS 05 ICPPS - Inpatient Rehabilitation Facility PPS 06 ICPPS - Inpatient Psychiatric Facility PPS 07 CPSPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Conditionality Risk Assessment (CHC-HCC RA) Capitation Payment Model	10/10/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX059-0001
2448	EX059	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND=1), the claim must have a MEDICARE-REIM-TYPE.	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX059-0002
2449	EX060	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required	Must be populated on every record.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX060-0001
2450	EX060	CLAIM-LINE-COUNT	Not Applicable	NA	The claim line count should equal the sum of the claim lines for this record.	Not Applicable	4/20/2013	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX060-0002
2451	EX061	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Conditional	Value must be equal to a valid value.	0: No 1: Yes	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX061-0001
2452	EX062	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of care within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional	The field contains any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX062-0001
2453	EX063	ELIGIBLE-LAST-NAME	The last name of the insured/claimant or services were provided. (This patient name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS IDENTIFICATION NUM will be used to associate a claim record with the appropriate eligibility data.)	Required	The field contains any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	LAIBRX	CLAIM-HEADER-RECORD-RX-CR000002	EX063-0001

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2516	EX085	PRESCRIPTION-FILL-DATE	Not Applicable	NA	PRESCRIPTION-FILL-DATE must occur on or after START-OF-TIME-PERIOD	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX085-0004
2517	EX085	PRESCRIPTION-FILL-DATE	Not Applicable	NA	PRESCRIPTION-FILL-DATE must occur on or after DATE-DESCRIBED	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX085-0005
2518	EX085	PRESCRIPTION-FILL-DATE	Not Applicable	NA	Date must occur on or after Date of Birth	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX085-0006
2519	EX085	PRESCRIPTION-FILL-DATE	Not Applicable	NA	Date must occur on or before Date of Death	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX085-0007
2520	EX085	ESCAPING-DRUG-IND	Indicator to specify if the drug is compound or not.	Conditional	Value must be in the set of valid values	1 Not Compound 1 Compound	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX085-0001
2521	EX087	BENEFICIARY-CONSUANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX087-0001
2522	EX087	BENEFICIARY-CONSUANCE-AMOUNT	Not Applicable	NA	If no coinsurance is applicable enter 0.00.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX087-0002
2523	EX088	BENEFICIARY-CONSUANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX088-0001
2524	EX088	BENEFICIARY-CONSUANCE-DATE-PAID	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX088-0002
2525	EX089	BENEFICIARY-CO-PAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX089-0001
2526	EX089	BENEFICIARY-CO-PAYMENT-AMOUNT	Not Applicable	NA	If no copayment is applicable enter 0.00.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX089-0002
2527	EX090	BENEFICIARY-CO-PAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX090-0001
2528	EX092	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX092-0001
2529	EX092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Not Applicable	NA	If no deductible is applicable enter 0.00.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX092-0002
2530	EX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX093-0001
2531	EX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	Value must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX093-0002
2532	EX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX093-0003
2533	EX094	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be in the set of valid values	0 Denied: the payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX094-0001
2534	EX094	CLAIM-DENIED-INDICATOR	Not Applicable	NA	If it is expected that states will submit all denied claims to CMS	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX094-0002
2535	EX094	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX094-0003
2536	EX094	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All claims with TOC = 2 OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX094-0004
2537	EX095	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Optional	Value must be equal to a valid value.	0 Not Waived: the provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX095-0001
2538	EX096	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A "Health Home Entry" can be a designated provider (i.e., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX096-0001
2539	EX096	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX096-0002
2540	EX096	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX096-0003
2541	EX098	THIRD-PARTY-CONSUANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX098-0001
2542	EX099	THIRD-PARTY-CONSUANCE-DATE-PAID	The date the third party paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX099-0001
2543	EX099	THIRD-PARTY-CONSUANCE-DATE-PAID	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX099-0002
2544	EX100	THIRD-PARTY-CO-PAYMENT-AMOUNT-PAID	The amount the third party paid the copayment amount.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX100-0001
2545	EX101	THIRD-PARTY-CO-PAYMENT-DATE-PAID	The date the third party paid the copayment amount.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX101-0001
2546	EX101	THIRD-PARTY-CO-PAYMENT-DATE-PAID	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX101-0002
2547	EX102	DISPENSING-PRESCRIPTION-DRUG-PROV-YA	The National Provider ID (NPI) of the provider responsible for dispensing the prescription drug.	Required	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX102-0001
2548	EX102	DISPENSING-PRESCRIPTION-DRUG-PROV-YA	Not Applicable	NA	The value must be a valid NPI.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX102-0002
2549	EX103	DISPENSING-PRESCRIPTION-DRUG-PROV-YA	The Provider Taxonomy of the provider responsible for dispensing the prescription drug.	NA	Value must be in the set of valid values	http://www.wpa-ed.com/reference	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX103-0001
2550	EX103	DISPENSING-PRESCRIPTION-DRUG-PROV-YA	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX103-0002
2551	EX103	DISPENSING-PRESCRIPTION-DRUG-PROV-YA	Not Applicable	NA	Left-fill unused bytes with spaces.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX103-0003
2552	EX104	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX104-0001
2553	EX104	HEALTH-HOME-PROVIDER-NPI	Not Applicable	NA	The value must be a valid NPI.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX104-0002
2554	EX105	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HCN with an entire new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HCN-based, while interfaces with payment partners would use the new MBI.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX105-0001
2555	EX105	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	If individual is NOT enrolled in Medicare, leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX105-0002
2556	EX105	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between) on PSV file and space-filled on FLE files) until such time as the Medicare Beneficiary Identifier is implemented (the target date has been established).	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX105-0003
2557	EX106	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX106-0001
2558	EX106	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "02", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX106-0002
2559	EX107	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore, should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CKR00002	EX107-0001
2560	EX108	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-ID record segment is CR00000.	Required	Value must be equal to a valid value.	CR00003	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX108-0001
2561	EX108	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX108-0002
2562	EX109	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX109-0001
2563	EX109	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX109-0002
2564	EX109	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX109-0003
2565	EX109	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX109-0004
2566	EX110	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX110-0001
2567	EX110	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX110-0002
2568	EX110	RECORD-NUMBER	Not Applicable	NA	RECORD-NUMBER contributions should be unique within a state's submission.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX110-0004
2569	EX111	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claim submitted to the system.	Required	MSIS Identification Number must be reported	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX111-0001
2570	EX111	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be CMS to E.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX111-0002
2571	EX111	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX111-0003
2572	EX111	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For TYPE-OF-CLAIM = 4 or D (lump sum adjustment), this field must begin with an "X".	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX111-0004
2573	EX112	SN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX112-0001
2574	EX112	SN-ORIG	Not Applicable	NA	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX112-0002
2575	EX112	SN-ORIG	Not Applicable	NA	If using the original CN approach for reporting adjustment claims, this field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this exact claim identification number to be the link that ties the original claim and all adjustment claims together.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CKR00003	EX112-0003

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2576	EX112	KN-ORIG	Not Applicable	NA	If using the daily-chain KN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original claim-based claim. Subsequent adjustment should populate the KN-ORIG field with the claim identification number reported in the CH-ADJ of the prior adjustment claim. The recipient should use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	Not Applicable
2577	EX113	KN-ADI	A unique claim number (up to 21 alphanumeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX113-0001
2578	EX113	KN-ADI	Not Applicable	NA	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX113-0002
2579	EX113	KN-ADI	Not Applicable	NA	This field should be blank filled if the ADJUSTMENT INDICATOR = 0.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX113-0003
2580	EX114	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	Record the value exactly as it appears in the state system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	Not Applicable	26/10/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX114-0001
2581	EX115	LINE-NUM-ADI	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Conditional	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX115-0001
2582	EX115	LINE-NUM-ADI	Not Applicable	NA	This field should be 8-filled, left blank or space-filled if the ADJUSTMENT INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX115-0002
2583	EX116	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional	Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void / Reversal of a prior submission 2 Replacement / Resubmission of a prior submission 3 Gross Credit / Gross Credit Adjustment 4 Gross Debit / Debit Credit Adjustment	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX116-0001
2584	EX116	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line-adjustment indicator.	Not Applicable	4/30/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX116-0002
2585			Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX116-0004
2586	EX116	LINE-ADJUSTMENT-IND	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5", "A", "C", "E", "U", "W", "Y". ADJUSTMENT-IND values of "2" or "8" should be reported when TYPE-OF-CLAIM = "4", "D" or "X".	http://www.wsc.edu/referencelists/healthcare/claim-adjustment	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX117-0001
2587	EX117	LINE-ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PMT-REASON-CODE)	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX117-0002
2588	EX118	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required	Value must not be null.	Not Applicable	4/30/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX118-0001
2589	EX119	CLAIM-LINE-STATUS	The claim line status code identifies the status of a specific detail claim line rather than the entire claim.	Conditional	Value must be equal to a valid value.	http://www.wsc.edu/referencelists/healthcare/claim-status-codes	4/30/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX119-0001
2590	EX120	NATIONAL-ORUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required	Position 10-11 must be Alpha Numeric or blank.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0001
2591	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	Position 5-6 must be Numeric.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0002
2592	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	Position 6-9 must be Alpha Numeric.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0003
2593	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	This field must be populated by state in advance of submitting any file. States must inform CMS of the NDC cognates used and their size (e.g., 8, 4, 2) or (5, 4) as defined in the National Drug Code Directory.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0004
2594	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	If the Drug Code is less than 11 characters in length, the value must be left justified and padded with space.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0005
2595	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	Druggable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be paid in the NDC field.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0006
2596	EX120	NATIONAL-ORUG-CODE	Not Applicable	NA	This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 082, 063, 064, 065, 066, 067, 068, 069, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 084.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX120-0007
2597	EX121	BILLED-AMT	The amount billed at the claim detail level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX121-0001
2598	EX121	BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX121-0002
2599	EX121	ALLOWED-AMT	The maximum amount allowed of the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX122-0001
2600	EX123	COPY-AMT	The equipment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX123-0001
2601	EX124	TH-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX124-0001
2602	EX125	MEDICAID-PAID-AMT	The amount paid by Medicaid/CHIP or the managed care organization on this claim or adjustment at the claim detail level.	Required	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX125-0001
2603	EX125	MEDICAID-PAID-AMT	Not Applicable	NA	For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSSS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSSS records created from the original claim.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX125-0002
2604	EX125	MEDICAID-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid Amount Paid field, if the provider were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid Amount Paid as 0.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX125-0003
2605	EX125	MEDICAID-PAID-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX125-0004
2606	EX126	MEDICAID-FS-EQUIVALENT-AMT	The MEDICAID-FS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FS basis.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX126-0001
2607	EX126	MEDICAID-FS-EQUIVALENT-AMT	Not Applicable	NA	Required when TYPE-OF-CLAIM = C, 3, or W.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX126-0002
2608	EX127	MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP on this claim at the claim line level toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX127-0001
2609	EX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If claim is not a Crossover claim, or if a TYPE-OF-CLAIM = 3, C, W (encounter claim), leave blank or space fill.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX127-0002
2610	EX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code in MEDICARE-CONSURANCE-PAYMENT.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX127-0003
2611	EX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any deductible amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX127-0004
2612	EX128	MEDICARE-CONS-AMT	The amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare coinsurance at the claim detail level.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX128-0001
2613	EX128	MEDICARE-CONS-AMT	Not Applicable	NA	Value must be 8-filled, left blank or space-filled if MEDICARE-DEDUCTIBLE-AMT is 8-filled, blank or space-filled.	Not Applicable	8/7/2017	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	Not Applicable
2614	EX128	MEDICARE-CONS-AMT	Not Applicable	NA	If the Medicare coinsurance amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99999 and code the combined payment amount in MEDICARE-DEDUCTIBLE-AMT.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX128-0002
2615	EX129	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Required	This data element must include a valid dollar amount.	Not Applicable	10/10/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX129-0001
2616	EX129	MEDICARE-PAID-AMT	Not Applicable	NA	If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX129-0002
2617	EX129	MEDICARE-PAID-AMT	Not Applicable	NA	For claims where Medicare payment is only available at the header level, report the entire payment amount on the MSSS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSSS records created from the original claim.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX129-0003
2618	EX129	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX129-0004
2619	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical units will be addressed within the quantity allowed.	Conditional	Must be numeric.	Not Applicable	11/3/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0001
2620	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g. a prescription (with that unit of a prescription (with that unit) that was filled. For prescriptions/units, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured, e.g. tablet, capsule, milliliters, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0002
2621	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	NOTE: One prescription for 300 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED = 300.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0003
2622	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0004
2623	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	8-filled field with zeros if value is less than 9 bytes long.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0005
2624	EX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	For use with CLAIMOT and CLAIMRX claims. For CLAIMP and CLAIML claims/encounter records, use the #1-QUANTITY-OF-SERVICE field.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX131-0006
2625	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	The quantity of a drug, device, or product that is rendered/dispensed for a prescription, specific, date of service, or billing time span.	Required	Must be numeric.	Not Applicable	9/23/2015	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX132-0001
2626	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g. a number of units or the number of units of a prescription (with that unit) that was filled. For prescriptions/units, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured, e.g. tablet, capsule, milliliters, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX132-0002
2627	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	NOTE: One prescription for 300 250 milligram tablets results in QUANTITY OF SERVICE = 300.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX132-0003
2628	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX132-0004
2629	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	8-filled field with zeros if value is less than 9 bytes long.	Not Applicable	2/25/2013	LAIBRX	CLAM-LINE-RECORD-RX-CR000003	EX132-0005

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2630	EX132	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	For use with CLAIMP and CLAIMR claims. For CLAIMP and CLAIMR claims/encounter records, use the P-1 QUANTITY OF SERVICE field.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX132-0006
2631	EX133	UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the drug or supply is expressed.	Conditional	Value must be equal to a valid value.	International Unit MILLILITER GRAM MILLIGRAM LITRE UNIT	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX133-0001
2632	EX133	UNIT-OF-MEASURE	Not Applicable	NA	Enter the unit of measure for each corresponding quantity value.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX133-0002
2633	EX134	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX134-0001
2634	EX134	TYPE-OF-SERVICE	Not Applicable	NA	Pharmacy Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE=011, 018, 031, 034, 036, 085, 089, 127, or 131.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX134-0002
2635	EX134	TYPE-OF-SERVICE	Not Applicable	NA	Encounters that are reported there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service category of identification and other program or provider value precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic, are reported under clinic services if the clinic is the billing entity. X-Rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported if they qualified under the coverage rules under home health services if they were not billed as part of the NF bill.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX134-0003
2636	EX134	TYPE-OF-SERVICE	Not Applicable	NA	See Appendix A for information on the various types of services.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX134-0004
2637	EX134	TYPE-OF-SERVICE	Not Applicable	NA	All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMR file.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX134-0005
2638	EX135	HCBS SERVICE CODE	Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g., 1915(i), 1915(j), 1915(l), and 1915(s) services).	Conditional	Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i) 2 The HCBS service was provided under 1915(j) 3 The HCBS service was provided under 1915(l) 4 The HCBS service was provided under a 1915(i) HCBS Waiver 5 The HCBS service was provided under a 1115 waiver 6 The HCBS service was not provided identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX135-0001
2639	EX136	HCBS TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX136-0001
2640	EX136	HCBS TAXONOMY	Not Applicable	NA	If HCBS SERVICE CODE = 1 through 8, then populate HCBS TAXONOMY with one of the values from the list in Appendix B.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX136-0002
2641	EX136	HCBS TAXONOMY	Not Applicable	NA	If HCBS SERVICE CODE = 9 it is unknown what authority the HCBS service was provided, then populate HCBS TAXONOMY based on the assumption that the service is not a 1915(i), 1915(j), 1915(l) waiver, or 1115 waiver service. See "If HCBS SERVICE CODE = 1 through 8" above.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX136-0003
2642	EX137	OTHER TRF COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource Is Casualty/Tort 002 Third Party Resource Is Estate 003 Third Party Resource Is Lien (TRFA) 004 Third Party Resource Is Lien (DRTR) 005 Third Party Resource Is Worker's Compensation 006 Third Party Resource Is Medical Malpractice 007 Third Party Resource Is Other	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX137-0001
2643	EX138	DAVIS SUPPLY	Number of days supply dispensed.	Required	Values should be between .365 and 365.	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX138-0001
2644	EX138	DAVIS SUPPLY	Not Applicable	NA	For Prescription Drugs, value should be between .365 and 365.	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX138-0002
2645	EX139	NW-REFILL-IND	Indicator showing whether the prescription being billed was a new prescription or a refill. If it is a refill, the indicator will indicate the number of refills.	Required	Value must be equal to a valid value.	00 - New Prescription 01-99 - Number of Refill(s)	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX139-0001
2646	EX140	BRAND-GENERIC-IND	Indicates whether the drug is a brand name, generic, single-source, or multi-source drug.	Required	Value must be in the set of valid values	0 - Non-Drug 1 - Generic 2 - Brand 3 - Multi-Source 4 - Single-Source	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX140-0001
2647	EX141	DISPENSE FEE	The charge to cover the cost of dispensing the prescription. Dispensing costs include overhead, supplies and labor, etc. to fill the prescription.	Required	This data element must include a valid dollar amount.	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX141-0001
2648	EX142	PRESCRIPTION-NUM	The unique identification number assigned by the pharmacy or supplier to the prescription.	Required	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX142-0001
2649	EX143	DRUG-UTILIZATION-CODE	A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX143-0001
			The T-MSIS DRUG-UTILIZATION-CODE data element is composite field comprised of three distinct NCPDP data elements: "Reason for Service Code" (439-E4), "Professional Service Code" (440-E5), and "Repeat of Service Code" (441-E6). All 3 of these NCPDP fields are situationally required and independent of one another. Pharmacists may report none, one, two or all three. NCPDP situational rules call for one or more of these values in situations where the field(s) could result in different coverage, pricing, patient financial responsibility, drug utilization review outcome, or if the information affects payment for, or documentation of, professional pharmacy services. The NCPDP "Results of Service Code" (bytes 1 & 2 of the T-MSIS DRUG-UTILIZATION-CODE) explains whether the pharmacist filled the prescription, filled part of the prescription, etc. The NCPDP "Professional Service Code" (bytes 3 & 4 of the T-MSIS DRUG-UTILIZATION-CODE) describes what the pharmacist did for the patient. The NCPDP "Result of Service Code" (bytes 5 & 6 of the T-MSIS DRUG-UTILIZATION-CODE) describes the action the pharmacist took in response to a conflict or the result of a pharmacist's professional service. Because the T-MSIS DRUG-UTILIZATION-CODE data element is a composite field, it is necessary for the state to populate all six bytes if any of the three NCPDP fields has a value. In such situations, use spaces as placeholders for not applicable codes.							
2650	EX144	DTL-METRIC-COE-QTY	Metric decimal quantity of the product with the appropriate unit of measure (each, gram, or milliliter).	Required	Must be numeric.	Not Applicable	10/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX144-0001
2651	EX145	COMPOUND-DOSE-FORM	The physical form of a dose of medication, such as a capsule or injection.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX145-0001
2652	EX146	REBATE-ELIGIBLE-INDICATOR	An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	Conditional	Value must be equal to a valid value.	0 - NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.) 1 - NDC is eligible for drug rebate program. 2 - NDC is exempt from the drug rebate program (biological and medical devices)	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX146-0001
2653	EX147	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX147-0001
2654	EX148	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPOS) benefit type list. See Appendix H Benefit Types for descriptions of the categories.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX148-0001
2655	EX149	CMS-44-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX149-0001
2656	EX149	CMS-44-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursement with federal funding under Title XXI.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX149-0002
2657	EX149	CMS-44-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursement with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX149-0003
2658	EX150	XIX-MEDICARE-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-44 form that states use to report their expenditures and request federal financial participation.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX150-0001
2659	EX150	XIX-MEDICARE-CATEGORY-OF-SERVICE	Not Applicable	NA	Notes cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Midwife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX150-0002
2660	EX151	XX-MEDICARE-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment B for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX151-0001
2661	EX152	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX152-0001
2662	EX153	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Conditional Optional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX153-0001
2663	EX153	STATE-NOTATION	Not Applicable	NA	For <u>single delimited files</u> , states can populate the STATE-NOTATION field with "no," "na," a single B, or a blank space. For <u>flat files</u> , states should fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003	EX153-0002

V.2.1 T-MSSX Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2731	ELG017	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0001
2732	ELG017	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2733	ELG017	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0003
2734	ELG018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0001
2735	ELG018	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0002
2736	ELG018	RECORD-NUMBER	Not Applicable	NA	RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0005
2737	ELG019	MSIS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0001
2738	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MIS application.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0002
2739	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM must be used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the state's MSIS application is approved, the MSIS-IDENTIFICATION-NUM should be replaced with the permanently assigned social security number. For all state submissions, the SSN field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly assigned social security number. For at least one monthly submission of the Eligible File so that T-MSSX can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0003
2740	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0004
2741	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2742	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002).	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0005
2743	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSX Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their unborn newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0006
2744	ELG020	ELGBLE-FIRST-NAME	The first name of the individual to whom the services were provided.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG020-0001
2745	ELG021	ELGBLE-LAST-NAME	The last name of the individual to whom the services were provided.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG021-0001
2746	ELG022	ELGBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Conditional	Leave blank if not available.	Not Applicable	11/3/2015	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0001
2747	ELG022	ELGBLE-MIDDLE-INIT	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/20/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0002
2748	ELG023	SEX	The individual's biological sex.	Required	Value must be equal to a valid value.	Female Male Unknown	4/30/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0001
2749	ELG023	SEX	Not Applicable	NA	If an eligible individual is a male, he cannot be pregnant. PREGNANCY-IND must = "0".	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0002
2750	ELG024	DATE-OF-BIRTH	Individual's date of birth.	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0001
2751	ELG024	DATE-OF-BIRTH	Not Applicable	NA	For states that allow the pregnant/CHIP general aid program option should have a date of birth missing or equal to the pregnant mother's date of birth.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0002
2752	ELG024	DATE-OF-BIRTH	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0003
2753	ELG024	DATE-OF-BIRTH	Not Applicable	NA	The date must be a valid date, unless a complete valid date is not available.	Not Applicable	8/20/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0004
2754	ELG024	DATE-OF-BIRTH	Not Applicable	NA	An eligible individual's date of birth should not be after his/her date of death.	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0005
2755	ELG024	DATE-OF-BIRTH	Not Applicable	NA	An eligible individual's date of birth should be on or before the end of time period for the submission. Revised EDR Definition: DATE-OF-BIRTH must be <= END-OF-TIME-PERIOD	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0006
2756	ELG024	DATE-OF-BIRTH	Not Applicable	NA	An eligible individual's date of birth should be on or before the date the file was created.	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0007
2757	ELG025	DATE-OF-DEATH	Date format is YYYYMMDD (National Data Standard).	Conditional	An individual is not deceased, leave blank or space-fill.	Not Applicable	11/3/2015	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0001
2758	ELG025	DATE-OF-DEATH	Not Applicable	NA	Individual is not deceased, leave blank or space-fill.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0002
2759	ELG025	DATE-OF-DEATH	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0003
2760	ELG025	DATE-OF-DEATH	Not Applicable	NA	The date must be a valid date, unless a complete valid date is not available or the eligible individual not deceased.	Not Applicable	8/20/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0004
2761	ELG025	DATE-OF-DEATH	Not Applicable	NA	The eligible individual's date of death cannot occur earlier than his/her date of birth.	Not Applicable	4/30/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0005
2762	ELG025	DATE-OF-DEATH	Not Applicable	NA	The eligible individual's date of death cannot indicate that an eligible individual was greater than 125 years old at the time of death.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0006
2763	ELG025	DATE-OF-DEATH	Not Applicable	NA	Value cannot be > DATE-FIELD-CREATED in Header Record	Not Applicable	4/30/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0007
2764	ELG025	DATE-OF-DEATH	Not Applicable	NA	For records for an eligible individual across time periods, the eligible individual's Date of Death should not use null.	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0008
2765	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	The first day of the time span during which the values in all data elements in the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0001
2766	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2767	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2768	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0002
2769	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PRIMARY-DEMOGRAPHICS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0003
2770	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	The PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE must occur on or before the PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0004
2771	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before he concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2772	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Coverage Mapping document) not allowed for same file segment.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0005
2773	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	The last day of the time span during which the values in all data elements in the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0001
2774	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2775	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2776	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0002
2777	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Blank is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0003
2778	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0004
2779	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
2780	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	The PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the PRIMARY-DEMOGRAPHIC-ELEMENT-START-DATE	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0005
2781	ELG028	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0001
2782	ELG028	STATE-NOTATION	Not Applicable	NA	The state-defined field status can populate the STATE-NOTATION field with "no", "na", or "leave blank" (i.e., "unsubstantiated" or "pipe pipe" with nothing in between ()) when not using the field for fixed length files. states should space-fill the STATE-NOTATION field when not using the field for record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0002
2783	ELG029	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	ELGBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG029-0001
2784	ELG030	RECORD-ID	An identifier assigned to each record segment. The first 8 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00003	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0001
2785	ELG030	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0003
2786	ELG031	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data-repository/ipedsr/statetables.html	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0002
2787	ELG031	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0001
2788	ELG031	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2789	ELG031	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0003
2790	ELG032	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0001
2791	ELG032	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0002
2792	ELG032	RECORD-NUMBER	Not Applicable	NA	RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0003
2793	ELG033	MSIS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0001
2794	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, the field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MIS application.	Not Applicable	8/7/2017	ELGBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0002

V2.1 T-MHS Data Dictionary

New Row #	DE NO	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2795	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MHS can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0003
2796	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0004
2797	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2798	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2799	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	NA	See T-MHS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0005
2800	ELG034	MARITAL-STATUS	A code to classify eligible individual's marital/domestic-relationship status.	Required	NA	This element should be reported by the state when the information is material to eligibility (i.e., pre- or post-eligibility).	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0001
2801	ELG034	MARITAL-STATUS	Not Applicable	NA	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/20/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0002
2802	ELG034	MARITAL-STATUS	Not Applicable	NA	NA	For eligible individual who is younger than 12 years should have a marital status of never married or unknown.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0003
2803	ELG035	MARITAL-STATUS-OTHER-EXPLANATION	A free-text field to capture the description of the marital/domestic-relationship status when MARITAL-STATUS=14 (Other) is selected.	Conditional	NA	Conditional, required when MARITAL-STATUS = "14" (Other)	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0001
2804	ELG035	MARITAL-STATUS-OTHER-EXPLANATION	Not Applicable	NA	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0002
2805	ELG036	SSN	The eligible individual's social security number.	Required	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0001
2806	ELG036	SSN	Not Applicable	NA	NA	If known, this field is to be populated with numeric digits.	Not Applicable	4/20/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0002
2807	ELG036	SSN	Not Applicable	NA	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MHS can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0003
2808	ELG036	SSN	Not Applicable	NA	NA	All states must provide available SSNs on the ELIGIBLE FILE, regardless of the use of this field as the unique MSIS-IDENTIFICATION-NUM.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0004
2809	ELG036	SSN	Not Applicable	NA	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2810	ELG036	SSN	Not Applicable	NA	NA	SSN should not vary across time periods for an eligible individual.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0005
2811	ELG036	SSN	Not Applicable	NA	NA	For SSN states, if the SSN is not available and a temporary identification number has been assigned in the MSIS-IDENTIFICATION-NUM field, the SSN field must be blank/empty.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0006
2812	ELG037	SSN-VERIFICATION-FLAG	A code describing whether the state has verified the social security number (SSN) with the Social Security Administration (SSA).	Required	NA	Value must be equal to a valid value.	1 SSN not verified 2 SSN successfully verified by SSA 3 SSN is pending SSA verification	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG037-0001
2813	ELG038	INCOME-CODE	A code indicating the family income level.	Required	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG038-0001
2814	ELG039	VETERAN-IND	A flag indicating if the individual served in the active military, naval, or air service.	Required	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0001
2815	ELG039	VETERAN-IND	Not Applicable	NA	NA	For eligible individual who is younger than 17 years should not be a veteran.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0002
2816	ELG040	CITIZENSHIP-IND	Indicates if the individual is identified as a U.S. Citizen.	Required	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0001
2817	ELG040	CITIZENSHIP-IND	Not Applicable	NA	NA	All eligible individuals flagged as non-citizens with CITIZENSHIP-IND = "0" should also be flagged as non-citizens with IMMIGRATION-STATUS = "1", "2", or "3".	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0002
2818	ELG040	CITIZENSHIP-IND	Not Applicable	NA	NA	All eligible individuals flagged as U.S. citizens with CITIZENSHIP-IND = "1" should also be flagged as citizens with IMMIGRATION-STATUS = "8".	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2819	ELG041	CITIZENSHIP-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending citizenship verification.	Required	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG041-0001
2820	ELG042	IMMIGRATION-STATUS	The immigration status of the individual.	Required	NA	Value must be equal to a valid value.	1 Qualified non-citizen 2 Lawfully present under CHIPRA 214 3 Eligible only for pregnant or emergency services 8 U.S. citizen	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0001
2821	ELG042	IMMIGRATION-STATUS	Not Applicable	NA	NA	All eligible individuals flagged as non-citizens with CITIZENSHIP-IND = "0" should also be flagged as non-citizens with IMMIGRATION-STATUS = "1", "2", or "3".	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0002
2822	ELG042	IMMIGRATION-STATUS	Not Applicable	NA	NA	All eligible individuals flagged as U.S. citizens with CITIZENSHIP-IND = "1" should also be flagged as citizens with IMMIGRATION-STATUS = "8".	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2823	ELG043	IMMIGRATION-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending immigration verification.	Conditional	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG043-0001
2824	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	The date the five-year bar for an individual ends. Section 602 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants enter the United States on or after August 22, 1996 are not eligible to receive federally funded benefits, including Medicaid and the State Children's Health Insurance Program (SCHIP), for the five years from the date they enter the country with a status as a "qualified alien."	Conditional	NA	Date format is CCYYMMDD (Nutritional Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0001
2825	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Not Applicable	NA	NA	If not applicable (U.S. Citizen), 8-til, space fill or blank.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0002
2826	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Not Applicable	NA	NA	If the individual is not a U.S. citizen, then the five-year Immigration Status Five Year Bar End Date cannot be designated or not applicable (8-til, left blank, or space fill).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0003
2827	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Not Applicable	NA	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0004
2828	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Not Applicable	NA	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0005
2829	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	A code indicating the level of spoken English proficiency by the individual.	Conditional	NA	Value must be equal to a valid value.	0 Very Well 1 Well 2 Not well 3 No spoken proficiency	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0001
2830	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Not Applicable	NA	NA	Report this information for individual's 5 years old or older.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0002
2831	ELG046	PRIMARY-LANGUAGE-CODE	A code indicating the language the individual speaks other than English at home.	Conditional	NA	Value must be equal to a valid value.	See language codes in Appendix G for a list of all valid language codes	11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0001
2832	ELG046	PRIMARY-LANGUAGE-CODE	Not Applicable	NA	NA	See language codes in Appendix G for a list of all valid language codes.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0002
2833	ELG046	PRIMARY-LANGUAGE-CODE	Not Applicable	NA	NA	Report this information for individual's 5 years old or older.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0003
2834	ELG047	HOUSEHOLD-SIZE	Household Size used in the Medicaid or CHIP eligibility determination process.	Required	NA	Value must be equal to a valid value.	01 1 person 02 2 people 03 3 people 04 4 people 05 5 people 06 6 people 07 7 people 08 8 or more people	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0001
2835	ELG047	HOUSEHOLD-SIZE	Not Applicable	NA	NA	Use this code to indicate Household Size used in the eligibility determination process.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0002
2836	ELG049	PREGNANCY-IND	A flag indicating the individual is pregnant.	Conditional	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0001
2837	ELG049	PREGNANCY-IND	Not Applicable	NA	NA	If an eligible individual is pregnant, she must be a female.	Not Applicable	4/20/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0002
2838	ELG050	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG050-0001
2839	ELG050	MEDICARE-HIC-NUM	Not Applicable	NA	NA	If an eligible individual is enrolled in Medicare (DUAL-ELIGIBLE-CODE = "01", "02", "03", "04", "05", "06", "07", "08", "09", or "10"), MEDICARE-HIC-NUMBER must be reported.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2840	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing. If applicable, CMS interfaces with non-symptom exchange partners would remain HICN based, while interfaces with payment partners would use the new MBI.	Required	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0001
2841	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	NA	If individual is NOT enrolled in Medicare, leave blank or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0002
2842	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	NA	If an eligible individual is enrolled in Medicare (DUAL-ELIGIBLE-CODE = "01", "02", "03", "04", "05", "06", "07", "08", "09", or "10"), MEDICARE-BENEFICIARY-IDENTIFIER must be reported.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
2843	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled with each time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	Not Applicable	9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0003

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2844	ELG054	CHP-CODE	A code used to distinguish among Medicaid, Medicaid Expansion, and Separate CHP populations	Required	Value must be equal to a valid value.	1 Individual was Medicaid-eligible, but was not included in either Medicaid Expansion CHP or Separate Title XIX CHP for the month. These include blind and disabled people and low-income families with dependent children. 2 Individual was Medicaid-eligible, but was not included in either Medicaid Expansion CHP or Separate Title XIX CHP for the month. States with Medicaid Expansion programs have built upon existing Medicaid programs to include low-income children whose family incomes are above Medicaid income eligibility thresholds. 3 Individual was not Medicaid Expansion CHP-eligible, but was included in a separate Title XIX CHP for the month. States using Separate CHP have used CHP funds to create separate programs outside of their Medicaid programs.	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG054-001
2845	ELG054	CHP-CODE	Not Applicable	NA	If the individual transitioned between Medicaid and Separate CHP, CHP-ENROLLMENT and MEDICAID-ENROLLMENT dates must not overlap	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG054-003
2846	ELG054	CHP-CODE	Not Applicable	NA	If the individual is eligible for Medicaid expansion CHP (CHP-CODE = 2) or Separate CHP (CHP-CODE = 3) he or she is expected to be reported with ELIGIBILITY-STATUS "1", "4", "5", "6", "7", or "8"	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	Not Applicable
2847	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	The first day of the time span during which the values in all data elements in the VARIABLE-DEMOGRAPHICS-ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG057-001
2848	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	Not Applicable
2849	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	Not Applicable
2850	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG057-002
2851	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	Whoever the value in one or more of the data elements in the VARIABLE-DEMOGRAPHICS-ELIGIBILITY record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG057-003
2852	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	The VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE must occur on or before the VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	Not Applicable
2853	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	Overlapping coverage for 2 given combinations of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG057-004
2854	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG057-005
2855	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	The last day of the time span during which the values in all data elements in the VARIABLE-DEMOGRAPHICS-ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-001
2856	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	Not Applicable
2857	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-002
2858	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-003
2859	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99991231	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-004
2860	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	Whoever the value in one or more of the data elements in the VARIABLE-DEMOGRAPHICS-ELIGIBILITY record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-005
2861	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	The VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the VARIABLE-DEMOGRAPHIC-ELEMENT-BFF-DATE	Not Applicable	10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-006
2862	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG058-007
2863	ELG059	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG059-001
2864	ELG059	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "no," "n/a," or leave the field blank (i.e., substituted as "pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG059-002
2865	ELG060	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG0003	ELG060-001
2866	ELG061	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG0004	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG061-001
2867	ELG061	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG061-003
2868	ELG062	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.cdc.gov/400400/ncsc/ncsc_data_tables.html	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG062-001
2869	ELG062	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG062-002
2870	ELG062	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	Not Applicable
2871	ELG062	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG062-003
2872	ELG063	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG063-001
2873	ELG063	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG063-002
2874	ELG063	RECORD-NUMBER	Not Applicable	NA	RECORD-RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG063-003
2875	ELG064	MISS-IDENTIFICATION-NUM	A SSN-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	Must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG064-001
2876	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MISS-IDENTIFICATION-NUM must be supplied to CMS with the state's MIS application.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG064-002
2877	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MISS-IDENTIFICATION-NUM is used, the MISS-IDENTIFICATION-NUM field should be populated with the temporary MISS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MISS-IDENTIFICATION-NUM field should continue to be populated with the temporary MISS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible file so that T-MSSS can associated the temporary MISS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG064-003
2878	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MISS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG064-004
2879	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MISS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	Not Applicable
2880	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	Not Applicable
2881	ELG064	MISS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Reporting Shared MIS Identification Number" for information on reporting MIS ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MIS ID. A child record segment must have a parent record segment PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0003.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG064-005
2882	ELG065	ADDR-TYPE	The type of address and contact information for the eligible submitted in the record segment.	Required	Value must be equal to a valid value.	01 Primary home address and contact information, used for the eligibility determination process 02 Primary work address and contact information 03 Secondary residence and contact information 04 Other category of address and contact information 05 Eligible person's official mailing address	10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG065-001
2883	ELG065	ADDR-TYPE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG065-002
2884	ELG065	ADDR-TYPE	Not Applicable	NA	States should report the primary home address and contact information, used for the eligibility (ADDR-TYPE "01"). Home that address can be reported on separate segments as long as one of the addresses is the primary address.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	Not Applicable
2885	ELG066	ELIGIBLE-ADDR-LN1	The street address for the type of address indicated.	Required	Line 1 is required and the other two lines can be blank	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG066-001
2886	ELG066	ELIGIBLE-ADDR-LN1	Not Applicable	NA	The first line of the address must not be the same as the second or third line of the address (if applicable)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG066-002
2887	ELG066	ELIGIBLE-ADDR-LN1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG066-003
2888	ELG067	ELIGIBLE-ADDR-LN2	The street address for the type of address indicated.	Conditional	The field can contain any alphanumeric characters, digits, or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG067-001
2889	ELG067	ELIGIBLE-ADDR-LN2	Not Applicable	NA	The second line of the address must not be the same as the first or third line of the address (if applicable)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG067-002
2890	ELG067	ELIGIBLE-ADDR-LN2	Not Applicable	NA	When this data element is not populated or used, States must be blank or space-fill these elements in accordance to the STH Addendum C. In both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG067-003
2891	ELG068	ELIGIBLE-ADDR-LN3	The street address for the type of address indicated.	Conditional	The field can contain any alphanumeric characters, digits, or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG068-001
2892	ELG068	ELIGIBLE-ADDR-LN3	Not Applicable	NA	Line 1 is required and the other two lines can be blank	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG0004	ELG068-002

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2893	ELG068	ELIGIBLE-ADDR-LN3	Not Applicable	NA	The third line of the address must not be the same as the first or second line of the address (if applicable)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG068-0003
2894	ELG068	ELIGIBLE-ADDR-LN3	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG068-0004
2895	ELG069	ELIGIBLE-CITY	The city for the type of address indicated in ADDR-TYPE.	Required	The city for the eligible individual's address must be reported.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG069-0001
2896	ELG069	ELIGIBLE-CITY	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/20/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG069-0002
2897	ELG070	ELIGIBLE-STATE	The ANSI state numeric for the U.S. state, Territory, or the District of Columbia code for where the individual eligible to receive healthcare services resides. (The state for the type of address indicated in ADDR-TYPE.)	Required	The state for the eligible individual's address must be reported.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG070-0001
2898	ELG070	ELIGIBLE-STATE	Not Applicable	NA	The field must be populated on every record	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG070-0002
2899	ELG070	ELIGIBLE-STATE	Not Applicable	NA	Value must be equal to a valid value	http://www.census.gov/ipeds/data/states/states.html	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG070-0003
2900	ELG071	ELIGIBLE-ZIP-CODE	The zip code for the type of address indicated in ADDR-TYPE.	Required	First 5 bytes (i.e., the 5-digit zip code) is required	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG071-0001
2901	ELG071	ELIGIBLE-ZIP-CODE	Not Applicable	NA	Not a hybrid alphanumeric: If first 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "XXXX"	Not Applicable	9/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG071-0002
2902	ELG071	ELIGIBLE-ZIP-CODE	Not Applicable	NA	The value must consist of digits 0 through 9 only	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG071-0003
2903	ELG071	ELIGIBLE-ZIP-CODE	ANSI country numeric code indicating the country for the type of address indicated in ADDR-TYPE.	Required	Enter digits only (i.e., no parentheses, dashes, periods, commas, spaces, etc.)	http://www.census.gov/ipeds/data/states/codes/codes/zipcode.html	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG071-0004
2904	ELG072	ELIGIBLE-COUNTY-CODE	Not Applicable	NA	The county for the eligible individual's address must be reported.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG072-0001
2905	ELG072	ELIGIBLE-COUNTY-CODE	Not Applicable	NA	Value must be numeric.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG072-0003
2906	ELG073	ELIGIBLE-PHONE-NUM	The telephone number of the type of address indicated.	Required	The phone number for the eligible individual must be reported.	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG073-0001
2907	ELG073	ELIGIBLE-PHONE-NUM	Not Applicable	NA	Enter digits only (i.e., no parentheses, dashes, periods, commas, spaces, etc.)	Not Applicable	9/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG073-0002
2908	ELG074	TYPE-OF-LIVING-ARRANGEMENT	A free-form text field to describe the type of living arrangement used for the eligibility determination process. The field will remain a free-form text data element until MACPRO develops a list of valid values. When it becomes available, T-MSIS will align with MACPRO valid values listing.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG074-0001
2909	ELG074	TYPE-OF-LIVING-ARRANGEMENT	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG074-0002
2910	ELG075	ELIGIBLE-ADDR-EFF-DATE	The first day of the time span during which the values in all data elements on an ELIGIBLE CONTACT INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG075-0001
2911	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	Not Applicable
2912	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG075-0002
2913	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG075-0003
2914	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the ELIGIBLE CONTACT INFORMATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	Not Applicable
2915	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	The ELIGIBLE-ADDR-EFF-DATE must occur once before the ELIGIBLE-ADDR-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	Not Applicable
2916	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Coding and Guidance documents) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG075-0005
2917	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG075-0006
2918	ELG076	ELIGIBLE-ADDR-END-DATE	The last day of the time span during which the values in all data elements on an ELIGIBLE CONTACT INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0001
2919	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	Not Applicable
2920	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0002
2921	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0003
2922	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99991231	Not Applicable	9/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0004
2923	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ELIGIBLE CONTACT INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0005
2924	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	The ELIGIBLE-ADDR-END-DATE must occur on or after the PRIMARY ELIGIBLE-ADDR-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	Not Applicable
2925	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG076-0006
2926	ELG077	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG077-0001
2927	ELG077	STATE-NOTATION	Not Applicable	NA	<u>No pipe-delimited files:</u> States can populate the STATE-NOTATION field with "no," "na," or leave the field blank (i.e., substituted as "pipe" pipe" with nothing in between ()) when not using the field to record specific comments. <u>No fixed-length files:</u> States should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-just the field with spaces when the field does contain verbiage.	Not Applicable	9/25/2015	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG077-0002
2928	ELG078	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is replaceable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	ELIGIBLE CONTACT INFORMATION-ELG0004	ELG078-0001
2929	ELG079	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 digits are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00003.	Required	Value must be equal to a valid value.	ELG00003	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG079-0003
2930	ELG079	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG079-0001
2931	ELG080	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG080-0002
2932	ELG080	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG080-0001
2933	ELG080	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	Not Applicable
2934	ELG080	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG080-0003
2935	ELG081	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission (i.e. the RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file).	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG081-0001
2936	ELG081	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG081-0002
2937	ELG081	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG081-0003
2938	ELG082	MSIS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG082-0001
2939	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG082-0002
2940	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File until T-MSIS can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG082-0003
2941	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG082-0004
2942	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	Not Applicable
2943	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	Not Applicable
2944	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "TMSIS Guidance: Reporting Shared MSIS Identification Number for Individuals Reporting MSIS ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MSIS ID."	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG082-0005
2945	ELG083	MSIS-CASE-NUM	The state assigned number which uniquely identifies the Medicaid case to which the evidence belongs. The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may change over time.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG083-0001
2946	ELG083	MSIS-CASE-NUM	Not Applicable	NA	This field must contain the Medicaid case identification number assigned by the state. The format of the Medicaid case identification number must be supplied to CMS.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG083-0002
2947	ELG083	MSIS-CASE-NUM	Not Applicable	NA	If multiple MSIS-CASE-NUMs exist at the state-level, and T-MSIS only allows one Case Number in current T-MSIS DD, please enter the Case Number with the longest eligibility days in that particular month.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG083-0003
2948	ELG084	MEDICAD-BASIS-OF-ELIGIBILITY	A code indicating the individual's Medicaid eligibility for the coverage period (not including separate CHIP). Note: This data element will be phased out in later ELIGIBILITY GROUP.	Conditional	Value must be equal to a valid value.	00 Eligible for Separate CHIP only 01 Aged Individual 02 Blind/Disabled Individual 03 Not used 04 Child (not Child of Unemployed Adult, not Foster Care Child) 05 Adult (not based on unemployed status) 06 Child of Unemployed Adult (optional) 07 Unemployed Adult (optional) 08 Foster Care Child 09 Refugee Medical Assistance (45 CFR Sub-part G) 11 Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG084-0001
2949	ELG084	MEDICAD-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an individual's MAINTENANCE ASSISTANCE STATUS indicates he/she is eligible for separate CHIP only (V), then MEDICAD-BASIS-OF-ELIGIBILITY must also indicate he/she is eligible for Separate CHIP only (equal to '00').	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY DETERMINANTS-ELG00005	ELG084-0003

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2950	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Foster Care Child ("08"), then MAINTENANCE-ASSISTANCE-STATUS must be designated as Other ("9").	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0004
2951	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child of an Unemployed Adult ("01" or Unemployed Adult ("03"), then MAINTENANCE-ASSISTANCE-STATUS must be designated as Receiving Cash or eligible under section 1931 of the Act ("1").	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0005
2952	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2002 ("11"), then MAINTENANCE-ASSISTANCE-STATUS must be designated as Poverty Related ("3").	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0006
2953	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Aged individual ("01"), then his/her date of birth must imply the Recipient was over 64.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0007
2954	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child ("04") (not Child of Unemployed Adult, not Foster Care) or Child of an Unemployed Adult ("06"), then his/her date of birth must imply the Recipient was under 21.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0008
2955	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	Required on ELIGIBILITY-DETERMINANT segments with effective dates before January 1, 2014.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
2956	ELG884	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	The MEDICAID-BASIS-OF-ELIGIBILITY (BOS) and MAINTENANCE-ASSISTANCE-STATUS (MAS) fields should be left blank, submitted as "value filler" with nulling in between. The BOS field and source filled on HLF files for enrollment periods beginning on or after January 1, 2014. If the segment date spans January 1, 2014, MAS and BOS should continue to be reported for the individual undergoes Medicaid eligibility redetermination. If not already, after redetermination, the individual must be assigned a T-MSS ELIGIBILITY-GROUP. After redetermination, MAS and BOS are no longer required.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG884-0009
2957	ELG885	DUAL-ELIGIBLE-CODE	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	Conditional	Value must be equal to a valid value.	01 Eligible is not a Medicare beneficiary 02 Eligible is entitled to Medicare- QMB only 03 Eligible is entitled to Medicare- QMB AND Medicaid coverage 04 Eligible is entitled to Medicare- SLMB only 05 Eligible is entitled to Medicare- QDWH 06 Eligible is entitled to Medicare- Qualifying Individuals 08 Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWH or QI) 09 Eligible is entitled to Medicare - Other (This code is to be used only with specific CMS approval.) 10 Separate CHP Eligible is entitled to Medicare	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0001
2958	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	NOTE: This field should be populated from the same data that were used to populate the State's submission of the Medicare Modernization Act ("State MMA File") monthly file to CMS. In other words, the data values from the State MMA File should match this dual eligible data element.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0002
2959	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the eligible individual is a partial dual eligible, then he/she must have a MAINTENANCE-ASSISTANCE-STATUS of "0" (poverty-related). Note: MAINTENANCE-ASSISTANCE-STATUS is only required on ELIGIBILITY-DETERMINANT segments with either (1) both effective and end dates before January 1, 2014 or (2) effective date before January 1, 2014 and end date after January 1, 2014, until the individual undergoes Medicaid eligibility redetermination.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0003
2960	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the eligible individual is a partial dual eligible, then he/she must have a RESTRICTED-BENEFITS-CODE = "9".	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
2961	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the eligible individual is not a dual eligible, he/she must not have a Medicare Beneficiary Identifier Code = "9".	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0004
2962	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the Medicaid eligible individual is a dual eligible then MAINTENANCE-ASSISTANCE-STATUS cannot equal "0" indicating that he/she is not eligible for Medicaid.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0006
2963	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	DUAL-ELIGIBLE-CODE "08" is intended to capture full duals who are not eligible for Medicaid as a QMB, SLMB, QDWH, or QI. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid eligibility poverty group that exceeds the limits established for other dual beneficiaries. Regarding full duals who can be designated separately, states, where possible, should not lump these duals in this code and should instead assign them to one of the other full dual codes. The 08 code should be considered a catch-all for all remaining full duals.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0007
2964	ELG885	DUAL-ELIGIBLE-CODE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Dual Eligible Code"	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG885-0008
2965	ELG886	PRIMARY-ELIGIBILITY-GROUP-IND	A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eligibility records submitted with overlapping or concurrent eligibility determination effective and end dates.	Required	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG886-0001
2966	ELG886	PRIMARY-ELIGIBILITY-GROUP-IND	Not Applicable	NA	A person enrolled in Medicaid/CHIP should always have a primary eligibility group classification for any given day of enrollment. (There may or may not be a secondary eligibility group classification for that same day.) It is expected that an enrollee's eligibility group assignment (ELG887 - ELIGIBILITY-GROUP) will change over time as his/her situation changes. Whenever the eligibility group assignment changes (i.e., ELG887 has a different value), a separate ELIGIBILITY-DETERMINANTS record segment must be created. In such situations, there would be multiple ELIGIBILITY-DETERMINANTS record segments, each covering a different effective time span. In such situations, the value in ELG887 would be the primary eligibility group for the effective date span of its respective ELIGIBILITY-DETERMINANTS record segment, and the PRIMARY-ELIGIBILITY-GROUP-IND data element on each of these segments would be set to "1" (YES).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG886-0002
2967	ELG886	PRIMARY-ELIGIBILITY-GROUP-IND	Not Applicable	NA	Should a situation arise where a Medicaid/CHIP enrollee has been assigned both a primary and one or more secondary eligibility groups, there would be two or more ELIGIBILITY-DETERMINANTS record segments with overlapping effective time spans - one segment containing the primary eligibility group and the other(s) for the secondary eligibility group(s). To differentiate the primary eligibility group from the secondary group(s), only one segment should be assigned as the primary group using PRIMARY-ELIGIBILITY-GROUP-IND = 1, the others should be assigned PRIMARY-ELIGIBILITY-GROUP-IND = 0.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG886-0003
2968	ELG886	PRIMARY-ELIGIBILITY-GROUP-IND	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: PRIMARY-ELIGIBILITY-GROUP-IND"	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG886-0004
2969	ELG887	ELIGIBILITY-GROUP	The eligibility group applicable to the individual based on the eligibility determination process. The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPS).	Conditional	Value must be equal to a valid value.	See Appendix F - Eligibility Group Table	11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG887-0001
2970	ELG887	ELIGIBILITY-GROUP	Not Applicable	NA	Required on all ELIGIBILITY-DETERMINANTS segments with an effective date of January 1, 2014 or later. If the segment date span contains January 1, 2014, if not already assigned an ELIGIBILITY-GROUP, the individual must be assigned an ELIGIBILITY-GROUP code using the Medicaid eligibility redetermination. ELIGIBILITY-GROUP is not required for on segments ending before January 1, 2014.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
2971	ELG887	ELIGIBILITY-GROUP	Not Applicable	NA	Beneficiaries reported with ELIGIBILITY-GROUP="72", "73", "74", "75" are expected to be covered by an alternative benefit plan and should be reported with RESTRICTED-BENEFITS-CODE=7 and STATUS-PAN-OPTION-TYPE="00".	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG887-0002
2972	ELG887	ELIGIBILITY-GROUP	Not Applicable	NA	If the individual is eligible for Medicaid expansion CHIP (CHIP-CODE = 2) or Separate CHIP (CHIP-CODE = 3) he/she is expected to be reported with ELIGIBILITY-GROUP="61", "62", "63", "64", "65", "66", "67", or "68".	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
2973	ELG887	ELIGIBILITY-GROUP	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting Alternative Benefit Plans"	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG887-0003
2974	ELG887	ELIGIBILITY-GROUP	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Eligibility Group"	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG887-0004
2975	ELG888	LEVEL-OF-CARE-STATUS	The level of care required to meet an individual's needs and to determine LTSS program eligibility.	Conditional	Value must be equal to a valid value.	001 Hospital as defined in 42 CFR §440.10 002 Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR §440.104 003 Nursing Facility 004 24-Hour 005 Other Type of Facility 999 Not Applicable (Not in LTSS program)	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG888-0001
2976	ELG889	SSI-IND	A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG889-0001
2977	ELG890	SSI-IND	A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG890-0001
2978	ELG890	SSI-IND	Not Applicable	NA	If an eligible individual is receiving SSI, then his/her SSI Status cannot be considered not applicable.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG890-0002
2979	ELG891	SSI-STATE-SUPPLEMENT-STATUS-CODE	Indicates the individual's SSI State Supplemental Status.	Conditional	Value must be equal to a valid value.	000 Not Applicable 001 Mandatory 002 Optional	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG891-0001
2980	ELG891	SSI-STATE-SUPPLEMENT-STATUS-CODE	Not Applicable	NA	An eligible individual should not receive SSI State Supplements if they are not receiving SSI.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG891-0002
2981	ELG892	SSI-STATUS	Indicates the individual's SSI Status.	Conditional	Value must be equal to a valid value.	000 Not Applicable 001 SS 002 SS Eligible Spouse 003 SS Pending a Final Determination of Disposal of Resources Exceeding SSI Color Limits	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG892-0001
2982	ELG892	SSI-STATUS	Not Applicable	NA	An eligible individual cannot have an SSI Status if they are not receiving SSI or if his/her SSI status is pending decision.	Not Applicable	10/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG892-0002
2983	ELG893	STATE-SPEC-ELIG-GROUP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values before January 1, 2014 and ELIGIBILITY-GROUP values (on or after January 1, 2014).	Required	Composites of eligibility mapping factors used to create MAS and BOE and/or ELIGIBILITY-GROUP. State needs to provide composite code reflecting the contents of the MAS and BOE and/or ELIGIBILITY-GROUP values (e.g., money code, bytes 4-5 = person code). If bytes is insufficient to accommodate all of the eligibility factors, the state should select the most critical factors and include them in this field.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG893-0001
2984	ELG893	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	If the value for STATE-SPEC-ELIG-GROUP is between 000000 and 999999, then DATE-OF-DEATH cannot be before the start of the reporting period.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG893-0002

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2985	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	Value must be one of the valid codes submitted by the State. (States must submit lists of valid state specific eligibility factor codes to CMS in advance of transmitting T-MSIS files, and must update those lists whenever changes occur.)	Not Applicable	2/25/2013	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0003
2986	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	For this field, always report whatever is present in the State system, even if it is clearly invalid, leave blank or space-fill only when the State system contains no information.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0004
2987	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	If value = 000000 and < 999999, DATE-OF-DEATH cannot be less than the reporting period.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0005
2988	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	See "MSIS Coding Document", "CMS Guidance: Reporting Alternative Benefit Plans"	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0006
2989	ELG094	CONCEPTION-TO-BIRTH-IND	A flag to identify children eligible through the conception to birth option, which is available only through a Separate CHIP Program.	Conditional	Value must be equal to a valid value.	0/No 1/Yes	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0001
2990	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	If the individual is a child eligible through the conception to birth option, then the individual must have his/her eligibility indicator that he/she is eligible only through a Separate CHIP program. ELIGIBILITY-GROUP must be "64".	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0002
2991	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	If an individual is eligible through the conception to birth option, then any associated claims for the individual must indicate the program type for the claim as State Plan CHIP Program Type "143".	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0003
2992	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	The CHIP-CODE must equal "3" (Individual was not Medicaid expansion CHIP eligible, but was included in a separate Title XIX CHIP program) or "4" (Individual was both Medicaid eligible and separate CHIP eligible.)	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0004
2993	ELG095	ELIGIBILITY-CHANGE-REASON	The reason for a change in an individual's eligibility status. Report this reason when there is a change in the individual's eligibility status.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG095-0001
2994	ELG096	MAINTENANCE-ASSISTANCE-STATUS	A code indicating the individual's maintenance assistance status. See Appendix C for a description of MSIS coding categories. Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP.	Conditional	Value must be equal to a valid value.	0/Eligible for Separate CHIP only 1/Receive Cash or eligible under section 1931 of the Act 2/Medically Needy 3/Power of Attorney 4/Other 5/1115- Demonstration expansion eligible	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0001
2995	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If the individual has a MAINTENANCE-ASSISTANCE-STATUS indicating he/she is eligible for Medicaid, then his/her DATE-OF-DEATH cannot have occurred before the start of the time period for the file submission.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0002
2996	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If an eligible individual's MEDICAID-BASIS-OF-ELIGIBILITY indicates he/she is eligible for Separate CHIP only (equal to "01"), then MAINTENANCE-ASSISTANCE-STATUS must also indicate he/she is eligible for Separate CHIP only ("0").	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0003
2997	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If an individual's MEDICAID-BASIS-OF-ELIGIBILITY indicates he/she is eligible for Medicaid, then MAINTENANCE-ASSISTANCE-STATUS must also indicate he/she is eligible for Medicaid.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0004
2998	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If an individual is not eligible, then he/she must have a populated Medicaid Enrollment End Date.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0005
2999	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	Required on ELIGIBILITY-DETERMINANTS segments with effective dates before January 1, 2014.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
3000	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	The MEDICAID-BASIS-OF-ELIGIBILITY (B06) and MAINTENANCE-ASSISTANCE-STATUS (M05) fields should be left blank (i.e., submitted as "space filler" with nothing in between) on FIP files and space-filled on FIP files for enrollment periods beginning on or after January 1, 2014. If the segment date is after January 1, 2014, M05 and B06 should continue to be reported until the individual undergoes Medicaid eligibility redetermination. If not already, after redetermination, the individual must be assigned a T-MSIS ELIGIBILITY-GROUP. After redetermination, M05 and B06 are no longer required.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0006
3001	ELG097	RESTRICTED-BENEFITS-CODE	A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0001
3002	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If the individual is eligible for Medicaid but only entitled to restricted benefits based on Medicaid dual-eligibility status (RESTRICTED-BENEFITS-CODE = "3"), then his/her dual-eligibility status must indicate he/she is a current dual eligible (DUAL-ELIGIBLE-CODE = "1" (QMB only), "2" (SLMB only), "3" (QDW), or "6" (IG)).	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0002
3003	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If the individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services, then B07 must equal "1".	Not Applicable	10/10/2013	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0003
3004	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If an individual receives restricted benefits based on his/her alien status (RESTRICTED-BENEFITS-CODE = "7"), then he/she must not be a U.S. citizen (CITIZENSHIP-IND = "0").	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0005
3005	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If an individual's restricted benefits status indicates that they are entitled to any level of Medicaid or CHIP benefits, then his/her Maintenance Assistance Status and Basis of Eligibility and/or ELIGIBILITY-GROUP cannot indicate he/she is not eligible.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0006
3006	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person (RESTRICTED-BENEFITS-CODE = "D"), then he/she must have a corresponding MFP enrollment segment with effect and end dates that are within or the same as the effective and end dates of Eligibility Determinant record segment.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0007
3007	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	Beneficiaries reported with ELIGIBILITY-GROUP="72", "73", "74", "75" are expected to be covered by alternative care programs and should be reported with RESTRICTED-BENEFITS-CODE="7" and STATE-PLAN-OPTION-TYPE="0".	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0008
3008	ELG098	TANF-CASH-CODE	A flag that indicates whether the individual received Federal Temporary Assistance for Needy Families (TANF) benefits.	Conditional	Value must be equal to a valid value.	1/Individual did not receive TANF benefits. 2/Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible)	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0001
3009	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	The start date of an individual's reported Eligibility Status. This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0001
3010	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	If it is unknown when eligibility status became effective OR if a complete, valid date is not available, leave blank or space-fill.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0003
3011	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0004
3012	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0005
3013	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	The ELIGIBILITY-DETERMINANT-EFF-DATE must occur on or before the ELIGIBILITY-DETERMINANT-END-DATE.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0006
3014	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the ELIGIBILITY-DETERMINANTS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
3015	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0007
3016	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0008
3017	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	The date that an individual's reported Eligibility Status ended.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0001
3018	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or it is unknown, leave blank or space-fill.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0003
3019	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0004
3020	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0005
3021	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
3022	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ELIGIBILITY-DETERMINANTS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0006
3023	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	The ELIGIBILITY-DETERMINANT-END-DATE must occur on or after the ELIGIBILITY-DETERMINANT-EFF-DATE.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
3024	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0007
3025	ELG101	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0001
3026	ELG101	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "no", "na", or leave the field blank (i.e., submitted as "space filler" with nothing in between) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0002
3027	ELG102	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore, should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG102-0001
3028	ELG103	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00006	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0003
3029	ELG103	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0001
3030	ELG104	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/reference/us_states.html	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0002
3031	ELG104	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0001
3032	ELG104	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	Not Applicable
3033	ELG104	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0003
3034	ELG105	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0001

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3035	ELG105	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0005	ELG105-0002
3036	ELG105	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0005	ELG105-0003
3037	ELG106	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG106-0001
3038	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MIS application.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG106-0002
3039	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File to that T-MSSS can associated the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG106-0003
3040	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG106-0004
3041	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3042	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS ID for pregnant women, unborn children, mothers, and their dependent (including surrogate) less than 1 year of age who share the same MSS ID.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3043	ELG106	MSS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0002).	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG106-0005
3044	ELG107	HEALTHHOME-SPA-NAME	A free-text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional	Left justify and right fill unused bytes with spaces.	Not Applicable	11/3/2015	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG107-0001
3045	ELG107	HEALTHHOME-SPA-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG107-0002
3046	ELG107	HEALTHHOME-SPA-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the SZTM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG107-0003
3047	ELG108	HEALTHHOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	Required on every HEALTHHOME-SPA-PARTICIPATION-INFORMATION record.	Not Applicable	11/3/2015	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG108-0001
3048	ELG108	HEALTHHOME-ENTITY-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG108-0002
3049	ELG108	HEALTHHOME-ENTITY-NAME	Not Applicable	NA	Right-fill unused bytes if name is less than 100 bytes long.	Not Applicable	4/30/2013	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG108-0003
3050	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	The date on which the individual's participation in the Health Home Program started. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0001
3051	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0003
3052	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0004
3053	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0005
3054	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTHHOME-SPA-PARTICIPATION record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3055	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	The HEALTHHOME-SPA-PARTICIPATION-EFF-DATE must occur on or before the HEALTHHOME-SPA-PARTICIPATION-END-DATE.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0006
3056	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0008
3057	ELG109	HEALTHHOME-SPA-PARTICIPATION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG109-0009
3058	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	The date on which the individual's participation in the Health Home Program ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0001
3059	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0003
3060	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0004
3061	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0005
3062	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date PPPP22.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3063	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTHHOME-SPA-PARTICIPATION-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0006
3064	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	The HEALTHHOME-SPA-PARTICIPATION-END-DATE must occur on or after the HEALTHHOME-SPA-PARTICIPATION-EFF-DATE.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0007
3065	ELG110	HEALTHHOME-SPA-PARTICIPATION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG110-0008
3066	ELG111	HEALTHHOME-ENTITY-EFF-DATE	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG111-0001
3067	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG111-0002
3068	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG111-0004
3069	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG111-0005
3070	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	The HEALTHHOME-ENTITY-EFF-DATE must occur on or before the HEALTHHOME-ENTITY-END-DATE.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3071	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTHHOME-SPA-PARTICIPATION record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3072	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3073	ELG111	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	Not Applicable
3074	ELG112	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG112-0001
3075	ELG112	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "y/n", "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG112-0002
3076	ELG113	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited file. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELGFILE	HEALTHHOME-SPA-PARTICIPATION-INFORMATION-ELG0006	ELG113-0001
3077	ELG114	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0007	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG114-0003
3078	ELG114	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG114-0001
3079	ELG115	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.cms.gov/priorities/issue-areas/state-tables.html	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG115-0002
3080	ELG115	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG115-0001
3081	ELG115	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	Not Applicable
3082	ELG115	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG115-0003
3083	ELG116	RECORD-NUMBER	A requested number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be numeric.	Not Applicable	4/30/2013	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG116-0001
3084	ELG116	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG116-0002
3085	ELG116	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG116-0003
3086	ELG117	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG117-0001
3087	ELG117	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MIS application.	Not Applicable	8/7/2017	ELGFILE	HEALTHHOME-SPA-PROVIDERS-ELG0007	ELG117-0002

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3088	ELG117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG117-0003
3089	ELG117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG117-0004
3090	ELG117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	Not Applicable
3091	ELG117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their dependent newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	Not Applicable
3092	ELG117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-EL00000).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG117-0005
3093	ELG118	HEALTHHOME-SPA-NAME	A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional	4-81 UTF8 and right fill unescaped bytes with spaces	Not Applicable	11/3/2015	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG118-0001
3094	ELG118	HEALTHHOME-SPA-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG118-0002
3095	ELG119	HEALTHHOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	Required on every HEALTHHOME-SPA-PARTICIPATION-INFORMATION record	Not Applicable	11/3/2015	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG119-0001
3096	ELG119	HEALTHHOME-ENTITY-NAME	Not Applicable	NA	If the value for STATE-EDU-GROUP is a valid, non-missing value, then DATE-OF-DEATH cannot be before ELIGIBILITY-DETERMINANTS-EFF-DATE.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG119-0002
3097	ELG119	HEALTHHOME-ENTITY-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG119-0003
3098	ELG119	HEALTHHOME-ENTITY-NAME	Not Applicable	NA	When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe" with nothing in between [] on PIV files and space filled or null field).	Not Applicable	9/23/2015	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG119-0004
3099	ELG130	HEALTHHOME-PROV-NUM	A unique identification number assigned by the state to the individual's primary care manager for the health home in which the individual is enrolled.	Conditional	Required on every HEALTHHOME-SPA-PROVIDERS record	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG130-0002
3100	HEALTHHOME-PROV-NUM	Not Applicable	NA	Value must exist in the state's submitted provider information	Not Applicable	2/25/2013	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG130-0003	
3101	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	The date on which the eligible individual's affiliation with the health home entity for the provision of health home services became effective. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0001
3102	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0003
3103	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	If an individual is eligible through the conception to birth option, then the CHIP CODE must equal "3" (Individual was not Medicaid Expansion CHIP eligible, but was included in a separate title XXI CHIP program).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0004
3104	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0005
3105	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	The HEALTHHOME-SPA-PROVIDER-EFF-DATE must occur on or before the HEALTHHOME-SPA-PROVIDER-END-DATE.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0006
3106	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTHHOME-SPA-PROVIDERS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	Not Applicable
3107	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) is not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0008
3108	ELG121	HEALTHHOME-SPA-PROVIDER-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG121-0009
3109	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	The date on which the eligible individual's affiliation with the health home entity for the provision of health home services ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0001
3110	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0003
3111	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0004
3112	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0005
3113	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99991231.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	Not Applicable
3114	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the HEALTHHOME-SPA-PROVIDERS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0006
3115	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	The HEALTHHOME-SPA-PROVIDER-END-DATE must occur on or after the HEALTHHOME-SPA-PROVIDER-EFF-DATE.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	Not Applicable
3116	ELG122	HEALTHHOME-SPA-PROVIDER-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG122-0007
3117	ELG123	HEALTHHOME-ENTITY-EFF-DATE	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG123-0001
3118	ELG123	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG123-0002
3119	ELG123	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG123-0004
3120	ELG123	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG123-0005
3121	ELG123	HEALTHHOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be equal to or less than START-OF-TIME-PERIOD.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG123-0006
3122	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG124-0001	
3123	ELG124	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a.," or leave the field blank (i.e., submitted as "pipe" with nothing in between) with nothing in the field for record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG124-0002
3124	ELG125	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in these files.	Not Applicable	9/23/2015	ELIGIBLE	HEALTHHOME-SPA-PROVIDERS-EL00007	ELG125-0001
3125	ELG126	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment is EL00000.	Required	Value must be equal to a valid value.	EL00000	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG126-0003
3126	ELG126	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG126-0001
3127	ELG127	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/atlces/atlstates/states.html	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG127-0002
3128	ELG127	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG127-0001
3129	ELG127	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	Not Applicable
3130	ELG127	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG127-0003
3131	ELG128	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG128-0001
3132	ELG128	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG128-0002
3133	ELG128	RECORD-NUMBER	Not Applicable	NA	RECORD-NUMBER/COMBINATION should be unique within a state's submission.	Not Applicable	9/25/2013	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG128-0003
3134	ELG129	MSIS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG129-0001
3135	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG129-0002
3136	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG129-0003
3137	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG129-0004
3138	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	Not Applicable
3139	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their dependent newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	Not Applicable
3140	ELG129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-EL00000).	Not Applicable	8/7/2017	ELIGIBLE	HEALTHHOME-CHRONIC-CONDITIONS-EL00008	ELG129-0005

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3141	ELG130	HEALTH HOME CHRONIC CONDITION	The chronic condition used to determine the individual's eligibility for the health home provision.	Conditional	Value must be equal to a valid value.	A Mental health B Substance abuse C Asthma D Diabetes E Heart disease F Overweight (BMI of >25) G HIV/AIDS H Other	11/3/2015	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG130-0001
3142	ELG130	HEALTH HOME CHRONIC CONDITION	Not Applicable	NA	If value H (Other) is selected, identify the chronic condition in HEALTH HOME CHRONIC CONDITION-OTHER EXPLANATION.	Not Applicable	4/20/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG130-0002
3143	ELG131	HEALTH HOME CHRONIC CONDITION OTHER EXPLANATION	A free text field to capture the description of the other chronic condition (or conditions) when value "H" (Other) appears in the HEALTH HOME CHRONIC CONDITION.	Conditional	Conditional (required when value "H" (Other) appears in HEALTH HOME CHRONIC CONDITION)	Not Applicable	2/25/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG131-0001
3144	ELG131	HEALTH HOME CHRONIC CONDITION OTHER EXPLANATION	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG131-0002
3145	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	The first day of the time span during which the values in all data elements on a HEALTH HOME CHRONIC CONDITION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0001
3146	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0003
3147	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0004
3148	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0005
3149	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	The HEALTH HOME CHRONIC CONDITION EFF DATE must occur on or before the HEALTH HOME CHRONIC CONDITION END DATE.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0006
3150	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the HEALTH HOME CHRONIC CONDITIONS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0007
3151	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0008
3152	ELG132	HEALTH HOME CHRONIC CONDITION EFF DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG132-0009
3153	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	The last day of the time span during which the values in all data elements on a HEALTH HOME CHRONIC CONDITION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0001
3154	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0003
3155	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0004
3156	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0005
3157	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	10/10/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0006
3158	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the HEALTH HOME CHRONIC CONDITIONS record segment changes, a new record segment must be created.	Not Applicable	10/10/2013	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0007
3159	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	The HEALTH HOME CHRONIC CONDITION END DATE must occur on or after the HEALTH HOME CHRONIC CONDITION EFF DATE.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	Not Applicable
3160	ELG133	HEALTH HOME CHRONIC CONDITION END DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG133-0008
3161	ELG134	STATE NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG134-0001
3162	ELG134	STATE NOTATION	Not Applicable	NA	<u>For pipe-delimited files:</u> states can populate the STATE NOTATION field with "N/A," "N/A," or leave the field blank (i.e., submitted as "pipes pipe" with nothing in between) when not using the field to record specific comments. <u>For fixed-length files:</u> states should space-fill the STATE NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG134-0002
3163	ELG135	FILLER	Not Applicable	NA	<u>For pipe-delimited files:</u> FILLER that is shown at the end of each record layout is applicable only to the top length files and therefore should be ignored in pipe-delimited files. <u>For fixed-length files:</u> FILLER that is shown at the end of each record layout should be space-filled in these lengths.	Not Applicable	9/23/2015	ELIGIBLE	HEALTH HOME CHRONIC CONDITIONS-EL00008	ELG135-0001
3164	ELG136	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	EL00009	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG136-0003
3165	ELG136	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG136-0001
3166	ELG137	SUBMITTING STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/reference/astl_stateables.html	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG137-0002
3167	ELG137	SUBMITTING STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG137-0001
3168	ELG137	SUBMITTING STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable
3169	ELG137	SUBMITTING STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG137-0003
3170	ELG138	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be numeric.	Not Applicable	4/20/2013	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG138-0001
3171	ELG138	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/20/2013	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG138-0002
3172	ELG138	RECORD-NUMBER	Not Applicable	NA	For NON-SSN STATES, record numbers should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG138-0003
3173	ELG139	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG139-0001
3174	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS by the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG139-0002
3175	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible file so that T-MSIS can associate the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG139-0003
3176	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG139-0004
3177	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable
3178	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable
3179	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS-ID for pregnant women, unborn children, mothers, and their dependent younger than 1 year of age who share the same MSIS-ID.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG139-0005
3180	ELG140	LOCKIN PROV-NUM	A unique identification number assigned by the state to a provider furnishing lock-in healthcare services to an individual.	Conditional	Valid formats must be supplied by the state in advance of submitting file data.	Not Applicable	11/3/2015	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG140-0001
3181	ELG141	LOCKIN IN SVCS	The types of service that are locked-in.	Conditional	[1] Enter the TYPE OF SERVICE code that describes the services being locked-in. [2] Enter one TYPE OF SERVICE code per LOCK-IN INFORMATION-EL00009 record segment. [3] If more than one TYPE OF SERVICE is being locked-in, create a separate LOCK-IN INFORMATION-EL00009 record segment for each.	See Appendix A for listing of valid values.	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG141-0001
3182	ELG142	LOCKIN EFF DATE	The date on which the lock in period begins for an individual with a healthcare service/provider. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0001
3183	ELG142	LOCKIN EFF DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0003
3184	ELG142	LOCKIN EFF DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0004
3185	ELG142	LOCKIN EFF DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0005
3186	ELG142	LOCKIN EFF DATE	Not Applicable	NA	The LOCKIN EFF DATE must occur on or before the LOCKIN END DATE.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0006
3187	ELG142	LOCKIN EFF DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the LOCKIN-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable
3188	ELG142	LOCKIN EFF DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0007
3189	ELG142	LOCKIN EFF DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG142-0008
3190	ELG143	LOCKIN END DATE	The date on which the lock in period ends for an individual with a healthcare service/provider.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG143-0001
3191	ELG143	LOCKIN END DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG143-0003
3192	ELG143	LOCKIN END DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG143-0004
3193	ELG143	LOCKIN END DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG143-0005
3194	ELG143	LOCKIN END DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable
3195	ELG143	LOCKIN END DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the LOCKIN-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	LOCK-IN INFORMATION-EL00009	ELG143-0006
3196	ELG143	LOCKIN END DATE	Not Applicable	NA	The LOCKIN-END-DATE must occur on or after the LOCKIN-EFF-DATE.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN INFORMATION-EL00009	Not Applicable

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3197	ELG143	LOCK-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELG143	LOCK-INFORMATION-ELG0009	ELG143-0007
3198	ELG144	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELG144	LOCK-INFORMATION-ELG0009	ELG144-0001
3199	ELG144	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files states can populate the STATE-NOTATION field with "no," "na," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELG144	LOCK-INFORMATION-ELG0009	ELG144-0002
3200	ELG145	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELG145	LOCK-INFORMATION-ELG0009	ELG145-0001
3201	ELG146	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0010	8/7/2017	ELG146	MPP-INFORMATION-ELG0010	ELG146-0003
3202	ELG146	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELG146	MPP-INFORMATION-ELG0010	ELG146-0001
3203	ELG147	SUBMITTING-STATE	The AVE numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/datafiles/states.html	Not Applicable	8/7/2017	ELG147	MPP-INFORMATION-ELG0010	ELG147-0002
3204	ELG147	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELG147	MPP-INFORMATION-ELG0010	ELG147-0001
3205	ELG147	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG147	MPP-INFORMATION-ELG0010	Not Applicable
3206	ELG147	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELG147	MPP-INFORMATION-ELG0010	ELG147-0003
3207	ELG148	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELG148	MPP-INFORMATION-ELG0010	ELG148-0001
3208	ELG148	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELG148	MPP-INFORMATION-ELG0010	ELG148-0002
3209	ELG148	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELG148	MPP-INFORMATION-ELG0010	ELG148-0003
3210	ELG149	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	ELG149-0001
3211	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	ELG149-0002
3212	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	ELG149-0003
3213	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	ELG149-0004
3214	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	Not Applicable
3215	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	Not Applicable
3216	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELG149	MPP-INFORMATION-ELG0010	ELG149-0005
3217	ELG150	MPP-LIVES-WITH-FAMILY	A code indicating if the individual lives with his/her family or is not a participant in the MPP program.	Conditional	Value must be equal to a valid value.	0 NO 1 YES 2 No MPP Participation	8/7/2017	ELG150	MPP-INFORMATION-ELG0010	ELG150-0001
3218	ELG151	MPP-QUALIFIED-INSTITUTION	A code describing type of qualified institution at the time of transition to the community for an eligible MPP Demonstration participant.	Conditional	Value must be equal to a valid value.	00 Default- No MPP Participation 01 Nursing Facility 02 CC/ICD (Intermediate Care Facilities for individuals with Intellectual Disabilities) 03 IMD (Institution for Mental Diseases) 04 Hospital 05 Other	8/7/2017	ELG151	MPP-INFORMATION-ELG0010	ELG151-0001
3219	ELG152	MPP-QUALIFIED-RESIDENCE	A code indicating the type of qualified residence.	Conditional	Value must be equal to a valid value.	00 Default- No MPP Participation 01 Home owned by participant 02 Home owned by family member 03 Apartment leased by participant, not assisted living 04 Apartment leased by participant, assisted living 05 Group home of no more than 4 people	8/7/2017	ELG152	MPP-INFORMATION-ELG0010	ELG152-0001
3220	ELG153	MPP-REASON-PARTICIPATION-ENDED	A code describing reason why individual's participation in the Money Follows the Person Demonstration ended.	Conditional	Value must be equal to a valid value.	00 Default- No MPP Participation 01 Completed 360 days of participation 02 Suspended eligibility 03 Re-institutionalized 04 Died 05 Moved 06 No longer needed services 07 Other	8/7/2017	ELG153	MPP-INFORMATION-ELG0010	ELG153-0001
3221	ELG153	MPP-REASON-PARTICIPATION-ENDED	Not Applicable	NA	If an eligible individual's participation in MPP has ended, then MPP Enrollment End Date cannot be designated as not applicable.	Not Applicable	2/25/2013	ELG153	MPP-INFORMATION-ELG0010	ELG153-0002
3222	ELG154	MPP-REINSTITUTIONALIZED-REASON	A code describing reason why individual was re-institutionalized after participation in the Money Follows the Person Demonstration.	Conditional	Value must be equal to a valid value.	00 Default- No MPP Participation 01 Acute care hospitalization followed by long term rehabilitation 02 Deterioration in cognitive functioning 03 Deterioration in mental health 04 Loss of housing 05 Loss of personal care giver 07 By request of participant or guardian 08 Lack of sufficient community services	8/7/2017	ELG154	MPP-INFORMATION-ELG0010	ELG154-0001
3223	ELG155	MPP-ENROLLMENT-EFF-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration started. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0001
3224	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0003
3225	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0004
3226	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0005
3227	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	The MPP-ENROLLMENT-EFF-DATE must occur on or before the MPP-ENROLLMENT-END-DATE.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0006
3228	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the MPP-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	Not Applicable
3229	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Contains guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	ELG155-0007
3230	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELG155	MPP-INFORMATION-ELG0010	ELG155-0008
3231	ELG155	MPP-ENROLLMENT-EFF-DATE	Not Applicable	NA	If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person (RESTRICTED-BENEFITS-CODE = "D"), then he/she must have a corresponding MPP enrollment segment with effect and end dates that are within or the same as the effective and end dates of Eligibility Determinant record segment.	Not Applicable	8/7/2017	ELG155	MPP-INFORMATION-ELG0010	Not Applicable
3232	ELG156	MPP-ENROLLMENT-END-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration ended.	Conditional	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	ELG156-0001
3233	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	ELG156-0003
3234	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	ELG156-0004
3235	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	ELG156-0005
3236	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	Not Applicable
3237	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the MPP-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELG156	MPP-INFORMATION-ELG0010	ELG156-0006
3238	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	The MPP-ENROLLMENT-END-DATE must occur on or after the MPP-ENROLLMENT-EFF-DATE.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	Not Applicable
3239	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	ELG156-0007
3240	ELG156	MPP-ENROLLMENT-END-DATE	Not Applicable	NA	If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person (RESTRICTED-BENEFITS-CODE = "D"), then he/she must have a corresponding MPP enrollment segment with effect and end dates that are within or the same as the effective and end dates of Eligibility Determinant record segment.	Not Applicable	8/7/2017	ELG156	MPP-INFORMATION-ELG0010	Not Applicable
3241	ELG157	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELG157	MPP-INFORMATION-ELG0010	ELG157-0001

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3242	ELG157	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "Y", "N", "U", "A", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELGIBLE	MFF-INFORMATION-ELG0000	ELG157-0002
3243	ELG158	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELGIBLE	MFF-INFORMATION-ELG0000	ELG158-0001
3244	ELG159	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 letters are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0001	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG159-0003
3245	ELG159	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG159-0001
3246	ELG160	SUBMITTING-STATE	The AHS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/data/states/states.html	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG160-0002
3247	ELG160	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG160-0001
3248	ELG160	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3249	ELG160	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG160-0003
3250	ELG161	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG161-0001
3251	ELG161	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG161-0002
3252	ELG161	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	7/25/2013	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG161-0003
3253	ELG162	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG162-0001
3254	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG162-0002
3255	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG162-0003
3256	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG162-0004
3257	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3258	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their dependent newborns younger than 1 year of age who share the same MSIS ID.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3259	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment. PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0000.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG162-0005
3260	ELG163	STATE-PLAN-OPTION-TYPE	This field specifies the State Plan Option in which the individual is enrolled. Use an occurrence for each State Plan Option enrollment.	Conditional	Value must be equal to a valid value.	00 Not Applicable 01 Community First Choice 02 1915D 03 1915J 04 1915G 05 1915A 06 1915T (Alternative Benefit Plans)	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG163-0001
3261			Not Applicable	NA	Beneficiaries reported with ELIGIBILITY-GROUP="72", "73", "74", "75" are expected to be covered by an alternative benefit plan and should be reported with RESTRICTED-BENEFITS-CODE="0" and STATE-PLAN-OPTION-TYPE="06"	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG163-0003
3262	ELG163	STATE-PLAN-OPTION-TYPE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0001
3263	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0003
3264	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0004
3265	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0005
3266	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	The STATE-PLAN-OPTION-EFF-DATE must occur on or before the STATE-PLAN-OPTION-END-DATE.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0006
3267	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the STATE-PLAN-OPTION-PARTICIPATION record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3268	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	Developing coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0008
3269	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG164-0009
3270	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0001
3271	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0003
3272	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0004
3273	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0005
3274	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	It may be an end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3275	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the STATE-PLAN-OPTION-PARTICIPATION record segment changes, a new record segment must be created.	Not Applicable	7/25/2013	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0006
3276	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	The STATE-PLAN-OPTION-END-DATE must occur on or after the STATE-PLAN-OPTION-EFF-DATE.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	Not Applicable
3277	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG165-0007
3278	ELG166	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG166-0001
3279	ELG166	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "Y", "N", "U", "A", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG166-0002
3280	ELG167	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG0001	ELG167-0001
3281	ELG168	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 letters are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0002	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG168-0003
3282	ELG168	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG168-0001
3283	ELG169	SUBMITTING-STATE	The AHS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/data/states/states.html	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG169-0002
3284	ELG169	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG169-0001
3285	ELG169	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	Not Applicable
3286	ELG169	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG169-0003
3287	ELG170	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG170-0001
3288	ELG170	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG170-0002
3289	ELG170	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	7/25/2013	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG170-0003
3290	ELG171	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG171-0001
3291	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG171-0002
3292	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS-IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG171-0003
3293	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	ELG171-0004
3294	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG0002	Not Applicable

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3295	ELG171	MSS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	Not Applicable
3296	ELG171	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSS Guidance Document, "TMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSS ID	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG171-0005
3297	ELG172	WAWER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1P150(b)(1); 1P150(b)(2); 1P150(b)(3); and 1P150(b)(4) managed care waivers; 1P150(c) home and community based services waivers; combined 1P150(b) and 1P150(c) managed home and community based services waivers and 115 demonstration.	Conditional	Create as many WAWER-PARTICIPATION (ELG00013) record segments as necessary to record all waivers that are applicable.	Not Applicable	11/9/2015	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG172-0001
3298	ELG172	WAWER-ID	Not Applicable	NA	Report the full federal waiver identifier	Valid values are supplied by the state.	11/9/2015	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG172-0002
3299	ELG172	WAWER-ID	Not Applicable	NA	Value must correspond to the WAWER-TYPE	Not Applicable	10/10/2013	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG172-0003
3300	ELG173	WAWER-TYPE	Code for specifying waiver types under which the eligible individual is covered during the month.	Conditional	Enter the WAWER-TYPE assigned	See Appendix A for listing of valid values.	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG173-0002
3301	ELG173	WAWER-TYPE	Not Applicable	NA	Value must correspond to associated WAWER-ID	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	Not Applicable
3302	ELG173	WAWER-TYPE	Not Applicable	NA	If individual was eligible for Medicaid or CHIP but not eligible for a waiver, #fill, leave blank, or space-fill	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG173-0003
3303	ELG174	WAWER-ENROLLMENT-EFF-DATE	Date an individual's enrollment under a particular waiver began. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0001
3304	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0003
3305	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0004
3306	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0005
3307	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the WAWER-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	Not Applicable
3308	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	The WAWER-ENROLLMENT-EFF-DATE must occur on or before the WAWER-ENROLLMENT-END-DATE	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0006
3309	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0007
3310	ELG174	WAWER-ENROLLMENT-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG174-0008
3311	ELG175	WAWER-ENROLLMENT-END-DATE	Date an individual's enrollment under a particular waiver ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0001
3312	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0003
3313	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0004
3314	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0005
3315	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	Not Applicable
3316	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the WAWER-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0006
3317	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	The WAWER-ENROLLMENT-END-DATE must occur on or after the WAWER-ENROLLMENT-EFF-DATE	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	Not Applicable
3318	ELG175	WAWER-ENROLLMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG175-0007
3319	ELG176	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG176-0001
3320	ELG176	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files states can populate the STATE-NOTATION field with "y", "n", or "a," or leave the field blank (i.e., submitted as "pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG176-0002
				NA	For fixed length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right pad the field with spaces when the field does contain verbiage.	Not Applicable				
3321	ELG177	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	ELGIBLE	WAWER-PARTICIPATION-ELG00012	ELG177-0001
3322	ELG178	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 characters are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00013	Required	Value must be equal to a valid value.	ELG00013	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG178-0003
3323	ELG178	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG178-0001
3324	ELG179	SUBMITTING-STATE	The AVE numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG179-0002
3325	ELG179	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG179-0001
3326	ELG179	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3327	ELG179	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG179-0003
3328	ELG180	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG180-0001
3329	ELG180	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	2/28/2013	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG180-0002
3330	ELG180	RECORD-NUMBER	Not Applicable	NA	RECORD-TO-RECORD-NUMBER contributions should be unique within a state's submission.	Not Applicable	2/25/2013	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG180-0003
3331	ELG181	MSS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG181-0001
3332	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSS application.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG181-0002
3333	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly assigned social security number for at least one monthly submission of the Eligible File so that T-MSS can associate the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG181-0003
3334	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG181-0004
3335	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3336	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSS Guidance Document, "TMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSS ID	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3337	ELG181	MSS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002)	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG181-0005
3338	ELG182	TSS-LEVEL-CARE	The level of care provided to the individual by the long term care facility.	Conditional	Value must be equal to a valid value.	1 Skilled Care 2 Intermediate Care 3 Custodial Care	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG182-0001
3339	ELG183	TSS-PROV-NUM	A unique identification number assigned by the state to the long term care facility furnishing healthcare services to the individual.	Conditional	Valid formats must be supplied by the state in advance of submitting file data	Valid values are supplied by the state.	11/9/2015	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG183-0001
3340	ELG184	TSS-ELIGIBILITY-EFF-DATE	The date on which the individual's eligibility for long term care nursing home service began. (This field should use the most date of the TSS eligibility period and not the service span.) This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0001
3341	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0003
3342	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0004
3343	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0005
3344	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the TSS-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3345	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	The TSS-ELIGIBILITY-EFF-DATE must occur on or before the TSS-ELIGIBILITY-END-DATE	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0006
3346	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0007
3347	ELG184	TSS-ELIGIBILITY-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG184-0008
3348	ELG185	TSS-ELIGIBILITY-END-DATE	The date on which the individual's eligibility for long term care nursing home service ended. (This field should use the end date of the eligibility period and not the service span.)	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG185-0001
3349	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG185-0003
3350	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG185-0004
3351	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3352	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3353	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the TSS-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG185-0006
3354	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	The TSS-ELIGIBILITY-END-DATE must occur on or after the TSS-ELIGIBILITY-EFF-DATE	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	Not Applicable
3355	ELG185	TSS-ELIGIBILITY-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG185-0007
3356	ELG186	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELGIBLE	TSS-PARTICIPATION-ELG00013	ELG186-0001

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3357	ELG186	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "N/A", "N/A.", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELG186	LTSS-PARTICIPATION-ELG00013	ELG186-0002
3358	ELG187	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELG186	LTSS-PARTICIPATION-ELG00013	ELG187-0001
3359	ELG188	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 letters are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00014	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0003
3360	ELG188	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0001
3361	ELG187	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the DISTRICT OF Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.cdc.gov/data/ncpc/ncpc_data_files.html	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG187-0002
3362	ELG189	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0001
3363	ELG189	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3364	ELG189	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0003
3365	ELG190	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. i.e. the RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be numeric.	Not Applicable	4/30/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0001
3366	ELG190	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0002
3367	ELG190	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0003
3368	ELG191	MISS-IDENTIFICATION-NUM	A SSN-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MISS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0001
3369	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MISS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0002
3370	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain a unique identification number assigned by the state. The format of the state MISS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application. For SSN states, in instances where the social security number is not known and a temporary MISS-IDENTIFICATION-NUM is used, the MISS-IDENTIFICATION-NUM field should be populated with the temporary MISS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MISS-IDENTIFICATION-NUM field should continue to be populated with the temporary MISS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File. At that T-MSIS call associated the temporary MISS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0003
3371	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MISS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0004
3372	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MISS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3373	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MISS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3374	ELG191	MISS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MISS Identification Number for information reporting MSB ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MSB ID."	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0005
3375	ELG192	MANAGED-CARE-PLAN-ID	The managed care plan identification number under which the eligible individual is enrolled. Use the state's own identifier, if the state uses the national health plan identifier as its internal number, enter that value in this field as well as the NATIONAL-HEALTH-CARE-ENTITY-ID field.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0001
3376	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0002
3377	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	If individual is not enrolled in any managed care plan, do not report record segment for the individual.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0003
3378	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	If the MANAGED-CARE-PLAN-ID field is not applicable, then MANAGED-CARE-PLAN-TYPE must be designated as not applicable.	Not Applicable	10/10/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0004
3379	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	The value reported in this data element must match a STATE-PLAN-ID-NUM value reported on the managed care plan and a MANAGED-CARE-PLAN-ID reported on claims files.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0005
3380	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan-ID on the Eligible File"	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0006
3381	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case Management Reporting"	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0007
3382	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	A record segment should be reported for each managed care plan ID in which the beneficiary is enrolled.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0008
3383	ELG193	MANAGED-CARE-PLAN-TYPE	A model of health care delivery organized to provide a defined set of services.	Conditional	Must be populated on every record segment	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0001
3384	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0002
3385	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	If individual is not enrolled in any managed care plan, do not report record segment for the individual.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003
3386	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	The value reported in this data element should match the MANAGED-CARE-PLAN-TYPE value reported on the Managed Care Plan file and claims file for the corresponding managed care plan number.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0004
3387	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-PLAN-TYPE in the T-MSIS Managed Care File"	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0007
3388	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Non-Emergency Medical Transportation (NEMT) and Ambulatory Health Trans (PAHP) in the T-MSIS Managed Care File"	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3389	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity controlling health plan, subhealth plan, or other entity) at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. See 45 CFR 142 Subpart F, http://www.gpo.gov/dsp/pw/fr-2012-09/05/pdf/2012-11238.pdf	NA	Implementation of 45 CFR 142 Subpart F regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0001
3390	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	2/25/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0003
3391	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is reserved for all eligible persons enrolled in managed care on or after the mandated dates above.	Not Applicable	2/25/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0004
3392	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Field cannot be space filled. MANAGED-CARE-PLAN-TYPE not "88" or "99"	Not Applicable	4/30/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0005
3393	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	If the eligible person is not enrolled in managed care, do not report the segment for the individual.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0006
3394	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	The NATIONAL-HEALTH-CARE-ENTITY-ID in the eligibility record should match a NATIONAL-HEALTH-CARE-ENTITY-ID on the managed care record for the MANAGED-CARE-PLAN-ID.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3395	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes "controlling" health plan identifiers (CPIH)	NA	Implementation of 45 CFR 142 Subpart F regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0001
3396	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	NA	Value must be in the set of valid values	1 Controlling Health Plan (CPIH) 2 Subhealth Plan (SHP) 3 Other Entity Identifier (OIE)	10/10/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0003
3397	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	NA	If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with a space	Not Applicable	10/10/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0004
3398	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	The effective date of an individual's enrollment in a managed care plan. Each instance corresponds to a MANAGED-CARE-PLAN-ID	Conditional	Date format is CYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0001
3399	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	This date field is necessary when defining a unique row in a database table.	Not Applicable		Not Applicable				
3400	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3401	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0002
3402	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0004
3403	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the MANAGED-CARE-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3404	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	The MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE must occur on or before the MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0005
3405	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Coverage guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0006
3406	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the end date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0007
3406	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	The date an individual's enrollment in a managed care plan ends. Each instance corresponds to a MANAGED-CARE-PLAN-ID	Conditional	Date format is CYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0001
3407	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0002
3408	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0004
3409	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0005
3410	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99991231	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3411	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the MANAGED-CARE-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0006
3412	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	The MANAGED-CARE-PLAN-ENROLLMENT-END-DATE must occur on or after the MANAGED-CARE-PLAN-ENROLLMENT-BFF-DATE	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable
3413	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELG186	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0007

V2.2 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3414	ELG198	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0000
3415	ELG198	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "N/A," "0," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0002
3416	ELG199	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG199-0001
3417	ELG200	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG00015	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG000-0003
3418	ELG200	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG000-0001
3419	ELG201	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://open.census.gov/data/reference/states/states.html	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG001-0000
3420	ELG201	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG001-0001
3421	ELG201	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable
3422	ELG201	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG001-0003
3423	ELG202	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG002-0001
3424	ELG202	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG002-0002
3425	ELG202	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG002-0003
3426	ELG203	MSS-IDENTIFICATION-NUM	A state-specific unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG003-0001
3427	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to OHS with the state's MSS application.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG003-0002
3428	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible file until T-MSS can associate the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG003-0003
3429	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG003-0004
3430	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable
3431	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable
3432	ELG203	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MSS ID. A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00001).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG003-0005
3433	ELG204	ETHNICITY-CODE	A code indicating that the individual's ethnicity is Hispanic, Latino/a, or Spanish.	Conditional	Value must be equal to a valid value.	0 Not of Hispanic or Latino/a or Spanish origin 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino, or Spanish origin 5 Hispanic or Latino Unknown 6 Ethnicity Unspecified	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG004-0001
3434	ELG204	ETHNICITY-CODE	Not Applicable	NA	ETHNICITY-CODE clarifications: If state has beneficiaries coded in their database as "Hispanic" or "Latino," then code them in T-MSS as "Hispanic or Latino Unknown" (valid value "9"). DO NOT USE "Another Hispanic, Latino, or Spanish Origin," "Ethnicity Unknown" or "Ethnicity Unspecified." NOTE 1: The "Ethnicity Unspecified" category in T-MSS (valid value "6") should be used with an individual who explicitly did not provide information or refused to answer a question. NOTE 2: The "Ethnicity Unknown" category in T-MSS (valid value "9") should be used when there is no information contained / available in the state database about a person's race, ethnicity, or other category.	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG004-0002
3435	ELG204	ETHNICITY-CODE	Not Applicable	NA	Use this code to indicate if the eligible's demographics include an ethnicity of Hispanic or Latino	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG004-0002
3436	ELG204	ETHNICITY-CODE	Not Applicable	NA	This determination is independent of indicator of RACE-CODE.	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG004-0003
3437	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Code for specifying the type of waiver under which the eligible individual is covered during the coverage period.	Not Applicable	The ETHNICITY-DECLARATION-EFF-DATE must occur on or before the ETHNICITY-DECLARATION-END-DATE.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0006
3438	ELG205	ETHNICITY-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0001
3439	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0003
3440	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0004
3441	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0005
3442	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0007
3443	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0008
3444	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG005-0009
3445	ELG206	ETHNICITY-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0001
3446	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0003
3447	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0004
3448	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0005
3449	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	There is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (999999).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0006
3450	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0007
3451	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	The ETHNICITY-DECLARATION-END-DATE must occur on or after the ETHNICITY-DECLARATION-EFF-DATE.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable
3452	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG006-0008
3453	ELG207	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0001
3454	ELG207	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "N/A," "0," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0002
3455	ELG208	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG208-0001
3456	ELG209	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG00016	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG009-0003
3457	ELG209	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG009-0001
3458	ELG209	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://open.census.gov/data/reference/states/states.html	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG010-0002
3459	ELG210	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG010-0001
3460	ELG210	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable
3461	ELG210	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG010-0003
3462	ELG211	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG11-0001
3463	ELG211	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG11-0002
3464	ELG211	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG11-0005

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3465	ELG212	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0001
3466	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSS application.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0002
3467	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSSS can associate the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0003
3468	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0004
3469	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable
3470	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS-ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSS-ID.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable
3471	ELG212	MSS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00005).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0005
3472	ELG213	RACE	A code indicating the individual's race either in accordance with requirements of Section 4302 of the Affordable Care Act classifications	Conditional	Value must be in the set of valid values	001 White 002 Black or African American 003 American Indian or Alaskan Native 004 Asian Indian 005 Chinese 006 Filipino 007 Japanese 008 Korean 009 Vietnamese 010 Other Asian 011 Asian Unknown 012 Native Hawaiian 013 Guamanian or Chamorro 014 Samoan 015 Other Pacific Islander 016 Native Hawaiian or Other Pacific Islander Unknown 017 Unspecified	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG213-0001
3473	ELG213	RACE	Not Applicable	NA	RACE code classifications: * If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSSS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown." * If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSSS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," "Unspecified" or "Unknown." NOTE 1: The "Other Asian" category in T-MSSS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese). NOTE 2: The "Unspecified" category in T-MSSS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question. NOTE 3: The "Unknown" category in T-MSSS (valid value "999") should be used when there is no information contained / available in the state database about a person's race, ethnicity, or other category.	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG213-0002
3474	ELG214	RACE-OTHER	A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander (race codes 010 or 016).	Conditional	Use this field only if the RACE is reported as Other Asian (race code 010) or Other Pacific Islander (race code 016) if not otherwise populated.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-0001
3475	ELG214	RACE-OTHER	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/20/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-0002
3476	ELG215	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian or Alaska Native means any individual defined as 25 USC 1603(13), 1603(28), or 16701a, or who has been determined eligible as an Indian, pursuant to 42 CFR § 136.12. This means the individual: a. is a member of a Federally-recognized Indian tribe; b. resides in an urban center and meets one or more of the following four criteria: i. is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or who is a descendant, in the first or second degree, of any such member; ii. is an Eskimo or Aleut or other Alaska Native; iii. is considered by the Secretary of the Interior to be an Indian for any purpose; or iv. is determined to be an Indian under regulations promulgated by the Secretary of Health and Human Services; c. is considered by the Secretary of the Interior to be an Indian for any purpose; or d. is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native. NOTE Applicants who complete Appendix B of the Marketplace/Medicaid application and respond affirmatively to the two questions shown below are considered to meet the definition of an American Indian/Alaskan Native. * Are you a member of a federally recognized tribe? * Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	Conditional	Value must be equal to a valid value.	0 Individual does not meet the definition of an American Indian/Alaskan Native 1 Individual meets the definition of an American Indian/Alaskan Native.	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG215-0001
3477	ELG216	RACE-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0001
3478	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0003
3479	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0004
3480	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0005
3481	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	The RACE-DECLARATION-EFF-DATE must occur on or before the RACE-DECLARATION-END-DATE.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0006
3482	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0007
3483	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constants guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0008
3484	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0009
3485	ELG217	RACE-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0001
3486	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0003
3487	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0004
3488	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0005
3489	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0006
3490	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0007
3491	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	The RACE-DECLARATION-END-DATE must occur on or after the RACE-DECLARATION-EFF-DATE.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable
3492	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0008
3493	ELG218	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-0001
3494	ELG218	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "y", "n", "u", or leave the field blank (i.e., "unspecified" or "pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-0002
3495	ELG219	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG219-0001

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3496	ELG220	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0017	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0003
3497	ELG220	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0001
3498	ELG221	SUBMITTING-STATE	The AVE numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/popest/reference/usd_statesables.html	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG221-0002
3499	ELG231	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG231-0001
3500	ELG221	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable
3501	ELG221	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG221-0003
3502	ELG222	RECORD-NUMBER	A requested number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0001
3503	ELG222	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0002
3504	ELG222	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0003
3505	ELG223	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG231-0001
3506	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSS application.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG232-0002
3507	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSSS can associated the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0003
3508	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0004
3509	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable
3510	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable
3511	ELG223	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS-ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MSS-ID. A CMS record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0002).	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0005
3512	ELG224	DISABILITY-TYPE-CODE	A code to identify disability status in accordance with requirements of Section 4302 of the Affordable Care Act.	Conditional	Must be populated on every record.	Not Applicable	11/3/2015	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0001
3513	ELG224	DISABILITY-TYPE-CODE	Not Applicable	NA	Value must be equal to a valid value.	01 Individual is deaf or has serious difficulty hearing. 02 Individual is blind or has serious difficulty seeing, even when wearing glasses. 03 Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 3 years old or older.) 04 Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 3 years old or older.) 05 Individual has difficulty dressing or bathing. (Applicable only to people who are 3 years old or older.) 06 Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. 07 Other. 08 None. 99 Unknown.	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0002
3514	ELG224	DISABILITY-TYPE-CODE	Not Applicable	NA	Create as many DISABILITY-INFORMATION (ELG00017) record segments as necessary to report all that apply.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0003
3515	ELG225	DISABILITY-TYPE-EFF-DATE	The first day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0001
3516	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0003
3517	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0004
3518	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0005
3519	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	The DISABILITY-TYPE-EFF-DATE must occur on or before the DISABILITY-TYPE-END-DATE.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0006
3520	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0007
3521	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key keys (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0008
3522	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	For parent and child segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0009
3523	ELG226	DISABILITY-TYPE-END-DATE	The last day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0001
3524	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0003
3525	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0004
3526	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0005
3527	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	There is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99999999.	Not Applicable	2/25/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0006
3528	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0007
3529	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	The DISABILITY-TYPE-END-DATE must occur on or after the DISABILITY-TYPE-EFF-DATE.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable
3530	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0008
3531	ELG227	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the pipe ().	Not Applicable	8/7/2017	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG227-0001
3532	ELG227	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files (status can populate the STATE NOTATION field with "012, 3, 4, a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between)) when not using the flow to record specific comments. For fixed length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG227-0002
3533	ELG228	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	ELIGBLE	DISABILITY-INFORMATION-ELG00017	ELG228-0001
3534	ELG229	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	ELG0018	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0003
3535	ELG229	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0001
3536	ELG230	SUBMITTING-STATE	The AVE numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/popest/reference/usd_statesables.html	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0002
3537	ELG230	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0001
3538	ELG230	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable
3539	ELG230	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0003
3540	ELG231	RECORD-NUMBER	A requested number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0001
3541	ELG231	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0002
3542	ELG231	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0003
3543	ELG232	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0001
3544	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSS application.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0002
3545	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSSS can associated the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0003
3546	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable
3547	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Not Applicable	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable
3548	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS-ID for pregnant women, unborn children, mothers, and their deceased newborns younger than 1 year of age who share the same MSS-ID. For SSN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0004

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3549	ELG232	MSS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0000)	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG232-0005
3550	ELG233	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional	Field is required on all records when state has an active 1115A demonstration.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG233-0001
3551	ELG233	1115A-DEMONSTRATION-IND	Not Applicable	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG233-0002
3552	ELG234	1115A-EFF-DATE	The date on which the individual's participation in 1115A demonstration began. 1115A is a Center for Medicare and Medicaid Innovation demonstration. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0001
3553	ELG234	1115A-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0002
3554	ELG234	1115A-EFF-DATE	Not Applicable	NA	If individual is NOT enrolled in a CMMI 1115A, do not report the segment for the individual	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0003
3555	ELG234	1115A-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0004
3556	ELG234	1115A-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0005
3557	ELG234	1115A-EFF-DATE	Not Applicable	NA	The 1115A-EFF-DATE must occur on or before the 1115A-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0006
3558	ELG234	1115A-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0007
3559	ELG234	1115A-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	10/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG234-0008
3560	ELG235	1115A-END-DATE	The date on which the individual's participation in 1115A demonstration ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0001
3561	ELG235	1115A-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0002
3562	ELG235	1115A-END-DATE	Not Applicable	NA	If individual is NOT enrolled in 1115A, do not report segment for the individual	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0003
3563	ELG235	1115A-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0004
3564	ELG235	1115A-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0005
3565	ELG235	1115A-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0006
3566	ELG235	1115A-END-DATE	Not Applicable	NA	The 1115A-END-DATE must occur on or after the 1115A-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	Not Applicable
3567	ELG235	1115A-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the 1115A-DEMONSTRATION record segment changes, a new record segment must be created	Not Applicable	10/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0007
3568	ELG235	1115A-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG235-0008
3569	ELG236	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG236-0001
3570	ELG236	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "yo," "y," "y," or "y" or leave the field blank (i.e., submitted as "state space" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG236-0002
3571	ELG237	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG0001B	ELG237-0001
3572	ELG238	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00020	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0003
3573	ELG238	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0001
3574	ELG239	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0001
3575	ELG239	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0002
3576	ELG239	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3577	ELG239	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0003
3578	ELG240	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0001
3579	ELG240	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0002
3580	ELG240	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0003
3581	ELG241	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0001
3582	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSS application.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0002
3583	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the SSN number becomes known, the MSS-IDENTIFICATION-NUM field should contain the SSN number populated with the temporary MSS-IDENTIFICATION-NUM and the SSN field should be populated with the assigned social security number for at least one monthly submission of the eligible file so that T-MSS can associate the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0003
3584	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0004
3585	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3586	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3587	ELG241	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS-ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSS-ID	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0005
3588	ELG242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	The chronic condition for which the eligible person is receiving non-health-home home and community based care.	Conditional	Value must be equal to a valid value.	001 Aging 002 Physical Disabilities 003 Intellectual Disabilities 004 Autism Spectrum Disorder 005 Developmental Disabilities 006 Mental Illness and/or Serious Emotional Disturbance 007 Brain Injury 008 HIV/AIDS 009 Technology Dependent or Medically Fragile 010 Disabled (other)	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG242-0001
3589	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	The date that the state considers to be the onset date for the eligible person to have the chronic condition. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0001
3590	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3591	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3592	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0002
3593	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0003
3594	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	The HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE must occur on or before the HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3595	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	10/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0004
3596	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	The last date on which the state considers the eligible person to have the chronic condition.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0001
3597	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3598	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3599	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0002
3600	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3601	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable
3602	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Not Applicable	NA	The HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE must occur on or after the HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable

V.2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3003	ELG244	HHS-CHRONIC-CONDITION-NON-HEALTHHOME-END-DATE	Not Applicable	NA	For parent and CHD record segments, the end date of a CHD record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	HHS-CHRONIC-CONDITIONS-NON-HEALTHHOME-ELG0020	ELG244-0003
3004	ELG245	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HHS-CHRONIC-CONDITIONS-NON-HEALTHHOME-ELG0020	ELG245-0001
3005	ELG245	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE-NOTATION field with "y/n," "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	HHS-CHRONIC-CONDITIONS-NON-HEALTHHOME-ELG0020	ELG245-0002
3006	ELG246	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	HHS-CHRONIC-CONDITIONS-NON-HEALTHHOME-ELG0020	ELG246-0001
3007	ELG247	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required	Field is required on all "C," "U," and "R" SUBMISSION TRANSACTION TYPE record files.	Not Applicable	8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG0001	ELG247-0001
3008	ELG247	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and 1-8	Not Applicable	10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG0001	ELG247-0002
3009	ELG248	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 6 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00001.	Required	Value must be equal to a valid value.	ELG00001	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG248-0003
3010	ELG248	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG248-0001
3011	ELG249	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/reference_codes_states.html	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG249-0001
3012	ELG249	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG249-0002
3013	ELG249	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG249-0003
3014	ELG249	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG249-0004
3015	ELG250	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG250-0001
3016	ELG250	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG250-0002
3017	ELG250	RECORD-NUMBER	Not Applicable	NA	Duplicate record number should not exist within its same file.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG250-0003
3018	ELG250	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG250-0004
3019	ELG251	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSS-IDENTIFICATION-NUM must be reported.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG251-0001
3020	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SN states, this field must contain a unique identification number assigned by the state. The format of the state MSS-IDENTIFICATION-NUM must be supplied to CMS with the state's SMS application.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG251-0002
3021	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, in instances where the social security number is not known and a temporary MSS-IDENTIFICATION-NUM is used, the MSS-IDENTIFICATION-NUM field should be populated with the temporary MSS-IDENTIFICATION-NUM. Once the SN number is known, the MSS-IDENTIFICATION-NUM field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File to that T-MSS data associated the temporary MSS-IDENTIFICATION-NUM and the social security number.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG251-0003
3022	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SN states, the MSS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG251-0004
3023	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SN states must report different values for MSS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3024	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting Shared MSS Identification Number" for information on reporting MSS ID for pregnant women, unborn children, mothers, and other deemed newborns younger than 1 year of age who share the same MSS ID.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3025	ELG251	MSS-IDENTIFICATION-NUM	Not Applicable	NA	A CHD record segment must have a parent record segment PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG0000.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG251-0005
3026	ELG252	ENROLLMENT-TYPE	Identify the type of enrollment that the eligible person has been enrolled into as either Medicaid/Medicaid Expansion CHIP or Separate CHIP.	Required	Value must be equal to a valid value.	Medicaid or Medicaid/Expansion CHIP 2 Separate Title X01 CHIP	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG252-0001
3027	ELG252	ENROLLMENT-TYPE	Not Applicable	NA	This data element must be completed for every individual enrolled in the State's Medicaid or CHIP program.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG252-0002
3028	ELG252	ENROLLMENT-TYPE	Not Applicable	NA	A beneficiary reported with a CHIP CODE value of "1" or "2" should be reported with an ENROLLMENT-TYPE of "1" for the same period of enrollment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG252-0003
3029	ELG252	ENROLLMENT-TYPE	Not Applicable	NA	A beneficiary reported with a CHIP CODE value of "3" should be reported with an ENROLLMENT-TYPE of "2" for the same period of enrollment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG252-0004
3030	ELG253	ENROLLMENT-START-DATE	The first day of enrollment for the ENROLLMENT-TYPE and MSS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG253-0001
3031	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3032	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG253-0002
3033	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG253-0003
3034	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	Whoever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG253-0004
3035	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3036	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	The ENROLLMENT-START-DATE must occur on or before the ENROLLMENT-END-DATE.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG253-0005
3037	ELG253	ENROLLMENT-START-DATE	Not Applicable	NA	For parent and CHD file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3038	ELG254	ENROLLMENT-END-DATE	The last day of enrollment for the ENROLLMENT-TYPE and MSS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	Required	Date format is YYYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG254-0001
3039	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3040	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG254-0002
3041	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG254-0003
3042	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end of time" date (99991231).	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3043	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	The ENROLLMENT-END-DATE must occur on or after the ENROLLMENT-START-DATE.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3044	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	Whoever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG254-0004
3045	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	For parent and CHD record segments, the end date of a CHD record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	Not Applicable
3046	ELG255	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG255-0001
3047	ELG255	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE-NOTATION field with "y/n," "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG255-0002
3048	ELG256	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG0001	ELG256-0001
3049	MCR001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 6 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00001.	Required	Value must be equal to a valid value.	MCR0001	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR001-0003
3050	MCR001	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR001-0001
3051	MCR002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSS data dictionary that was used to build the file.	Required	Use the version number specified on the Cover Sheet of the data dictionary.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR002-0001
3052	MCR003	SUBMISSION TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR003-0002
3053	MCR003	SUBMISSION TRANSACTION-TYPE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR003-0001
3054	MCR004	FILE ENCODING SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required	Value must be equal to a valid value.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR004-0001
3055	MCR005	DATA-MAPPING DOCUMENT-VERSION	A data element to identify the version of the T-MSS data mapping document used to build the file.	Required	Use the version number specified on the title page of the data mapping document.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR005-0001
3056	MCR006	FILE-NAME	The name identifying the subject area to which the records in the file relate. Each T-MSS submission file should contain records for one subject area (i.e., ELIGIBLE, Third-party Liability Provider, Managed Care Plan Information, P claims, LT claims, Rx claims, or OT claims).	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR006-0001
3057	MCR006	FILE-NAME	Not Applicable	NA	Value must be equal to a valid value.	MNGDCARE_Managed Care Plan Information File	10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR006-0002
3058	MCR007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/reference_codes_states.html	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR007-0001
3059	MCR007	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR007-0001
3060	MCR007	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR007-0001
3061	MCR007	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	Not Applicable
3062	MCR008	DATE FILE CREATED	The date on which the file was created.	Required	Required on every file header.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR008-0001

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3663	MCR008	DATE-FILE-CREATED	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR008-0002
3664	MCR008	DATE-FILE-CREATED	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR008-0003
3665	MCR008	DATE-FILE-CREATED	Not Applicable	NA	Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR008-0004
3666	MCR009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR009-0002
3667	MCR009	START-OF-TIME-PERIOD	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR009-0003
3668	MCR009	START-OF-TIME-PERIOD	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR009-0004
3669	MCR009	START-OF-TIME-PERIOD	Not Applicable	NA	Value must occur before END-OF-TIME-PERIOD.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	Not Applicable
3670	MCR009	START-OF-TIME-PERIOD	Not Applicable	NA	Value must be equal to or less than the date in the DATE-FILE-CREATED field.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR009-0005
3671	MCR009	START-OF-TIME-PERIOD	Not Applicable	NA	Value must occur on or before the current date.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR009-0006
3672	MCR010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0001
3673	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0002
3674	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0003
3675	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Value for the date in the END-OF-TIME-PERIOD field is bytes of the value must equal '30' in April, June, September, or November; '31' in January, March, May, July, August, October, or December, and '28' or '29' in February.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0004
3676	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0005
3677	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Value must be equal to or less than DATE-FILE-CREATED.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	Not Applicable
3678	MCR010	END-OF-TIME-PERIOD	Not Applicable	NA	Value must be equal to or greater than START-OF-TIME-PERIOD.	Not Applicable	2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR010-0006
3679	MCR011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR011-0001
3680	MCR011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required	Value must be equal to a valid value.	P Production File T Test File	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR011-0002
3681	MCR011	FILE-STATUS-INDICATOR	Not Applicable	NA	The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T').	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	Not Applicable
3682	MCR012	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files.	Not Applicable	9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR012-0001
3683	MCR013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control test to help assure that the file did not become corrupted during transmission.	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR013-0001
3684	MCR013	TOT-REC-CNT	Not Applicable	NA	Value must equal the sum of all records excluding the header record.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR013-0002
3685	MCR014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR014-0001
3686	MCR014	STATE-NOTATION	Not Applicable	NA	State abbreviation: States can populate the STATE-NOTATION field with the 'two', '3a', or '4a' or leave the field blank (i.e., submitted as 'pipe pipe' with nothing in between ()) when not using the field for fixed length files. Field length: States should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR0001	MCR014-0002
3687	MCR016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 digits are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	MCR0002	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR016-0003
3688	MCR016	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR016-0001
3689	MCR017	SUBMITTING-STATE	The AIS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/datacensus.html	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR017-0002
3690	MCR017	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR017-0001
3691	MCR017	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR017-0003
3692	MCR017	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR017-0004
3693	MCR018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment (row in the submission file). The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record.	Not Applicable	10/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR018-0001
3694	MCR018	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR018-0002
3695	MCR018	RECORD-NUMBER	Not Applicable	NA	RECORD ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR018-0003
3696	MCR019	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR019-0001
3697	MCR019	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR019-0002
3698	MCR019	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, enter the state's Internal Plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR019-0004
3699	MCR019	STATE-PLAN-ID-NUM	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case Management Reporting."	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR019-1005
3700	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	The start date of the managed care contract period with the state.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR020-0001
3701	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3702	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR020-0002
3703	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR020-0003
3704	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-CONTRACT-EFF-DATE must occur on or before the MANAGED-CARE-CONTRACT-END-DATE.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3705	MCR021	MANAGED-CARE-CONTRACT-END-DATE	The expiration date of the managed care contract period with the state.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR021-0001
3706	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	If 3 complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3707	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3708	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR021-0002
3709	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR021-0003
3710	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR021-0004
3711	MCR021	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	NA	The MANAGED-CARE-CONTRACT-END-DATE must occur on or after the MANAGED-CARE-CONTRACT-EFF-DATE.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR021-0005
3712	MCR022	MANAGED-CARE-NAME	The name of the managed care entity vendor contract with the State Medicaid Agency. The name should be as it appears on the contract.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR022-0001
3713	MCR022	MANAGED-CARE-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR022-0002
3714	MCR023	MANAGED-CARE PROGRAM	The state program through which a managed care plan is approved to operate.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR023-0001
3715	MCR023	MANAGED-CARE PROGRAM	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	10/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR023-0002
3716	MCR024	MANAGED-CARE-PLAN-TYPE	The type of managed care plan that corresponds to the STATE-PLAN-ID-NUM.	Required	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0001
3717	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0002
3718	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Left fill with zeros if number is less than 2 bytes long.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0003
3719	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Assign plan type value "15" for plans that primarily cover non-emergency medical transportation (BENET).	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0004
3720	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Non-Emergency Medical Transportation (NEMT) Prepaid Ambulatory Health Plans (PAHPs) in the T-MSS Managed Care File."	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0005
3721	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-PLAN-TYPE in the T-MSS Managed Care File."	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0006
3722	MCR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	The value reported in this data element should match the MANAGED-CARE-PLAN-TYPE value reported on the Eligible file for the corresponding managed care plan number.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR024-0007
3723	MCR025	REIMBURSEMENT-ARRANGEMENT	A code indicating the how the managed care entity is reimbursed.	Required	Must be populated on every record.	Not Applicable	10/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR025-0001
3724	MCR025	REIMBURSEMENT-ARRANGEMENT	Not Applicable	NA	Value must be equal to a valid value.	01 Risk-based Capitation, no incentives or risk-sharing 02 Risk-based Capitation with Incentive Arrangements 03 Risk-based Capitation with other risk-sharing Arrangements 04 Non-Risk Capitation 05 Fee-For-Service 06 Primary Care Case Management Payment 07 Other 08 Primary Care Case Management Payment plus Fee-For-Service	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR025-0002
3725	MCR026	MANAGED-CARE-PRIORITY-STATUS	A code denoting the profit status of managed care entity.	Required	Must be populated on every record.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR026-0001
3726	MCR026	MANAGED-CARE-PRIORITY-STATUS	Not Applicable	NA	Value must be equal to a valid value.	01 SILENTLY NON-PROFIT 02 FOR-PRIORITY, CLOSELY HELD 03 FOR-PRIORITY, PUBLICLY TRADED 04 OTHER	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR026-0002
3727	MCR026	MANAGED-CARE-PRIORITY-STATUS	Not Applicable	NA	Left fill with zeros if number is less than 2 bytes long.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR026-0003

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3728	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	A code signifying whether the Managed Care Organization's (MCO) service area falls into one or more metropolitan areas.	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR027-0001
3729	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	NA	Value must be equal to a valid value.	1 The MCO's service area falls partially or entirely inside one or more metropolitan areas. 2 The MCO's service area falls partially or entirely inside one or more metropolitan areas, but not within any metropolitan areas. 3 The MCO's service area falls entirely outside of all metropolitan and metropolitan areas.	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR027-0002
3730	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	NA	Whenever a service area straddles two types of areas (e.g., metropolitan & non-metropolitan, metropolitan & non-CBSA area) classify the service area based on the denser classification.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR027-0003
3731	MCR028	PERCENT-BUSINESS	The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Part C and D) in the state and State Medicaid agency contracts prior calendar year, includes Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in ACA.	Required	Enter a percent of 0 through 100.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR028-0001
3732	MCR028	PERCENT-BUSINESS	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR028-0002
3733	MCR029	MANAGED-CARE-SERVICE-AREA	Defines the geographic unit under which the managed care entity is under contract to provide services.	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR029-0001
3734	MCR029	MANAGED-CARE-SERVICE-AREA	Not Applicable	NA	Value must be equal to a valid value.	1 Statewide - The managed care entity provides services to beneficiaries throughout the entire state. 2 County - The managed care entity provides services to beneficiaries in specified counties. 3 City - The managed care entity provides services to beneficiaries in specified cities. 4 Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state defined). 5 Zip Code - The managed care entity provides services to beneficiaries in specified zip codes. 6 Other - The managed care entity provides services to beneficiaries in "other" areas(s), not Statewide, County, City, or Region.	10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR029-0002
3735	MCR029	MANAGED-CARE-SERVICE-AREA	Not Applicable	NA	The value reported in MANAGED-CARE-SERVICE-AREA should represent the geographical unit of the values reported in the MANAGED-CARE-SERVICE-AREA-NAME	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR029-0003
3736	MCR029	MANAGED-CARE-SERVICE-AREA	Not Applicable	NA	See "T-MSS Guidance Document," "MCO Guidance: Best Practice for Reporting MANAGED-CARE-SERVICE-AREA in the Managed Care File"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR029-0004
3737	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	The first day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR030-0001
3738	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3739	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR030-0002
3740	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3741	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-MAIN record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3742	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR030-0003
3743	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-MAIN-REC-EFF-DATE must occur on or before the MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR030-0004
3744	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0001
3745	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0002
3746	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0003
3747	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3748	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	Not Applicable
3749	MCR031	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-MAIN-REC-EFF-DATE must occur on or after the MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0004
3750	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same submitting State & Plan ID	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0005
3751	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	Not Applicable	NA	Managed Care coverage dates must be within Managed Care Contract Date	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR031-0006
3752	MCR032	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional		Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR032-0001
3753	MCR032	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE-NOTATION field with "no," "n/a," or leave the field blank (i.e., submitted as "pipes" with nothing in between) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR032-0002
3754	MCR033	FILLER	Not Applicable	NA	For pipe-delimited files: FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files: FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR0002	MCR033-0001
3755	MCR034	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	MCR0000	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR034-0003
3756	MCR034	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR034-0001
3757	MCR035	SUBMITTING-STATE	The AVE numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/vevs/reference/ave_state_codes.html	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR035-0002
3758	MCR035	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR035-0001
3759	MCR035	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR035-0003
3760	MCR035	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR035-0004
3761	MCR036	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR036-0001
3762	MCR036	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR036-0002
3763	MCR036	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR036-0003
3764	MCR037	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR037-0001
3765	MCR037	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR037-0002
3766	MCR037	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR037-0003
3767	MCR037	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR037-0004
3768	MCR038	MANAGED-CARE-LOCATION-ID	A field to differentiate a managed care entity's service locations through adding a sequential number in this data element identifier field.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR038-0001
3769	MCR038	MANAGED-CARE-LOCATION-ID	Not Applicable	NA	Each of an managed care entity's locations must have a unique MANAGED-CARE-LOCATION-ID	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR038-0002
3770	MCR038	MANAGED-CARE-LOCATION-ID	Not Applicable	NA	This data element should be populated if MANAGED-CARE-ADDR-TYPE is 3 (Managed care entity's service location address)	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR038-0003
3771	MCR038	MANAGED-CARE-LOCATION-ID	Not Applicable	NA	Use sequential numbers to indicate additional services locations	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0003	MCR038-0004

V.2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3772	MCR038	MANAGED-CARE-LOCATION-ID	Not Applicable	NA	Right fill the field if the value is less than 15 bytes long.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR038-0005
3773	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR039-0001
3774	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR039-0002
3775	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR039-0003
3776	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR039-0004
3777	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE must occur on or before the MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	Not Applicable
3778	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	Not Applicable
3779	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR039-0005
3780	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0001
3781	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0002
3782	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	Not Applicable
3783	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the 'end-of-time' date (99992323).	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	Not Applicable
3784	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0003
3785	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0004
3786	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	The MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE must occur on or after the MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0005
3787	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/state plan ID/location ID/address type.	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0006
3788	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0007
3789	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Active MANAGED-CARE MAIN record must exist in T-MSIS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0008
3790	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR040-0009
3791	MCR041	MANAGED-CARE-ADDR-TYPE	A code to distinguish various addresses that a managed care entity may have.	Required	This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO RECORD.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR041-0001
3792	MCR041	MANAGED-CARE-ADDR-TYPE	Not Applicable	NA	Value must be equal to a valid value.	1 MCO's corporate address and contact information 2 MCO's mailing address 3 MCO's service location address 4 MCO's billing address and contact information 5 CEO's address and contact information 6 CFO's address and contact information 7 Other	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR041-0002
3793	MCR042	MANAGED-CARE-ADDR-LN1	The managed care entity's address listed on the contract with the state.	Required	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR042-0001
3794	MCR042	MANAGED-CARE-ADDR-LN1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR042-0002
3795	MCR043	MANAGED-CARE-ADDR-LN2	The managed care entity's address listed on the contract with the state.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR043-0001
3796	MCR043	MANAGED-CARE-ADDR-LN2	Not Applicable	NA	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR043-0002
3797	MCR043	MANAGED-CARE-ADDR-LN2	Not Applicable	NA	When this data element is not populated or used, States must completely fill 9 fill, space-fill, or blank-fill these elements in accordance to the SCDM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR043-0003
3798	MCR044	MANAGED-CARE-ADDR-LN3	The managed care entity's address listed on the contract with the state.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR044-0001
3799	MCR044	MANAGED-CARE-ADDR-LN3	Not Applicable	NA	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR044-0002
3800	MCR044	MANAGED-CARE-ADDR-LN3	Not Applicable	NA	When this data element is not populated or used, States must completely fill 9 fill, space-fill, or blank-fill these elements in accordance to the SCDM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR044-0003
3801	MCR045	MANAGED-CARE-CITY	The city of the managed care entity's address as listed on the contract with the state.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR045-0001
3802	MCR045	MANAGED-CARE-CITY	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR045-0002
3803	MCR046	MANAGED-CARE-STATE	The ANSI state numeric code for the U.S., state, Territory, or the District of Columbia code of the managed care entity's address as listed on the contract with the state.	Required	Value must be equal to a valid value.	http://www.cms.gov/regaffairs/primrpt/statetables.html	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR046-0001
3804	MCR047	MANAGED-CARE-ZIP-CODE	The zip code of the managed care entity as it appears in the address listed on the contract with the state.	Required	Must be populated on every record	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR047-0001
3805	MCR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	The value must consist of digits 0 through 9 only.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR047-0002
3806	MCR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	First 5 bytes (i.e., the 5-digit zip code) is required	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	Not Applicable
3807	MCR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	If the four-digit extension is available, that may be filled in using the last four bytes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "9999".	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR047-0003
3808	MCR048	MANAGED-CARE-COUNTY	The ANSI numeric county code for the county or county equivalent.	Required	Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR048-0001
3809	MCR048	MANAGED-CARE-COUNTY	Not Applicable	NA	Value must be numeric.	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR048-0002
3810	MCR048	MANAGED-CARE-COUNTY	Not Applicable	NA	Value must be equal to a valid value.	http://www.cms.gov/regaffairs/primrpt/countylookup.html	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR048-0003
3811	MCR048	MANAGED-CARE-COUNTY	Not Applicable	NA	Site county code should be captured for each of a managed care entity's locations (MANAGED-CARE-LOCATION-IDL).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR048-0004
3812	MCR049	MANAGED-CARE-TELEPHONE	The telephone number, including area code, of the managed care entity as listed on the contract with the state.	Optional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR049-0001
3813	MCR049	MANAGED-CARE-TELEPHONE	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR049-0002
3814	MCR049	MANAGED-CARE-TELEPHONE	Not Applicable	NA	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR049-0003
3815	MCR050	MANAGED-CARE-EMAIL	The email address of the managed care entity as listed on the contract with the state.	Optional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR050-0001
3816	MCR050	MANAGED-CARE-EMAIL	Not Applicable	NA	Must contain @	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR050-0002
3817	MCR050	MANAGED-CARE-EMAIL	Not Applicable	NA	Must have XXXX@YYYY.ZZZZ format	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR050-0003
3818	MCR051	MANAGED-CARE-FAX-NUMBER	A fax number, including area code, as listed on the contract with the state.	Optional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR051-0001
3819	MCR051	MANAGED-CARE-FAX-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR051-0002
3820	MCR051	MANAGED-CARE-FAX-NUMBER	Not Applicable	NA	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR051-0003
3821	MCR052	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR052-0001
3822	MCR052	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE-NOTATION field with "no", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR052-0002
3823	MCR053	FILLER	Not Applicable	NA	For pipe-delimited files: FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files: FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00000	MCR053-0001
3824	MCR054	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The 8 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	MCR00004	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0003
3825	MCR054	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0001
3826	MCR055	SUBMITTING-STATE	The ANSI numeric state code for the U.S., state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.cms.gov/regaffairs/primrpt/statetables.html	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0002
3827	MCR055	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0001
3828	MCR055	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0003

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3894	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	The date that the state authority to operate their managed care program ends. For active managed care programs, the value reported in this field is established as the future end date in the operating authority documents.	Required	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0001
3895	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0002
3896	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	Not Applicable
3897	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0003
3898	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0004
3899	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	The MANAGED-CARE-OP-AUTHORITY-END-DATE must occur on or after the MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0005
3900	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	For active managed care programs without end date, the value reported in this field should be "99991231"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	Not Applicable
3901	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/submitter plan ID/Operating Authority/Water ID	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0006
3902	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0007
3903	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0008
3904	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-OP-AUTHORITY-EFF-DATE in the T-MSS Managed Care File"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR070-0009
3905	MCR071	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR071-0001
3906	MCR071	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "no", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR071-0002
3907	MCR072	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR0005	MCR072-0001
3908	MCR073	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	MCR0006	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR073-0003
3909	MCR073	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR073-0001
3910	MCR074	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/states/reference/ansi_stateabbrev.html	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR074-0002
3911	MCR074	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR074-0001
3912	MCR074	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR074-0003
3913	MCR074	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR074-0004
3914	MCR075	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR075-0001
3915	MCR075	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR075-0002
3916	MCR075	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR075-0003
3917	MCR076	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR076-0001
3918	MCR076	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR076-0002
3919	MCR076	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR076-0003
3920	MCR076	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR076-0004
3921	MCR077	MANAGED-CARE-PLAN-POP	The eligibility group(s) the state is authorized to enroll in managed care plans by its operating authority.	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR077-0001
3922	MCR077	MANAGED-CARE-PLAN-POP	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR077-0002
3923	MCR077	MANAGED-CARE-PLAN-POP	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR077-0003
3924	MCR077	MANAGED-CARE-PLAN-POP	Not Applicable	NA	Submit a separate record segment for each eligibility group that can be enrolled in the managed care program in which the managed care plan is participating.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR077-0004
3925	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	The date from which the authorized populations can be enrolled in managed care plans contracted under the managed care program. This date field is necessary when defining a unique row in a database table.	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR078-0001
3926	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR078-0002
3927	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	Not Applicable
3928	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR078-0003
3929	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-PLAN-POP-EFF-DATE must occur on or before the MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	Not Applicable
3930	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-PLAN-POPULATION-ENROLLED record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	Not Applicable
3931	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR078-0004
3932	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	The date after which the authorized populations cannot be enrolled in managed care plans contracted under the managed care program.	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0001
3933	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0002
3934	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	Not Applicable
3935	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	For active managed care programs without end date, the value reported in this field should be "99991231"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	Not Applicable
3936	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0003
3937	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0004
3938	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	The MANAGED-CARE-PLAN-POP-END-DATE must occur on or after the MANAGED-CARE-PLAN-POP-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0005
3939	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/submitter plan ID/managed care plan pop	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0006
3940	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0007
3941	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0008
3942	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-PLAN-POP in the T-MSS Managed Care File"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR079-0009
3943	MCR080	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR080-0001
3944	MCR080	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "no", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR080-0002
3945	MCR081	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR0006	MCR081-0001
3946	MCR082	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	MCR0007	8/7/2017	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR082-0003

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3947	MCR082	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR082-0001
3948	MCR083	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR083-0002
3949	MCR083	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR083-0001
3950	MCR083	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR083-0003
3951	MCR083	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR083-0004
3952	MCR084	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR084-0001
3953	MCR084	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/20/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR084-0002
3954	MCR084	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR084-0003
3955	MCR085	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	4/20/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR085-0001
3956	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/20/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR085-0002
3957	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR085-0003
3958	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field; if not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR085-0004
3959	MCR086	ACCREDITATION-ORGANIZATION	Identify the accreditation awarded to the managed care entity.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR086-0001
3960	MCR086	ACCREDITATION-ORGANIZATION	Not Applicable	NA	Value must be equal to a valid value.	01 National committee for quality assurance - excellent 02 National committee for quality assurance - commendable 03 National committee for quality assurance - provisional 04 URAC - full 05 URAC - conditional 06 URAC - provisional 07 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 3 years 11 Not accredited 12 Other 13 National committee for quality assurance - accredited 14 National committee for quality assurance - interim 15 National committee for quality assurance - denied	9/23/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR086-0002
3961	MCR087	DATE-ACCREDITATION-ACHIEVED	The date the organization achieved accreditation. This date field is necessary when defining a unique row in a database table.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR087-0001
3962	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR087-0002
3963	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/20/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR087-0003
3964	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	Date must be less than current date	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR087-0004
3965	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	Date must be equal to or less than DATE-ACCREDITATION-END	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR087-0005
3966	MCR088	DATE-ACCREDITATION-END	The date when organization's accreditation ends.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0001
3967	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0002
3968	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0003
3969	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Date must be equal to or less than DATE-ACCREDITATION-ACHIEVED	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0004
3970	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/site plan ID/accreditation organization	Not Applicable	10/10/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0005
3971	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Coverage spans date must be fully contained within the set of effective date spans of all active parent records	Not Applicable	4/20/2013	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0006
3972	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSIS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR088-0007
3973	MCR089	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR089-0001
3974	MCR089	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a.," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR089-0002
3975	MCR090	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only in pipe-delimited files and therefore should be ignored in fixed-length files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR0007	MCR090-0001
3976	MCR091	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 9 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is E100000.	NA	Value must be equal to a valid value. NOTE: Adoption of the national health plan identifiers (HPIDs) and other entity identifiers (OEHs) as described in the final rule HHS published on 10/12/15 is on an indefinite hold. As a result, T-MSIS record segments MCR0908 and MCR0909 are not applicable and do not need to be submitted until further notice. States that are generating "dummy" segments in accordance with earlier OMS guidance may continue to do so if they so choose	MCR0008	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR091-0001
3977	MCR091	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR091-0003
3978	MCR092	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states/states.html	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR092-0002
3979	MCR092	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR092-0001
3980	MCR092	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR092-0003
3981	MCR092	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR092-0004
3982	MCR093	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR093-0001
3983	MCR093	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR093-0002
3984	MCR093	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR093-0003
3985	MCR094	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR094-0001
3986	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR094-0002
3987	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR094-0003
3988	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field; if not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR094-0004
3989	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	The national health plan identifier(s) or other entity identifier(s) assigned to a managed care entity in accordance with 45 CFR 162 Subpart E. All of the entity's national health care entity identifiers should be reported using the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO and CHPD-SPHD-RELATIONSHIPS record segments.	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR095-0001
3990	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR095-0002
3991	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care plans that are covered entities on or after the mandated dates above.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR095-0004
3992	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	National identifiers in the eligible file must match either a controlling health plan (CHP) identifier or a health plan (HP) identifier in the Managed Care subject area.	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR095-0005
3993	MCR096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes "controlling" health plan identifiers (HPIDs), "subsidiary" health plan identifiers (SPHIDs), and other entity identifiers (OEHs) from one another. See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	1 - Controlling Health Plan (CHP) 2 - Subsidiary Health Plan (SPH) 3 - Other Entity Identifier (OEH)	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR096-0001
3994	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	NA	Must be populated on every record	Not Applicable	11/3/2015	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR097-0001
3995	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR097-0002
3996	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	NA	Use the descriptive name assigned by the state as it exists in the state's MMS.	Not Applicable	9/23/2015	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR097-0003
3997	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	NA	If there is no name associated with the NATIONAL-HEALTH-CARE-ENTITY-ID in the state's MMS, the field should be space-filled or blank	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR097-0004
3998	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	NA	Must be populated on every record	Not Applicable	11/3/2015	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0001
3999	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0002
4000	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0003

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4001	MCR098	NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0004
4002	MCR098	NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE	Not Applicable	NA	The NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE must occur on or before the NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0006
4003	MCR098	NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	Not Applicable
4004	MCR098	NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR098-0007
4005	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	The first day of the time span during which the values in all data elements in the NATIONAL HEALTH CARE ENTITY ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0001
4006	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0002
4007	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0003
4008	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0004
4009	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	Not Applicable
4010	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	For active managed care programs without end date, the value reported in this field should be "99991231"	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	Not Applicable
4011	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	The NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE must occur on or after the NATIONAL HEALTH CARE ENTITY ID-INFO-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0005
4012	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/state plan ID/ National Health Care Entity ID/National Health Care Entity ID type	Not Applicable	10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0006
4013	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0007
4014	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Active MANAGED CARE MAIN record must exist in T-MSS database or contained in the current submission for each record with a MANAGED CARE LOCATION AND CONTACT INFO segment	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0008
4015	MCR099	NATIONAL HEALTH CARE ENTITY ID-INFO-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the NATIONAL HEALTH CARE ENTITY ID-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR099-0009
4016	MCR100	STATE NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE NOTATION field with "012-3" (i.e., "012" or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ())) when not using the field to record specific comments. For fixed length files, states should space-fill the STATE NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR100-0002
4017	MCR100	STATE NOTATION	A free text field for the submitting state to enter whatever information it chooses.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR100-0001
4018	MCR101	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR0008	MCR101-0001
4019	MCR102	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 digits are an integer with leading zeros. For example, the RECORD-ID for the primary DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	NA	Value must be equal to a valid value. NOTE: Adoption of the national health plan identifiers (IPIs) and other entity identifiers (DEIDs) as described in the final rule HHS published on 01-27-2015 is on indefinite hold. As a result, T-MSS record segments MCR0008 and MCR0009 are not applicable and do not need to be submitted until further notice. States that are generating "dummy" segments in accordance with earlier CMS guidance may continue to do so if they so choose.	MCR0009	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR102-0003
4020	MCR102	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR102-0001
4021	MCR103	SUBMITTING STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA	Value must be equal to a valid value. http://www.census.gov/ipeds/data/states.html	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR103-0002
4022	MCR103	SUBMITTING STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR103-0001
4023	MCR103	SUBMITTING STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR103-0003
4024	MCR103	SUBMITTING STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR103-0004
4025	MCR104	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA	Must be populated on every record.	Not Applicable	10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR104-0001
4026	MCR104	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR104-0002
4027	MCR104	RECORD-NUMBER	Not Applicable	NA	RECORD-NUMBER/NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR104-0003
4028	MCR105	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	NA	Must be populated on every record.	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR105-0001
4029	MCR105	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR105-0002
4030	MCR105	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED CARE MAIN segment	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR105-0003
4031	MCR105	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL HEALTH CARE ENTITY ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR105-0004
4032	MCR106	SHPID	A data element to capture the Controlling Health Plan Identifier (CHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS record links a controlling health plan with its associated sub-health plans. (Sub-health plans are identified by SHPIDs.)	NA	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR106-0001
4033	MCR106	CHPID	Not Applicable	NA	Every CHPID must have an associated active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR106-0002
4034	MCR107	SHPID	A data element to capture the Subhealth Plan Identifier (SHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS records link controlling health plans with their associated sub-health plans. (Controlling health plans are identified by CHPIDs.)	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR107-0001
4035	MCR107	SHPID	Not Applicable	NA	Every SHPID must have an associated active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR107-0002
4036	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	The first day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective and end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid. This date field is necessary when defining a unique row in a database table.	NA	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR108-0001
4037	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR108-0002
4038	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR108-0003
4039	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR108-0004
4040	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the CHPID-SHPID-RELATIONSHIPS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	Not Applicable
4041	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	Not Applicable
4042	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	The CHPID-SHPID-RELATIONSHIP-EFF-DATE must occur on or before the CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR108-0006
4043	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	The last day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective & end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid.	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0001
4044	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0002
4045	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0003
4046	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0004
4047	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	The CHPID-SHPID-RELATIONSHIP-END-DATE must occur on or after the CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0005
4048	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/state plan ID/CHPID/SHPID	Not Applicable	10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0006
4049	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0007
4050	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	Active MANAGED CARE MAIN and NATIONAL HEALTH CARE ENTITY ID-INFO record must exist in T-MSS database or contained in the current submission for each plan with a CHPID-SHPID-RELATIONSHIPS segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0008
4051	MCR109	SHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time).	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR0009	MCR109-0009

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4122	PRV022	PROV-DOING-BUSINESS-AS-NAME	PROV-DOING-BUSINESS-AS-NAME	The provider's name that is commonly used by the public when the "doing-business-as" ("d/b/a") name is different than the legal name. DBA is an abbreviation for "doing business as". Registering a DBA is required to operate a business under a name that differs from the company's legal name.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV022-0001
4123	PRV022	PROV-DOING-BUSINESS-AS-NAME	PROV-DOING-BUSINESS-AS-NAME	Not Applicable	NA	Leave the field empty when the DBA name equals the legal name (i.e., submitted as "pipe pipe" with nothing in between ()) on F2F files and space-filled on F1F files.	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV022-0002
4124	PRV022	PROV-DOING-BUSINESS-AS-NAME	PROV-DOING-BUSINESS-AS-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV022-0003
4125	PRV023	PROV-LEGAL-NAME	PROV-LEGAL-NAME	The name as it appears on the provider agreement between the state and the entity. Both persons and other entities can have a legal name.	Required	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV023-0001
4126	PRV023	PROV-LEGAL-NAME	PROV-LEGAL-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV023-0002
4127	PRV023	PROV-LEGAL-NAME	PROV-LEGAL-NAME	Not Applicable	NA	Every provider is expected to have a legal name. When the data element is not populated or used, the data element should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on F2F files and space-filled on F1F files.	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV023-0003
4128	PRV023	PROV-LEGAL-NAME	PROV-LEGAL-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV023-0004
4129	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	The name of the provider when the provider is an organization.	Required	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0001
4130	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0002
4131	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	Not Applicable	NA	Provider Organization Name should be same as last name when provider is an individual.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0003
4132	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	Not Applicable	NA	Enter the first 50 characters if the provider organization name exceeds 40 characters. Enter the first 35 characters if the last name exceeds 35 bytes.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0004
4133	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	Not Applicable	NA	Use PROV-LAST-NAME when the provider is an individual.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0005
4134	PRV024	PROV-ORGANIZATION-NAME	PROV-ORGANIZATION-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV024-0006
4135	PRV025	PROV-TAX-NAME	PROV-TAX-NAME	The name that the provider entity uses on IRS filings.	Required	Must be populated on every record	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV025-0001
4136	PRV025	PROV-TAX-NAME	PROV-TAX-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV025-0002
4137	PRV025	PROV-TAX-NAME	PROV-TAX-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV025-0003
4138	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE	FACILITY-GROUP-INDIVIDUAL-CODE	A code to identify whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility.	Required	Value must be equal to a valid value.	01 Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility. 02 Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners. 03 Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV026-0001
4139	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE	FACILITY-GROUP-INDIVIDUAL-CODE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV026-0002
4140	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE	FACILITY-GROUP-INDIVIDUAL-CODE	Not Applicable	NA	Every SUBMITTING-STATE-PROV-ID must be classified using the codes in the valid values list	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV026-0003
4141	PRV027	TEACHING-IND	TEACHING-IND	A code indicating if the provider's organization is a teaching facility.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV027-0001
4142	PRV027	TEACHING-IND	TEACHING-IND	Not Applicable	NA	TEACHING-IND should be reported with a value of "0" if the provider is an individual or a practice group.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	Not Applicable
4143	PRV027	TEACHING-IND	TEACHING-IND	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV027-0002
4144	PRV028	PROV-FIRST-NAME	PROV-FIRST-NAME	The first name of the provider when the provider is a person.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV028-0001
4145	PRV028	PROV-FIRST-NAME	PROV-FIRST-NAME	Not Applicable	NA	Leave blank when the provider is not an individual.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV028-0002
4146	PRV028	PROV-FIRST-NAME	PROV-FIRST-NAME	Not Applicable	NA	Enter the first 35 characters if the first name exceeds 35 bytes.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV028-0003
4147	PRV029	PROV-MIDDLE-INITIAL	PROV-MIDDLE-INITIAL	The middle initial of the provider when the provider is a person.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV029-0001
4148	PRV029	PROV-MIDDLE-INITIAL	PROV-MIDDLE-INITIAL	Not Applicable	NA	Leave blank if not available.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV029-0002
4149	PRV029	PROV-MIDDLE-INITIAL	PROV-MIDDLE-INITIAL	Not Applicable	NA	Leave blank when the provider is not an individual.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV029-0003
4150	PRV030	PROV-LAST-NAME	PROV-LAST-NAME	The last name of the provider when the provider is a person. Use PROV-ORGANIZATION-NAME when the provider is an organization.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV030-0001
4151	PRV030	PROV-LAST-NAME	PROV-LAST-NAME	Not Applicable	NA	Leave blank when the provider is not an individual.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV030-0002
4152	PRV030	PROV-LAST-NAME	PROV-LAST-NAME	Not Applicable	NA	Enter the first 50 characters if the last name exceeds 35 bytes.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV030-0003
4153	PRV030	PROV-LAST-NAME	PROV-LAST-NAME	Not Applicable	NA	If the provider is an organization, populate the provider organization name using the PROV-ORGANIZATION-NAME data element.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV030-0004
4154	PRV031	SEX	SEX	The provider's biological sex.	Conditional	If populated, the value must be in the list of valid values.	F Female M Male U Unknown	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV031-0001
4155	PRV031	SEX	SEX	Not Applicable	NA	Must be populated when provider is an individual	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV031-0002
4156	PRV032	OWNERSHIP-CODE	OWNERSHIP-CODE	A code denoting the ownership interest and/or managing control information. The valid values list is Medicare standard list.	Required	Value must be equal to a valid value.	01 Voluntary - Non-Profit - Religious Organizations 02 Voluntary - Non-Profit - Other 03 Voluntary - multiple owners 04 Proprietary - Individual 05 Proprietary - Corporation 06 Proprietary - Partnership 07 Proprietary - Other 08 Proprietary - multiple owners 09 Government - Federal 10 Government - State 11 Government - County 12 Government - City 13 Government - City/County 14 Government - Hospital District 15 Government - State and City/County 16 Government - other multiple owners 17 Voluntary (Proprietor) 18 Proprietary Government 19 Voluntary Government 99 N/A - The individual only practices as part of a group, e.g., as an employee.	10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV032-0001
4157	PRV032	OWNERSHIP-CODE	OWNERSHIP-CODE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV032-0002
4158	PRV033	PROV-PROFIT-STATUS	PROV-PROFIT-STATUS	A code denoting the profit status of the provider.	Required	Value must be equal to a valid value.	01 SOLE(S) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 PROPRIETARY, PUBLICLY TRADED 99 N/A - The individual only practices as part of a group	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV033-0001
4159	PRV034	DATE-OF-BIRTH	DATE-OF-BIRTH	Date of birth of the provider. Applicable to individual providers only.	Conditional	Must be populated when provider is an individual	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV034-0001
4160	PRV034	DATE-OF-BIRTH	DATE-OF-BIRTH	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV034-0002
4161	PRV034	DATE-OF-BIRTH	DATE-OF-BIRTH	Not Applicable	NA	Date must be less than or equal to current date.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV034-0003
4162	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Date of death of the provider, if applicable. Applicable to individual providers only.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0001
4163	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	Conditional	The date must be a valid date.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0002
4164	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	Date of death is greater than when provider is not an individual.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0003
4165	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	Date must be less than current date.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0004
4166	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	Date is less than DATE-OF-BIRTH	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0005
4167	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	If a provider with a date of death before the submission should not be listed as a health home provider for an eligible individual.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0006
4168	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	If a provider with a date of death before the submission should not be listed as a health home provider for an eligible individual.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0007
4169	PRV035	DATE-OF-DEATH	DATE-OF-DEATH	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV035-0008
4170	PRV036	ACCEPTING-NEW-PATIENTS-IND	ACCEPTING-NEW-PATIENTS-IND	An indicator to identify providers who are accepting new patients	Required	Value must be equal to a valid value.	0 No 1 Yes N/A - The individual only practices as a member of a group.	10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV036-0001
4171	PRV037	STATE-NOTATION	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV037-0001
4172	PRV037	STATE-NOTATION	STATE-NOTATION	Not Applicable	NA	<u>Do not use delimiting files</u> states can populate the STATE-NOTATION field with "no", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. <u>Do not use delimiting files</u> states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV037-0002
4173	PRV038	FILLER	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV0002	PRV038-0001

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4174	PRV039	RECORD-ID	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PRV0003	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV039-0001
4175	PRV039	RECORD-ID	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV039-0002
4176	PRV040	SUBMITTING-STATE	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.cdc.gov/data/reference/ans/stateabbrev.html	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV040-0001
4177	PRV040	SUBMITTING-STATE	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV040-0002
4178	PRV040	SUBMITTING-STATE	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV040-0003
4179	PRV040	SUBMITTING-STATE	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV040-0004
4180	PRV041	RECORD-NUMBER	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV041-0001
4181	PRV041	RECORD-NUMBER	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV041-0002
4182	PRV042	SUBMITTING-STATE-PROV-ID	SUBMITTING-STATE-PROV-ID	The state assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV042-0001
4183	PRV043	PROV-LOCATION-ID	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORDS (P, CT, CR), and -RX record segments.	Required	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV043-0001
4184	PRV043	PROV-LOCATION-ID	PROV-LOCATION-ID	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV043-0002
4185	PRV043	PROV-LOCATION-ID	PROV-LOCATION-ID	Not Applicable	NA	Each of a provider entity's locations must have a unique PROV-LOCATION-ID.	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV043-0003
4186	PRV043	PROV-LOCATION-ID	PROV-LOCATION-ID	Not Applicable	NA	If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	Not Applicable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV043-0004
4187	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0001
4188	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0002
4189	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0003
4190	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0004
4191	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Must be equal to or less than end date.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0005
4192	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	The PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE must occur on or before the PROV-LOCATION-AND-CONTACT-INFO-END-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	Not Applicable
4193	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	Not Applicable
4194	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV044-0006
4195	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0001
4196	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0002
4197	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with '99991231' (end of time).	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	Not Applicable
4198	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	Not Applicable
4199	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0003
4200	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0004
4201	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0005
4202	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	The PROV-LOCATION-AND-CONTACT-INFO-END-DATE must occur on or after the PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0006
4203	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same Submitting State & Prov ID, Location ID, Address Type	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0007
4204	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	State PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current submission.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0008
4205	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV045-0009
4206	PRV046	ADDR-TYPE	ADDR-TYPE	The type of address that is stored in the remaining address fields. The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider. Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Required	Value must be equal to a valid value.	1 Billing Provider 2 Provider Mailing 3 Provider Practice 4 Provider Service Location	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV046-0001
4207	PRV046	ADDR-TYPE	ADDR-TYPE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV046-0002
4208	PRV046	ADDR-TYPE	ADDR-TYPE	Not Applicable	NA	The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (i.e., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV046-0003
4209	PRV047	ADDR-LN1	ADDR-LN1	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV047-0001
4210	PRV047	ADDR-LN1	ADDR-LN1	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV047-0002
4211	PRV047	ADDR-LN1	ADDR-LN1	Not Applicable	NA	Line 1 is required and the other two lines can be blank.	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV047-0003
4212	PRV048	ADDR-LN2	ADDR-LN2	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV048-0001
4213	PRV048	ADDR-LN2	ADDR-LN2	Not Applicable	NA	The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV048-0002
4214	PRV048	ADDR-LN2	ADDR-LN2	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV048-0003
4215	PRV048	ADDR-LN2	ADDR-LN2	Not Applicable	NA	The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (i.e., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV048-0004
4216	PRV048	ADDR-LN2	ADDR-LN2	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV048-0005
4217	PRV049	ADDR-LN3	ADDR-LN3	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0001
4218	PRV049	ADDR-LN3	ADDR-LN3	Not Applicable	NA	The third line of the address must not be the same as the first or second line of the address (if applicable).	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0002
4219	PRV049	ADDR-LN3	ADDR-LN3	Not Applicable	NA	The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0003
4220	PRV049	ADDR-LN3	ADDR-LN3	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0004
4221	PRV049	ADDR-LN3	ADDR-LN3	Not Applicable	NA	The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (i.e., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0005
4222	PRV049	ADDR-LN3	ADDR-LN3	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV049-0006
4223	PRV050	ADDR-CITY	ADDR-CITY	The city name for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV050-0001
4224	PRV050	ADDR-CITY	ADDR-CITY	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the 'pipe' ().	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV050-0002
4225	PRV050	ADDR-CITY	ADDR-CITY	Not Applicable	NA	The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV050-0003
4226	PRV050	ADDR-CITY	ADDR-CITY	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV050-0004
4227	PRV050	ADDR-CITY	ADDR-CITY	Not Applicable	NA	The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (i.e., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV0003	PRV050-0005

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD ID)	CR NO
4297	PRV068	LICENSE ISSUING ENTITY ID	Not Applicable	NA	If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the licensing entity is a municipality, then enter a text string with the name of the municipality.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0006
4298	PRV068	LICENSE ISSUING ENTITY ID	Not Applicable	NA	If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the licensing entity is a municipality, then enter a text string with the name of the municipality.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0007
4299	PRV068	LICENSE ISSUING ENTITY ID	Not Applicable	NA	If LICENSE-TYPE = 2 (DEA license), then enter the text string "DEA".	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0008
4300	PRV068	LICENSE ISSUING ENTITY ID	Not Applicable	NA	If LICENSE-TYPE = 3 (Professional safety accreditation), then enter the text string identifying the professional society issuing the accreditation.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0009
4301	PRV068	LICENSE ISSUING ENTITY ID	Not Applicable	NA	If LICENSE-TYPE = 4 (CMA accreditation), then enter the text string identifying the CMA accreditation body's name.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0010
4302	PRV069	LICENSE OR ACCREDITATION NUMBER	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body identified in the LICENSE ISSUING ENTITY ID data element.	Conditional	Required whenever the LICENSE-TYPE and LICENSE ISSUING ENTITY ID data elements are populated	Not Applicable	11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0001
4303	PRV069	LICENSE OR ACCREDITATION NUMBER	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0002
4304	PRV070	STATE NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0001
4305	PRV070	STATE NOTATION	Not Applicable	NA	For pipe-delimited files: states can populate the STATE NOTATION field with "N/A," "N/A," or leave the field blank (i.e., submitted as "pipe-pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files: states should space-fill the STATE NOTATION field when not using the field to record specific comments, and right-just the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0002
4306	PRV071	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV071-0001
4307	PRV072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 digits are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	PRV0005	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0001
4308	PRV072	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0002
4309	PRV073	SUBMITTING STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/datafiles/cast_stateabbr.html	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0001
4310	PRV073	SUBMITTING STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0002
4311	PRV073	SUBMITTING STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0003
4312	PRV073	SUBMITTING STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0004
4313	PRV074	RECORD NUMBER	A sequential number assigned by the submitter to identify each record segment (row in the submission file). The RECORD NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/26/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0001
4314	PRV074	RECORD NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0002
4315	PRV074	RECORD NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0003
4316	PRV075	SUBMITTING STATE-PROV ID	The state assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSS provider data set.	Required	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV075-0001
4317	PRV076	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and -RC record segments.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0001
4318	PRV076	PROV-LOCATION-ID	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0002
4319	PRV076	PROV-LOCATION-ID	Not Applicable	NA	Each of a provider entity's locations must have a unique PROV-LOCATION-ID.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0003
4320	PRV076	PROV-LOCATION-ID	Not Applicable	NA	If a particular license is applicable to all locations, use the value "000" value to represent "all" locations.	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0004
4321	PRV077	PROV-IDENTIFIER-TYPE	A code to identify the kind of provider identifier that is captured in the PROV-IDENTIFIER data element.	Required	Value must be equal to a valid value.	1. State-specific Medicaid Provider ID 2. NPI 3. Medicare ID 4. Medicaid ID 5. Federal Tax ID 6. State Tax ID 7. SSN 8. Other	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0001
4322	PRV077	PROV-IDENTIFIER-TYPE	Not Applicable	NA	Required whenever a value is captured in the PROV-IDENTIFIER data element.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0002
4323	PRV077	PROV-IDENTIFIER-TYPE	Not Applicable	NA	The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0003
4324	PRV077	PROV-IDENTIFIER-TYPE	Not Applicable	NA	The state should submit updates to T-MSS whenever an identifier is retired or issued.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0004
4325	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	A free text field to capture the identity of the entity that issued the provider identifier in the PROV-IDENTIFIER data element.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0001
4326	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	Required whenever a value is captured in the PROV-IDENTIFIER data element.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0002
4327	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 1 (State-specific Medicaid Provider ID), then enter the applicable ANSI state numeric code.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0003
4328	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 2 (NPI), then enter "NPI".	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0004
4329	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 3 (Medicare), then enter "CMS".	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0005
4330	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 4 (NCPDP ID), then enter "NCPDP".	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0006
4331	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 5 (Federal Tax ID), then enter the text string "IRS".	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0007
4332	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 6 (State Tax ID), then text string of the name of the state's taxation division.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0008
4333	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 7 (SSN), then enter the text string "SSA".	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4334	PRV078	PROV-IDENTIFIER ISSUING ENTITY ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 8 (Other), then enter the name of the entity.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0009
4335	PRV079	PROV-IDENTIFIER EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0001
4336	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0002
4337	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0003
4338	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0004
4339	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	For parent and child record segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent record segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4340	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0005
4341	PRV079	PROV-IDENTIFIER EFF-DATE	Not Applicable	NA	The PROV-IDENTIFIER EFF-DATE must occur on or before the PROV-IDENTIFIER END-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0006
4342	PRV080	PROV-IDENTIFIER END-DATE	The last day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0001
4343	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0002
4344	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0003
4345	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0004
4346	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end of time).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4347	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4348	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0005
4349	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	The PROV-IDENTIFIER END-DATE must occur on or after the PROV-IDENTIFIER EFF-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0006
4350	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same submitting state & Prov ID, Location ID, Provider Identifier Type, Prov Identifier.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0007
4351	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0008
4352	PRV080	PROV-IDENTIFIER END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN and PROV-LOCATION-AND-CONTACT-INFO record should exist in T-MSS database or contained in the current submission.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0009
4353	PRV081	PROV-IDENTIFIER	A data element to capture the various ways used to distinguish providers from one another on claims and other interactions between providers and other entities. The specific type of identifier is shown in the corresponding value in the IDENTIFIER-TYPE data element.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0001
4354	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The value in the PROV-IDENTIFIER data element should be a valid value in the enumeration entity's identification schema.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0002
4355	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The state should submit updates to T-MSS whenever an identifier is retired or issued.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0003

V.2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4356	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider. Conditions When CMS Expects a PROV-IDENTIFIER Value: • State-specific Medical Provider ID: (the state should supply this identifier for every provider, since it is the state itself that is using the identifier in its MMS.) • NPI: (the state should supply this identifier for every provider who is issued an NPI.) • Medicare ID: (the state should supply this identifier for every provider who is issued a Medicare ID.) • NCPDP ID: (the state should supply this for every pharmacy.) • Federal Tax ID: (the state should supply this identifier for every provider who uses a Federal TIN as its identifier with the IRS.) • State Tax ID: (the state should supply this identifier for every provider who uses a state TIN as its identifier with the state tax authority.) • SSN: (the state should supply this identifier for every provider who uses a social security number to register with the IRS and/or the state tax authority.) • Other: (whenever the state uses an identifier type other than those listed above that it believes would be useful to analysts using the state's Medicaid/CHIP data.)	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV081-0004
4357	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The PROV-IDENTIFIER data element must be populated whenever the PROV-IDENTIFIER-TYPE is populated.	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV081-0005
4358	PRV081	PROV-IDENTIFIER	Not Applicable	NA	One record should be reported on the PROV-IDENTIFIERS-PRV0005 file segment with the SUBMITTING-STATE-PROV-ID value reported in the PROV-IDENTIFIER field and a PROV-IDENTIFIER-TYPE="1".	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV081-0006
4359	PRV082	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV082-0001
4360	PRV082	STATE-NOTATION	Not Applicable	NA	<u>For pipe-delimited files:</u> states can populate the STATE-NOTATION field with "no," "na," or leave the field blank (i.e., substituted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. <u>For fixed-length files:</u> states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV082-0002
4361	PRV083	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV0005	PRV083-0001
4362	PRV084	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 6 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PRV0006	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV084-0001
4363	PRV084	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV084-0002
4364	PRV085	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/geo/codes/us_states_territories.html	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV085-0001
4365	PRV085	SUBMITTING-STATE	Not Applicable	NA	Value must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV085-0002
4366	PRV085	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV085-0003
4367	PRV085	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV085-0004
4368	PRV086	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV086-0001
4369	PRV086	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV086-0002
4370	PRV086	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV086-0003
4371	PRV087	SUBMITTING-STATE-PROV-ID	The state's unique identifier for the provider office. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSS provider data set.	Required	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV087-0001
4372	PRV088	PROV-CLASSIFICATION-TYPE	A code to identify the schema used in the PROV-CLASSIFICATION-CODE field to categorize providers.	Required	Value must be equal to a valid value.	1. Taxonomy code 2. Provider specialty code 3. Provider type code 4. Authorized category of service code	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0001
4373	PRV088	PROV-CLASSIFICATION-TYPE	Not Applicable	NA	Required on every PROV-TAXONOMY-CLASSIFICATION record.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0002
4374	PRV088	PROV-CLASSIFICATION-TYPE	Not Applicable	NA	Provide a value for all 4 provider classification types. Each provider should have a separate PROV-TAXONOMY-CLASSIFICATION-PRV0006 record segment for each of the values - Taxonomy Code, Provider Specialty Code, Provider Type Code, & Authorized Category of Service Code - unless one of the values is not applicable to that provider.	Not Applicable	10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0003
4375	PRV088	PROV-CLASSIFICATION-TYPE	Not Applicable	NA	See the MMS Guidance Document, "CMS Guidance: Best Practice for Reporting PROV-CLASSIFICATION-TYPE and PROV-CLASSIFICATION-CODE in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0004
4376	PRV088	PROV-CLASSIFICATION-TYPE	Not Applicable	NA	A provider may be reported with multiple active record segments with the same PROV-CLASSIFICATION-TYPE if different PROV-CLASSIFICATION-CODE values apply.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0005
4377	PRV088	PROV-CLASSIFICATION-CODE	The code values from the categorization schema identified in the PROV-CLASSIFICATION-TYPE data element. Valid values lists for each PROV-CLASSIFICATION-TYPE code are listed. Note: States should apply these classification schemas consistently across all providers.	Required	Dependent value must be equal to a valid value.	See Appendix A for listing of valid values.	9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV088-0001
4378	PRV089	PROV-CLASSIFICATION-CODE	Not Applicable	NA	Required on every PROV-TAXONOMY-CLASSIFICATION segment.	Not Applicable	10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV089-0002
4379	PRV089	PROV-CLASSIFICATION-CODE	Not Applicable	NA	The value in the PROV-CLASSIFICATION-CODE data element must correspond to the valid values set identified in the PROV-CLASSIFICATION-TYPE data element.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV089-0001
4380	PRV089	PROV-CLASSIFICATION-CODE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting PROV-CLASSIFICATION-TYPE and PROV-CLASSIFICATION-CODE in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV089-0004
4381	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Value must be in CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0001
4382	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0002
4383	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0003
4384	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0004
4385	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	Not Applicable
4386	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0005
4387	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Not Applicable	NA	The PROV-TAXONOMY-CLASSIFICATION-EFF-DATE must occur on or before the PROV-TAXONOMY-CLASSIFICATION-END-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV090-0006
4388	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	The last day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Use format in CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0001
4389	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0002
4390	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0003
4391	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0004
4392	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231 (end of time)".	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	Not Applicable
4393	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	Not Applicable
4394	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0005
4395	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	The PROV-TAXONOMY-CLASSIFICATION-END-DATE must occur on or after the PROV-TAXONOMY-CLASSIFICATION-EFF-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0006
4396	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same submitting state & Prov ID, Classification Type.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0007
4397	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0008
4398	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Not Applicable	NA	Like the PROV-ATTRIBUTES-SPAN record should exist in T-MSS database or contained in the current submission.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV091-0009
4399	PRV092	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV092-0001
4400	PRV092	STATE-NOTATION	Not Applicable	NA	<u>For pipe-delimited files:</u> states can populate the STATE-NOTATION field with "no," "na," or leave the field blank (i.e., substituted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. <u>For fixed-length files:</u> states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV092-0002
4401	PRV093	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV0006	PRV093-0001

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALU VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4402	PRV094	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PRV0007	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV094-0001
4403	PRV094	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV094-0002
4404	PRV095	SUBMITTING-STATE	The AHS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/www/reference-usa_states.html	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV095-0001
4405	PRV095	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV095-0002
4406	PRV095	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV095-0003
4407	PRV095	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV095-0004
4408	PRV096	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV096-0001
4409	PRV096	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV096-0002
4410	PRV096	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV096-0003
4411	PRV097	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSS provider data set.	Required	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV097-0001
4412	PRV098	PROV-MEDICAID-EFF-DATE	The first day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV098-0001
4413	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4414	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4415	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV098-0003
4416	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Value must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4417	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4418	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	The PROV-MEDICAID-EFF-DATE must occur on or before the PROV-MEDICAID-END-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV098-0005
4419	PRV099	PROV-MEDICAID-END-DATE	The last day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0001
4420	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0002
4421	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0003
4422	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with '99991231' (end of time).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4423	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank or space-fill.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	Not Applicable
4424	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	The PROV-MEDICAID-END-DATE must occur on or after the PROV-MEDICAID-EFF-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0005
4425	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same submitting state & Prov ID, Enrollment Status Code.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0006
4426	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0007
4427	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAN record should exist in T-MSS database or contained in the current submission.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV099-0008
4428	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	A code representing the provider's Medicaid and/or CHIP enrollment status for the time span specified by the PROV-MEDICAID-EFF-DATE and PROV-MEDICAID-END-DATE data elements. Note: The STATE-PLAN-ENROLLMENT data element identifies whether the provider is enrolled in Medicaid, CHIP or both.	Required	Value must be equal to a valid value. See Appendix A for listing of valid values.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV100-0001
4429	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV100-0002
4430	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Not Applicable	NA	A health home provider must be active to be an eligible individual's primary care manager for the health home in which the individual is enrolled.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV100-0003
4431	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Not Applicable	NA	A clinic provider must be active to be a provider furnishing locked-in healthcare services to an individual.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV100-0004
4432	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Not Applicable	NA	A LIS provider must be active to be a long term care facility furnishing healthcare services to an individual.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV100-0005
4433	PRV101	STATE-PLAN-ENROLLMENT	The state plan with which a provider has an affiliation and is able to provide services to the state's fee for service enrollees.	Required	Value must be equal to a valid value.	1. Medicaid 2. CHIP 3. Both Medicaid and CHIP 4. Not state plan-affiliated	10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV101-0001
4434	PRV102	PROV-ENROLLMENT-METHOD	Process by which a provider was enrolled in Medicaid or CHIP.	Required	Value must be equal to a valid value.	1. Enrolled through use of Medicare enrollment system (State did not require Medicaid/CHIP) 2. Provider self-initiated application. Rather Provider is active Medicaid provider and State Medicaid program accepted these credentials, as well as other participants as state Medicaid providers. 3. Enrolled through use of state-based provider application 4. Other	10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV102-0001
4435	PRV103	APPL-DATE	The date on which the provider applied for enrollment into the State's Medicaid and/or CHIP program.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV103-0001
4436	PRV103	APPL-DATE	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV103-0002
4437	PRV103	APPL-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV103-0003
4438	PRV103	APPL-DATE	Not Applicable	NA	APPL-DATE should not be less than PROV-MEDICAID-EFF-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV103-0004
4439	PRV104	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV104-0001
4440	PRV104	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to the length field. For length-delimited files, FILLER should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV104-0002
4441	PRV105	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to the length field. For length-delimited files, FILLER should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV0007	PRV105-0001
4442	PRV106	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PRV0008	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV106-0001
4443	PRV106	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV106-0002
4444	PRV107	SUBMITTING-STATE	The AHS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/www/reference-usa_states.html	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV107-0001
4445	PRV107	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV107-0002
4446	PRV107	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV107-0003
4447	PRV107	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV107-0004
4448	PRV108	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV108-0001
4449	PRV108	RECORD-NUMBER	Not Applicable	NA	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV108-0002
4450	PRV108	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV108-0003
4451	PRV109	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSS provider data set.	Conditional	Must be populated on every record.	Not Applicable	11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV109-0001
4452	PRV109	SUBMITTING-STATE-PROV-ID	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting T-MSS Data Pursuant to SHD #16-002 Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives."	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4453	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	The unique, state-assigned identification number for the group or subunit with which the individual or subject is associated. (The submitting state's unique identifier for the group. (Note: The group will also in the provider data set as a provider (i.e., the group-as-a-provider).)	Conditional	Must be populated on every record.	Not Applicable	11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV110-0001
4454	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Not Applicable	NA	Right fill with spaces if the value is not 12 bytes long.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV110-0002
4455	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting T-MSS Data Pursuant to SHD #16-002 Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives."	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4456	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0001
4457	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0002
4458	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0003
4459	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0004
4460	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4461	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0005
4462	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	The PROV-AFFILIATED-GROUP-EFF-DATE must occur on or before the PROV-AFFILIATED-GROUP-IND-DATE.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV111-0006
4463	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Reporting T-MSS Data Pursuant to SHD #16-002 Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives."	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4454	PRV112	PROV-AFFILIATED-GROUP-END-DATE	The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0001
4465	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0002
4466	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0003
4467	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0004
4468	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with '99991231' (end-of-time).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4469	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4470	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0005
4471	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	The PROV-AFFILIATED-GROUP-END-DATE must occur on or after the PROV-AFFILIATED-GROUP-EFF-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0006
4472	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Developing coverage not allowed for same state & Prov ID of Affiliated Entity	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0007
4473	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0008
4474	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Active PROV-AT-TRIBUTES-MAN record should exist in T-MSIS database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV112-0009
4475	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting T-MSIS Data Pursuant to SHD #16-002 Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives"	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	Not Applicable
4476	PRV113	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV113-0001
4477	PRV113	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n/a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV113-0002
4478	PRV114	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV0008	PRV114-0001
4479	PRV115	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is E100000.	Required	Value must be equal to a valid value.	PRV0009	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV115-0001
4480	PRV115	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV115-0002
4481	PRV116	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/ipeds/data/reference/states/states.html	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV116-0001
4482	PRV116	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV116-0002
4483	PRV116	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV116-0003
4484	PRV116	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV116-0004
4485	PRV117	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV117-0001
4486	PRV117	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV117-0002
4487	PRV117	RECORD-NUMBER	Not Applicable	NA	RECORD-TO-RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV117-0003
4488	PRV118	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV118-0001
4489	PRV119	AFFILIATED-PROGRAM-TYPE	A code to identify the category of program that the provider is affiliated.	Conditional	Value must be equal to a valid value.	1 Health Plan (HIP-ED) - The value in the AFFILIATED-PROGRAM-ID data element contains the National Health Plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. (Valid value not currently active) 2 Health Plan (state-assigned health plan ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. 3 Waiver - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries. 4 Health Home Entity - The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the health home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physician, nurse, behavioral health professional). 5 Other - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV119-0001
4490	PRV119	AFFILIATED-PROGRAM-TYPE	Not Applicable	NA	Required on every PROV-AFFILIATED-PROGRAMS record.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV119-0002
4491	PRV120	AFFILIATED-PROGRAM-ID	A data element to identify the Medicaid/CHIP programs, waivers and demonstrations in which the provider participates.	Conditional	If AFFILIATED-PROGRAM-TYPE = 3 (waiver), then AFFILIATED-PROGRAM-ID must be => spaces.	Not Applicable	11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0001
4492	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0002
4493	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If AFFILIATED-PROGRAM-TYPE = 2 (Health Plan State-assigned health plan ID), then the value in AFFILIATED-PROGRAM-ID is the state-assigned plan ID of the health plan in which a provider is enrolled to provide services.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0003
4494	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If AFFILIATED-PROGRAM-TYPE = 3 (Waiver), then the value in AFFILIATED-PROGRAM-ID shall report the core Federal Waiver ID in which a provider is allowed to deliver services to eligible beneficiaries.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0004
4495	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If AFFILIATED-PROGRAM-TYPE = 4 (Health Home Entity), then the value in AFFILIATED-PROGRAM-ID is the name of a health home in which a provider is participating.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0006
4496	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If AFFILIATED-PROGRAM-TYPE = 5 (Other), then the value in AFFILIATED-PROGRAM-ID is an identifier for something other than a health plan, waiver, or health home entity.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0007
4497	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If the value entered into the AFFILIATED-PROGRAM-ID is less than 50 bytes long, right-pad with spaces.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0008
4498	PRV120	AFFILIATED-PROGRAM-ID	Not Applicable	NA	If the value entered into the AFFILIATED-PROGRAM-ID is more than 50 bytes long, truncate the value.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV120-0009
4499	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0001
4500	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0002
4501	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0003
4502	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0004
4503	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	Not Applicable
4504	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0005
4505	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	NA	The PROV-AFFILIATED-PROGRAM-EFF-DATE must occur on or before the PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV121-0006
4506	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0001
4507	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0002
4508	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0003
4509	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0004
4510	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with '99991231' (end-of-time).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	Not Applicable
4511	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	Not Applicable
4512	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0005
4513	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	The PROV-AFFILIATED-PROGRAM-END-DATE must occur on or after the PROV-AFFILIATED-PROGRAM-EFF-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0006
4514	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Developing coverage not allowed for same state & Prov ID, Affiliated Program Type, Affiliated Program ID	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0007

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4515	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0008
4516	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN record should exist in T-MSS database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV122-0009
4517	PRV123	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV123-0001
4518	PRV123	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files states can populate the STATE-NOTATION field with "n/a," "na," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV123-0002
4519	PRV124	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV0009	PRV124-0001
4520	PRV125	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	PRV0010	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV125-0001
4521	PRV125	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV125-0002
4522	PRV126	SUBMITTING-STATE	The AYS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value: http://www.census.gov/ipeds/data/cross-tabulations.html	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV126-0001
4523	PRV126	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV126-0002
4524	PRV126	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV126-0003
4525	PRV126	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV126-0004
4526	PRV127	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV127-0001
4527	PRV127	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV127-0002
4528	PRV127	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV127-0003
4529	PRV128	SUBMITTING-STATE-PROV-ID	The state assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicare/Medicaid goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSS provider data set.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV128-0001
4530	PRV129	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER RECORD-IP, -LT, -OT, and -RX record segments.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV129-0001
4531	PRV129	PROV-LOCATION-ID	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV129-0002
4532	PRV129	PROV-LOCATION-ID	Not Applicable	NA	Each of a provider entity's locations must have a unique PROV-LOCATION-ID	Not Applicable	9/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV129-0003
4533	PRV129	PROV-LOCATION-ID	Not Applicable	NA	If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	Not Applicable	9/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV129-0004
4534	PRV130	BED-TYPE-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0001
4535	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0002
4536	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0003
4537	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	The BED-TYPE-EFF-DATE must occur on or before the BED-TYPE-END-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0004
4538	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0005
4539	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	For parent and child record segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent record segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	Not Applicable
4540	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0006
4541	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV130-0007
4542	PRV131	BED-TYPE-END-DATE	The last day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0001
4543	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0002
4544	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0003
4545	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	The BED-TYPE-END-DATE must occur on or after the BED-TYPE-EFF-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0004
4546	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with '99991231' (end of time).	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	Not Applicable
4547	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	Not Applicable
4548	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.	Not Applicable	10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0005
4549	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same submitting state & Prov-ID, Location ID, Bed Type Code	Not Applicable	10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0006
4550	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0007
4551	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN and PROV-LOCATION-AND-CONTACT-INFO record should exist in T-MSS Database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0008
4552	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV131-0009
4553	PRV134	BED-TYPE-CODE	A code to classify beds available at a facility.	Conditional	Value must be equal to a valid value.	1 Intermediate Care Facility for the Intellectually Disabled 2 Inpatient 3 Nursing Facility 4 Title 18 Skilled Nursing Facility (118 SNF)	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV134-0001
4554	PRV134	BED-TYPE-CODE	Not Applicable	NA	Must be populated on every record	Not Applicable	2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV134-0002
4555	PRV134	BED-TYPE-CODE	Not Applicable	NA	Report all that bed types that apply.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV134-0003
4556	PRV134	BED-TYPE-CODE	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV134-0004
4557	PRV135	BED-COUNT	A count of the number of beds available at the facility for the category of bed identified in the BED-TYPE-CODE data element.	Conditional	Value must be numeric.	Not Applicable	11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV135-0001
4558	PRV135	BED-COUNT	Not Applicable	NA	Must be less than zero	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV135-0002
4559	PRV135	BED-COUNT	Not Applicable	NA	Left-fill with zeros if value is less than 9 bytes long	Not Applicable	2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV135-0003
4560	PRV135	BED-COUNT	Not Applicable	NA	Bedts should not be counted twice under different bed types.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV135-0004
4561	PRV135	BED-COUNT	Not Applicable	NA	See T-MSS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV135-0005
4562	PRV136	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV136-0001
4563	PRV136	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files states can populate the STATE-NOTATION field with "n/a," "na," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV136-0002
4564	PRV137	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV0010	PRV137-0001
4565	PRV138	SEQUENCE-NUMBER	To enable states to sequentially number files, when related rows files are necessary (i.e., updates files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required	MSB is required on all "C," "V," and "R" record files.	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV0001	PRV138-0001
4566	PRV138	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV0001	PRV138-0002
4567	PR001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY-DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	PR0001	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TP001-0001
4568	TR001	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TR001-0003
4569	TR002	DATA-Dictionary-VERSION	A data element to capture the version of the T-MSS data dictionary that was used to build the file.	Required	Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TR002-0001
4570	TR003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	FILE	FILE-HEADER-RECORD-TP-TP00001	TR003-0001
4571	TR003	SUBMISSION-TRANSACTION-TYPE	Not Applicable	NA	Must be populated on every record	Not Applicable	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TR003-0002
4572	TR004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required	Value must be equal to a valid record.	ELF - The file follows a fixed length format. FV - The file follows a pipe-delimited format.	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TR004-0001
4573	TR005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSS data mapping document used to build the file.	Required	Use the version number specified on the title page of the data mapping document	Not Applicable	2/25/2013	FILE	FILE-HEADER-RECORD-TP-TP00001	TR005-0001
4574	TR006	FILE-NAME	The name identifying the subject area to which the records in the file relate. Each T-MSS submission file should only contain records for one subject area (i.e., ESRH, Third-party Liability, Provider-Managed Care Plan Information, P Claims, CT Claims, N Claims, or DT Claims).	Required	Required on every file header record	Not Applicable	2/25/2013	FILE	FILE-HEADER-RECORD-TP-TP00001	TR006-0001
4575	TR006	FILE-NAME	Not Applicable	NA	Value must be equal to a valid value.	TP-FILE - Third-party Liability file	8/7/2017	FILE	FILE-HEADER-RECORD-TP-TP00001	TR006-0002
4576	TR006	FILE-NAME	Not Applicable	NA	Right-fill with spaces if name is less than 8 bytes long	Not Applicable	4/30/2013	FILE	FILE-HEADER-RECORD-TP-TP00001	TR006-0003

V2.1 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4644	FD028	FILER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-length files and is not applicable to pipe-delimited files. For example, the RECORD ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Not Applicable	9/23/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-MAIN-TPL00002	PL028-0001
4645	FD029	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PL00003	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL029-0003
4646	FD029	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL029-0001
4647	FD030	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/reference/states.html	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL030-0002
4648	FD030	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL030-0001
4649	FD030	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	Not Applicable
4650	FD030	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL030-0003
4651	FD031	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL031-0001
4652	FD031	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL031-0002
4653	FD031	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL031-0003
4654	FD032	MSS-IDENTIFICATION-NUM	Not Applicable	NA	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL032-0005
4655	FD032	MSS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL032-0002
4656	FD032	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary MSS Identification Number. If the MSS Identification Number becomes known, the MSS IDENTIFICATION NUM field should continue to be populated with the temporary MSS Identification number for at least one monthly submission of the TPL file so that T-MSS can associate the temporary MSS IDENTIFICATION-NUM on the TPL file with the temporary MSS-IDENTIFICATION-NUM and SSN on the Eligibility file.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL032-0003
4657	FD033	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL033-0001
4658	FD033	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Field is required on all record segments.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	Not Applicable
4659	FD033	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL033-0002
4660	FD034	INSURANCE-PLAN-ID	The ID number issued by the insurance carrier providing Third Party Liability Insurance coverage to beneficiaries. Typically the Plan ID/Plan Number is on the beneficiaries' insurance card.	Conditional	Enter the insurance plan identification number assigned by the state.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL034-0001
4661	FD034	INSURANCE-PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL034-0002
4662	FD034	INSURANCE-PLAN-ID	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL034-0003
4663	FD035	GROUP-NUM	The group number of the TPL health insurance policy.	Conditional	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL035-0001
4664	FD035	GROUP-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL035-0002
4665	FD035	GROUP-NUM	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL035-0003
4666	FD035	GROUP-NUM	Not Applicable	NA	If this field is not applicable, leave blank or space-fill	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL035-0004
4667	FD036	MEMBER-ID	Member identification number as it appears on the card issued by the TPL Insurance carrier.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL036-0001
4668	FD036	MEMBER-ID	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL036-0002
4669	FD036	MEMBER-ID	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL036-0003
4670	FD037	INSURANCE-PLAN-TYPE	Code to classify the type of insurance plan providing TPL coverage.	Conditional	Values must correspond to associated INSURANCE-PLAN-ID.	Not Applicable	11/3/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL037-0001
4671	FD037	INSURANCE-PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL037-0002
4672	FD038	ANNUAL-DEDUCTIBLE-AMT	Annual amount paid each year by the enrollee in the plan before a health plan benefit begins.	Conditional	The value must consist of digits 0 through 9 only	Not Applicable	11/3/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL038-0001
4673	FD044	POLICY-OWNER-FIRST-NAME	The first name of the owner of the insurance policy. For example, the policy owner may be the Medicaid/CHIP beneficiary.	Conditional	Policy owner information is not applicable if the TPL Insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LIABILITY on the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-III, blank-III, or space-III POLICY-OWNER-FIRST-NAME.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL044-0001
4674	FD044	POLICY-OWNER-FIRST-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL044-0003
4675	FD044	POLICY-OWNER-FIRST-NAME	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL044-0004
4676	FD044	POLICY-OWNER-FIRST-NAME	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL044-0005
4677	FD045	POLICY-OWNER-LAST-NAME	The last name of the owner of the insurance policy. For example, the policy owner may be the Medicaid/CHIP beneficiary.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL045-0001
4678	FD045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL045-0002
4679	FD045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL045-0003
4680	FD045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL045-0004
4681	FD045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	Policy owner information is not applicable if the TPL Insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LIABILITY on the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-III, blank-III, or space-III POLICY-OWNER-LAST-NAME.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL045-0005
4682	FD046	POLICY-OWNER-SSN	The policy owner's social security number.	Conditional	If known, this field is to be populated with numeric digits.	Not Applicable	11/3/2015	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL046-0001
4683	FD046	POLICY-OWNER-SSN	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL046-0002
4684	FD046	POLICY-OWNER-SSN	Not Applicable	NA	Policy owner information is not applicable if the TPL Insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LIABILITY on the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-III, blank-III, or space-III POLICY-OWNER-SSN.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL046-0003
4685	FD047	POLICY-OWNER-CODE	This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary.	Conditional	Policy owner information is not applicable if the TPL Insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LIABILITY on the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-III, blank-III, or space-III POLICY-OWNER-CODE.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL047-0001
4686	FD047	POLICY-OWNER-CODE	Not Applicable	NA	Value must be equal to a valid value.	01 Self 02 Spouse 03 Custodial Parent 04 Noncustodial Parent (Child Support Enforcement in effect) 05 Noncustodial Parent (without child support enforcement in effect) 06 Guardian 08 Beneficial Partner 99 Other	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL047-0002
4687	FD048	INSURANCE-COVERAGE-EFF-DATE	The first day of the time span during which the Medicaid enrollee is covered under the policy. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0001
4688	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0002
4689	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0003
4690	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE-COVERAGE-IND record segment changes, a new record segment must be submitted.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0004
4691	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	The INSURANCE-COVERAGE-EFF-DATE must occur on or before the INSURANCE-COVERAGE-END-DATE.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0005
4692	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0006
4693	FD048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	The INSURANCE-COVERAGE-EFF-DATE must occur on or before the eligible individual's DATE-OF-SSN-THAT-REPORTS-IN-ELIGIBILITY-FILE.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL048-0007
4694	FD049	INSURANCE-COVERAGE-END-DATE	The last day of the time span during which the Medicaid enrollee is covered under the policy.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL049-0001
4695	FD049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL049-0002
4696	FD049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL049-0003
4697	FD049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	Not Applicable
4698	FD049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-line" date 99991231.	Not Applicable	2/25/2013	PL	PL-MEDICAID-ELIGIBLE PERSON-HEALTH INSURANCE COVERAGE-INFO-TPL00003	PL049-0004

V2.2 T-MSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4699	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL049-0005
4700	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY LIABILITY, leave blank or space-fill the field.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL049-0006
4701	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	If the TPL-HEALTH-INSURANCE COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL049-0007
4702	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	The INSURANCE COVERAGE-END-DATE must occur on or after the INSURANCE COVERAGE EFF DATE.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	Not Applicable
4703	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same SUBMITTING-STATE, MISB-IDENTIFICATION-NUM, INSURANCE PLAN-ID, GROUP-NUM, and MEMBER-ID.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL049-0008
4704	PL049	INSURANCE COVERAGE-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL049-0010
4705	PL050	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL050-0001
4706	PL050	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files (states can populate the STATE NOTATION field with "0", " ", "a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between)) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL050-0002
4707	PL051	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO-TPL0003	PL051-0001
4708	PL052	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	PL0004	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL052-0003
4709	PL052	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL052-0001
4710	PL053	SUBMITTING-STATE	The AND numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/geo/ref/data/state_statistics.html	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL053-0002
4711	PL053	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL053-0001
4712	PL053	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	Not Applicable
4713	PL053	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL053-0003
4714	PL054	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL054-0001
4715	PL054	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL054-0002
4716	PL054	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL054-0003
4717	PL055	INSURANCE CARRIER-ID-NUM	The state's internal identification number of the TPL insurance carrier.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL055-0001
4718	PL055	INSURANCE CARRIER-ID-NUM	Not Applicable	NA	Field is required on all record segments.	Not Applicable	4/20/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL055-0002
4719	PL055	INSURANCE CARRIER-ID-NUM	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	Not Applicable
4720	PL056	INSURANCE PLAN-ID	The ID number issued by the insurance carrier providing third-party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Number is on the beneficiary's insurance card.	Required	Enter the insurance plan identification number assigned by the state.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL056-0001
4721	PL056	INSURANCE PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/20/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL056-0002
4722	PL056	INSURANCE PLAN-ID	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL056-0003
4723	PL057	INSURANCE PLAN-TYPE	Code to classify the entity providing TPL coverage.	Optional	Values must correspond to a associated INSURANCE PLAN-ID.	Not Applicable	11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL057-0001
4724	PL057	INSURANCE PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL057-0002
4725	PL058	COVERAGE-TYPE	Code identifying the level of coverage being provided under this policy for the insured by the TPL carrier.	Optional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL058-0001
4726	PL059	INSURANCE-CATEGORIES-EFF-DATE	The first day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL059-0001
4727	PL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL059-0002
4728	PL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL059-0003
4729	PL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	Not Applicable
4730	PL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL059-0004
4731	PL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	The INSURANCE-CATEGORIES-EFF-DATE must occur on or before the INSURANCE-CATEGORIES-EFF-DATE.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL059-0005
4732	PL060	INSURANCE-CATEGORIES-END-DATE	The last day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0001
4733	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0002
4734	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0003
4735	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-file" date 99991231.	Not Applicable	4/20/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0004
4736	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	Not Applicable
4737	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	The INSURANCE-CATEGORIES-END-DATE must occur on or after the INSURANCE-CATEGORIES-END-DATE.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	Not Applicable
4738	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0005
4739	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY LIABILITY, leave blank or space-fill the field.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0006
4740	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	If the TPL-HEALTH-INSURANCE COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0007
4741	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0009
4742	PL060	INSURANCE-CATEGORIES-END-DATE	Not Applicable	NA	The segment must have both a matching, active TPL-MEDICAID-ELIGIBLE PERSON-MAN record and TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-INFO record and the INSURANCE-CATEGORIES-EFF-DATE must be on or before ELG-PRSN-MAN-EFF-DATE and INSURANCE-CATEGORIES-EFF-DATE, and INSURANCE-CATEGORIES-END-DATE must be on or after ELG-PRSN-MAN-END-DATE and INSURANCE COVERAGE-END-DATE.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL060-0010
4743	PL061	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL061-0001
4744	PL061	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files (states can populate the STATE NOTATION field with "0", " ", "a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between)) when not using the field to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL061-0002
4745	PL062	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE PERSON-HEALTH-INSURANCE COVERAGE-CATEGORIES-TPL0004	PL062-0001
4746	PL063	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG0002.	Required	Value must be equal to a valid value.	PL0005	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE OTHER-THIRD-PARTY COVERAGE-INFORMATION-TPL0005	PL063-0003
4747	PL063	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE OTHER-THIRD-PARTY COVERAGE-INFORMATION-TPL0005	PL063-0001
4748	PL064	SUBMITTING-STATE	The AND numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value. http://www.census.gov/geo/ref/data/state_statistics.html	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE OTHER-THIRD-PARTY COVERAGE-INFORMATION-TPL0005	PL064-0002

V2.1 T-MSSS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	COODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4749	FL064	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL064-0001
4750	FL064	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	Not Applicable
4751	FL064	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL064-0003
4752	FL065	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL065-0001
4753	FL065	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL065-0002
4754	FL065	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL065-0003
4755	FL066	MSS-IDENTIFICATION-NUM	Not Applicable	NA	MSS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL066-0005
4756	FL066	MSS-IDENTIFICATION-NUM	A state assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	The Medicaid/CHIP enrollee's MSS-IDENTIFICATION-NUM must match the MSS-IDENTIFICATION-NUM in the T-MSSS Eligibility file and T-MSSS data repository.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL066-0001
4757	FL066	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL066-0002
4758	FL066	MSS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary MSS Identification number. When the social security number becomes known, the MSS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSS identification number for at least one monthly submission of the TR file so that T-MSSS can associate the temporary MSS-IDENTIFICATION-NUM on the TR file with the temporary MSS-IDENTIFICATION-NUM and SSN on the Eligibility file.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL066-0003
4759	FL067	TYPE-OF-OTHER-THIRD-PARTY-ABILITY	This code identifies the other types of abilities an individual may have which are not necessarily defined as a health insurance plan listed INSURANCE-TYPE-PLAN.	Conditional	Required	Not Applicable	11/3/2015	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL067-0001
4760	FL067	TYPE-OF-OTHER-THIRD-PARTY-ABILITY	Not Applicable	NA	Value must be equal to a valid value.	1 Top/Casualty Claim 2 Medical Malpractice 3 Estate (an estate, annuity or designated trust) 4 U.S. 5 Worker's Compensation 6 Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients, Federal grant, unions 7 Other - unidentified	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL067-0002
4761	FL068	OTHER-TRP-EFF-DATE	The first day of the time span during which the values in all data elements in the TRP-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0001
4762	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0002
4763	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0003
4764	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and the segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	Not Applicable
4765	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TRP-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0004
4766	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	The OTHER-TRP-EFF-DATE must occur on or before the OTHER-TRP-EFF-DATE.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0005
4767	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	If the TRP-OTHER-COVERAGE-IND equals '1', this field is required.	Not Applicable	4/20/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0006
4768	FL068	OTHER-TRP-EFF-DATE	Not Applicable	NA	The OTHER-TRP-EFF-DATE must occur on or before the eligible individual's DATE-OF-DEATH as reported in the Eligibility file.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL068-0007
4769	FL069	OTHER-TRP-END-DATE	The last day of the time span during which the values in all data elements in the TRP-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0001
4770	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0002
4771	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0003
4772	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99991231.	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0004
4773	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown/leave blank, or space-fill.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	Not Applicable
4774	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	The OTHER-TRP-END-DATE must occur on or after the OTHER-TRP-EFF-DATE.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	Not Applicable
4775	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TRP-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0005
4776	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	If the field is not applicable or the TRP-OTHER-COVERAGE-IND = 0, B, R, leave blank, or space-fill the field.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0006
4777	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	If the TRP-OTHER-COVERAGE-IND equals '1', this field is required.	Not Applicable	4/20/2013	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0007
4778	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same SUBMITTING-STATE - MSS-IDENTIFICATION-NUM, and TRP-OF-OTHER-THIRD-PARTY-ABILITY.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0008
4779	FL069	OTHER-TRP-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL069-0010
4780	FL070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL070-0001
4781	FL070	STATE-NOTATION	Not Applicable	NA	The pipe-delimited status can populate the STATE-NOTATION field with "no", "N/A", or "leave blank" (i.e., "unpopulated" or "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For fixed length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL070-0002
4782	FL071	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	FL	TR-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TF00005	FL071-0001
4783	FL072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 3 digits are assigned with leading zeros. For example, the RECORD-ID for the PRIMARY MEDICAID-PLANS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PL00006	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL072-0003
4784	FL072	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL072-0001
4785	FL073	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/ipeds/data/states.html	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL073-0002
4786	FL073	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL073-0001
4787	FL073	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	Not Applicable
4788	FL073	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL073-0003
4789	FL074	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	2/25/2013	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL074-0001
4790	FL074	RECORD-NUMBER	Not Applicable	NA	Must be numeric.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL074-0002
4791	FL074	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL074-0003
4792	FL075	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the TRP insurance carrier.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL075-0001
4793	FL075	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Field is required on all record segments.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	Not Applicable
4794	FL075	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Left fill any unused bytes with spaces.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL075-0002
4795	FL076	TR-ENTITY-ADDR-TYPE	A code to distinguish various addresses that a TRP entity may have. The state should report whatever types of address they have.	Optional	This data element must be populated on every record within the TRP-ENTITY-CONTACT-INFORMATION record segment.	Not Applicable	11/3/2015	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL076-0001
4796	FL076	TR-ENTITY-ADDR-TYPE	Not Applicable	NA	Value must be equal to a valid value.	01 TR-Entity Corporate Location 02 TR-Entity Mailing 03 TR-Entity Satellite Location 04 TR-Entity Billing 11 TR-Entity Correspondence	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL076-0002
4797	FL077	INSURANCE-CARRIER-ADDR-LIN1	The street address, including the street name, street number, and room/suite number or letter, for the location for the TRP insurance carrier.	Optional	INSURANCE-CARRIER-ADDR-LIN1 is required. INSURANCE-CARRIER-ADDR-LIN2 and INSURANCE-CARRIER-ADDR-LIN3 can be blank.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL077-0001
4798	FL077	INSURANCE-CARRIER-ADDR-LIN1	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL077-0002
4799	FL077	INSURANCE-CARRIER-ADDR-LIN1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/20/2013	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL077-0003
4800	FL078	INSURANCE-CARRIER-ADDR-LIN2	The street address, including the street name, street number, and room/suite number or letter, for the location for the TRP insurance carrier.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL078-0001
4801	FL079	INSURANCE-CARRIER-ADDR-LIN3	The street address, including the street name, street number, and room/suite number or letter, for the location for the TRP insurance carrier.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL079-0001
4802	FL080	INSURANCE-CARRIER-CITY	The city of the TRP insurance carrier.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL080-0001
4803	FL081	INSURANCE-CARRIER-STATE	The ANSI state numeric code for the U.S. state, territory, or the District of Columbia code of the TRP insurance carrier.	Optional	Value must be equal to a valid value.	Not Applicable	8/7/2017	FL	TR-ENTITY-CONTACT-INFORMATION-TR00006	FL081-0001

V2.1 T-MISS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4804	PL082	INSURANCE-CARRIER-ZIP-CODE	The Zip Code for the location being captured on the TPL-ENTITY-CONTACT-INFORMATION record.	NA	If the field is reported, the first 5 bytes (i.e., the 5-digit zip code) are required	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL082-0002
4805	PL082	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	NA	The value must consist of digits 0 through 9 only.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL082-0003
4806	PL082	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	NA	If the field is reported and the four-digit extension is available, that may be filed in using the last four bytes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "0000".	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL082-0004
4807	PL082	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	NA	If the entire zip code field is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL082-0005
4808	PL083	INSURANCE-CARRIER-PHONE-NUM	The telephone number of the TPL insurance carrier.	Optional	Enter numeric characters only (i.e., do not include parentheses, dashes, periods, spaces, etc.)	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL083-0001
4809	PL083	INSURANCE-CARRIER-PHONE-NUM	Not Applicable	NA	The value must consist of digits 0 through 9 only.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL083-0002
4810	PL083	INSURANCE-CARRIER-PHONE-NUM	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL083-0003
4811	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL084-0001
4812	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL084-0002
4813	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL084-0003
4814	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	Not Applicable
4815	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL084-0004
4816	PL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	The TPL-ENTITY-CONTACT-INFO-EFF-DATE must occur on or before the TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL084-0005
4817	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0001
4818	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0002
4819	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0003
4820	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end of time" date (99991231).	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0004
4821	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	The TPL-ENTITY-CONTACT-INFO-END-DATE must occur on or after the TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	Not Applicable
4822	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	Not Applicable
4823	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0005
4824	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	Whenever coverage not allowed for same SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM and TPL-ENTITY-ADDR-TYPE.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0006
4825	PL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL085-0008
4826	PL086	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL086-0001
4827	PL086	STATE-NOTATION	Not Applicable	NA	Use pipe-delimited files status can populate the STATE-NOTATION field with "no", "n/a", or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between) when not using the field for record specific comments. Use fixed length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	Not Applicable	9/23/2015	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL086-0002
4828	PL087	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-delimited files. For fixed length files, FILLER that is shown at the end of each record layout should be space-filled in fixed length files.	Not Applicable	9/23/2015	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL087-0001
4829	PL088	SEQUENCE-NUMBER	To enable status to sequentially number files, when related, follow on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required	Field is required on all "C", "U", and "R" SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	PL	FILE-HEADER-RECORD-TPL-PL00001	PL088-0001
4830	PL088	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	PL	FILE-HEADER-RECORD-TPL-PL00001	PL088-0002
4831	PL089	COVERAGE-TYPE	Code indicating the level of coverage being provided under this policy for the insured by the TPL carrier.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	PL	TPL-HEALTH-ADJ-LOSS-E-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-PL00003	PL089-0001
4832	PL090	INSURANCE-CARRIER-NAIC-CODE	The National Association of Insurance Commissioners (NAIC) code of the TPL insurance carrier.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL090-0001
4833	PL091	INSURANCE-CARRIER-NAME	The name of the TPL insurance carrier.	Optional	Field is required on all records.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL091-0001
4834	PL091	INSURANCE-CARRIER-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL091-0002
4835	PL091	INSURANCE-CARRIER-NAME	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	10/10/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL091-0003
4836	PL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE designates controlling health plan identifiers (CPIID)	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL092-0001
4837	PL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	NA	Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID 2 Health Plan (HP) ID 3 Other Entity Identifier (OIE)	10/10/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL092-0003
4838	PL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	NA	If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with an "8", "9", or space	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL092-0004
4839	PL093	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. See 45 CFR 162 Subpart E. http://www.gsa.gov/hspv/pap/FR-2012-09-05/pdf/2012-21238.pdf)	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL093-0001
4840	PL093	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all eligible persons enrolled in a health plan. If the eligible person is not enrolled in a health plan, fill the field with spaces.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL093-0003
4841	PL093	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL093-0004
4842	PL093	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	National identifiers in the TPL file must match either a controlling health plan (CHP) identifier or subhealth plan (SHP) identifier in the health plan subject area.	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL093-0005
4843	PL094	NATIONAL-HEALTH-CARE-ENTITY-NAME	The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	NA	Use the descriptive name assigned by the state as it exists in the state's MIMS.	Not Applicable	11/3/2015	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL094-0001
4844	PL094	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PL	TPL-ENTITY-CONTACT-INFORMATION-PL00006	PL094-0002

End of Record

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-HOSPITAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-DESCRIPTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE-FLAG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-RELATED-GROUP	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-RELATED-GROUP-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DISCHARGE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DISCHARGE-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ALLOWED-CHARGE-SRC	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NON-COV-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NON-COV-CHARGES	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-COV-INPATIENT-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BIRTH-WEIGHT-GRAMS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-OUTLIER-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-REL-WEIGHT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OUTLIER-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OUTLIER-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PATIENT-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BMI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SPLIT-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-AMOUNT-PAID-DSH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OPERATING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	REVENUE-CHARGE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BILLING-UNIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OPERATING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	PROV-FACILITY-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	HCPCS-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NDC-UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NDC-QUANTITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATA-Dictionary-VERSION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE-FLAG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMISSION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMISSION-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DISCHARGE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DISCHARGE-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NON-COV-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NON-COV-CHARGES	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICAID-COV-INPATIENT-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PATIENT-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BMI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	LTC-RCP-LIAB-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DAILY-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ICF-IID-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	LEAVE-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NURSING-FACILITY-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SPLIT-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	REVENUE-CHARGE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BILLING-UNIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	PROV-FACILITY-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NDC-UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NDC-QUANTITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	HCPCS-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PLACE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BMI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DAILY-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DATE-CAPITATED-AMOUNT-REQUESTED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CAPITATED-PAYMENT-AMT-REQUESTED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-FLAG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCBS-SERVICE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCBS-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-DESIGNATION-SYSTEM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-QUAD-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-SURFACE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ADDR-LN1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ADDR-LN2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-CITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ZIP-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ADDR-LN1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ADDR-LN2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-CITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ZIP-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCPCS-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NDC-UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NDC-QUANTITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DATE-PRESCRIBED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIPTION-FILL-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	COMPOUND-DRUG-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	HCBS-SERVICE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	HCBS-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DAYS-SUPPLY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	NEW-REFILL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BRAND-GENERIC-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DISPENSE-FEE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	PRESCRIPTION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DRUG-UTILIZATION-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DTL-METRIC-DEC-QTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	COMPOUND-DOSAGE-FORM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	REBATE-ELIGIBLE-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER-RECORD-RX-COT00002 record in the current RX claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE.
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILLER	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	1	SUBMITTING-STATE	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	2	MSIS-IDENTIFICATION-NUM	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-FIRST-NAME	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-LAST-NAME	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	SEX	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	DATE-OF-BIRTH	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	DATE-OF-DEATH	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	(a)	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	FILLER	Not Applicable	Not Applicable
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MARITAL-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MARITAL-STATUS-OTHER-EXPLANATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	SSN	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	SSN-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	INCOME-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	VETERAN-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CITIZENSHIP-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CITIZENSHIP-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PRIMARY-LANGUAGE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	HOUSEHOLD-SIZE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PREGNANCY-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MEDICARE-HIC-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CHIP-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	(a)	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	3	ADDR-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN1	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN2	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN3	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-CITY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ZIP-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-COUNTY-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-PHONE-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	TYPE-OF-LIVING-ARRANGEMENT	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	(a)	ELIGIBLE-ADDR-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE MSIS-IDENTIFICATION-NUM, and ADDR-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE MSIS-IDENTIFICATION-NUM, and ADDR-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	3	<i>MSIS-CASE-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	DUAL-ELIGIBLE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	4	<i>PRIMARY-ELIGIBILITY-GROUP-IND</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-GROUP	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	LEVEL-OF-CARE-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSDI-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-STATE-SUPPLEMENT-STATUS-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	STATE-SPEC-ELIG-GROUP	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	CONCEPTION-TO-BIRTH-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-CHANGE-REASON	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RESTRICTED-BENEFITS-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	TANF-CASH-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	5	ELIGIBILITY-DETERMINANT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, and MSIS-CASE-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-DETERMINANT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, and MSIS-CASE-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	3	HEALTH-HOME-SPA-NAME	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	4	HEALTH-HOME-ENTITY-NAME	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	(a)	HEALTH-HOME-SPA-PARTICIPATION-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-SPA-NAME, and HEALTH-HOME-ENTITY-NAME	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	HEALTH-HOME-SPA-PARTICIPATION-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-SPA-NAME, and HEALTH-HOME-ENTITY-NAME	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	1	SUBMITTING-STATE	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	3	HEALTH-HOME-SPA-NAME	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	4	HEALTH-HOME-ENTITY-NAME	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	5	HEALTH-HOME-PROV-NUM	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	(a)	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-SPA-NAME, HEALTH-HOME-ENTITY-NAME, and HEALTH-HOME-PROV-NUM	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	HEALTH-HOME-SPA-PROVIDER-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-SPA-NAME, HEALTH-HOME-ENTITY-NAME, and HEALTH-HOME-PROV-NUM	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	FILLER	Not Applicable	There must be an active HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	3	<i>HEALTH-HOME-CHRONIC-CONDITION</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	4	<i>HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	(a)	<i>HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-CHRONIC-CONDITION, and HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, HEALTH-HOME-CHRONIC-CONDITION, and HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	3	<i>LOCKIN-PROV-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	4	<i>LOCKED-IN-SRVCS</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	(a)	<i>LOCKIN-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, LOCKIN-PROV-NUM, and LOCKED-IN-SRVCS	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	LOCKIN-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, LOCKIN-PROV-NUM, and LOCKED-IN-SRVCS	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-LIVES-WITH-FAMILY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-QUALIFIED-INSTITUTION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-QUALIFIED-RESIDENCE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-REASON-PARTICIPATION-ENDED	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-REINSTITUTIONALIZED-REASON	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	(a)	MFP-ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	3	STATE-PLAN-OPTION-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	(a)	STATE-PLAN-OPTION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and STATE-PLAN-OPTION-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	STATE-PLAN-OPTION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and STATE-PLAN-OPTION-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	3	WAIVER-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	WAIVER-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	(a)	WAIVER-ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and WAIVER-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	WAIVER-ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and WAIVER-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	3	<i>LTSS-LEVEL-CARE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	4	LTSS-PROV-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	(a)	LTSS-ELIGIBILITY-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, LTSS-LEVEL-CARE, and LTSS-PROV-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	LTSS-ELIGIBILITY-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, LTSS-LEVEL-CARE, and LTSS-PROV-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	3	MANAGED-CARE-PLAN-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	MANAGED-CARE-PLAN-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	(a)	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and MANAGED-CARE-PLAN-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and MANAGED-CARE-PLAN-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	3	ETHNICITY-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	(a)	ETHNICITY-DECLARATION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and ETHNICITY-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	ETHNICITY-DECLARATION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and ETHNICITY-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	RACE-INFORMATION-ELG00016	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	3	<i>RACE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	4	<i>RACE-OTHER</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	AMERICAN-INDIAN/ALASKAN-NATIVE-INDICATOR	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	RACE-INFORMATION-ELG00016	(a)	RACE-DECLARATION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, RACE, and RACE-OTHER	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RACE-DECLARATION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, RACE, and RACE-OTHER	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	3	DISABILITY-TYPE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	(a)	DISABILITY-TYPE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and DISABILITY-TYPE-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	DISABILITY-TYPE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and DISABILITY-TYPE-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	3	<i>1115A-DEMONSTRATION-IND</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	(a)	<i>1115A-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and 1115A-DEMONSTRATION-IND	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	1115A-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and 1115A-DEMONSTRATION-IND	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	3	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	(a)	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	3	<i>ENROLLMENT-TYPE</i>	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	(a)	<i>ENROLLMENT-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and ENROLLMENT-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and ENROLLMENT-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILLER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	1	<i>SUBMITTING-STATE</i>	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	2	STATE-PLAN-ID-NUM	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-NAME	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PROGRAM	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PLAN-TYPE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	REIMBURSEMENT-ARRANGEMENT	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PROFIT-STATUS	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	PERCENT-BUSINESS	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-SERVICE-AREA	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	(a)	MANAGED-CARE-MAIN-REC-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and STATE-PLAN-ID-NUM	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-MAIN-REC-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and STATE-PLAN-ID-NUM	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	FILLER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	2	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	4	MANAGED-CARE-LOCATION-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	(a)	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, MANAGED-CARE-LOCATION-ID, and MANAGED-CARE-ADDR-TYPE	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, MANAGED-CARE-LOCATION-ID, and MANAGED-CARE-ADDR-TYPE	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	5	MANAGED-CARE-ADDR-TYPE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN1	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN2	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN3	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-CITY	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-ZIP-CODE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-COUNTY	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-TELEPHONE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-EMAIL	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	MANAGED-CARE-FAX-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	3	MANAGED-CARE-SERVICE-AREA-NAME	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	(a)	MANAGED-CARE-SERVICE-AREA-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, and MANAGED-CARE-SERVICE-AREA-NAME	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	MANAGED-CARE-SERVICE-AREA-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, and MANAGED-CARE-SERVICE-AREA-NAME	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	3	OPERATING-AUTHORITY	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	4	WAIVER-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	(a)	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, OPERATING-AUTHORITY, and WAIVER-ID	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicable	MANAGED-CARE-OP-AUTHORITY-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, OPERATING-AUTHORITY, and WAIVER-ID	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	3	MANAGED-CARE-PLAN-POP	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	(a)	MANAGED-CARE-PLAN-POP-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, and MANAGED-CARE-PLAN-POP	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	Not Applicable	MANAGED-CARE-PLAN-POP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, and MANAGED-CARE-PLAN-POP	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	2	<i>STATE-PLAN-ID-NUM</i>	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	3	<i>ACCREDITATION-ORGANIZATION</i>	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	(a)	<i>DATE-ACCREDITATION-ACHIEVED</i>	No overlapping date spans for a given combination of <i>SUBMITTING-STATE, STATE-PLAN-ID-NUM, ACCREDITATION-ORGANIZATION</i>	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	Not Applicable	DATE-ACCREDITATION-END	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, ACCREDITATION-ORGANIZATION	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	3	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	4	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	(a)	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, NATIONAL-HEALTH-CARE-ENTITY-ID, and NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, NATIONAL-HEALTH-CARE-ENTITY-ID, and NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE-MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	2	<i>STATE-PLAN-ID-NUM</i>	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	3	<i>CHPID</i>	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	4	<i>SHPID</i>	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	(a)	<i>CHPID-SHPID-RELATIONSHIP-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, CHPID, and SHPID	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	CHPID-SHPID-RELATIONSHIP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE-PLAN-ID-NUM, CHPID, and SHPID	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	FILLER	Not Applicable	There must be an active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILLER	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	1	<i>SUBMITTING-STATE</i>	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	2	<i>SUBMITTING-STATE-PROV-ID</i>	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	(a)	<i>PROV-ATTRIBUTES-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-ATTRIBUTES-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-DOING-BUSINESS-AS-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-LEGAL-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-ORGANIZATION-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-TAX-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	FACILITY-GROUP-INDIVIDUAL-CODE	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	TEACHING-IND	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-FIRST-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-MIDDLE-INITIAL	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-LAST-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	SEX	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	OWNERSHIP-CODE	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-PROFIT-STATUS	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	DATE-OF-BIRTH	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	DATE-OF-DEATH	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	ACCEPTING-NEW-PATIENTS-IND	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	FILLER	Not Applicable	Not Applicable
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	2	RECORD-NUMBER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	3	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	4	PROV-LOCATION-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	(a)	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	5	ADDR-TYPE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN1	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN2	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN3	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-CITY	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-STATE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-ZIP-CODE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-TELEPHONE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-EMAIL	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-FAX-NUM	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-BORDER-STATE-IND	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-COUNTY	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	FILLER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	3	PROV-LOCATION-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	(a)	PROV-LICENSE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, LICENSE-TYPE, and LICENSE-ISSUING-ENTITY-ID	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	PROV-LICENSE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, LICENSE-TYPE, and LICENSE-ISSUING-ENTITY-ID	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record
PROVIDER	PROV-LICENSING-INFO-PRV00004	4	LICENSE-TYPE	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LICENSING-INFO-PRV00004	5	<i>LICENSE-ISSUING-ENTITY-ID</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	6	<i>LICENSE-OR-ACCREDITATION-NUMBER</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	FILLER	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	<i>RECORD-NUMBER</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	2	<i>SUBMITTING-STATE-PROV-ID</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	3	<i>PROV-LOCATION-ID</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	4	<i>PROV-IDENTIFIER-TYPE</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	5	<i>PROV-IDENTIFIER-ISSUING-ENTITY-ID</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	(a)	<i>PROV-IDENTIFIER-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, PROV-IDENTIFIER-TYPE, PROV-IDENTIFIER-ISSUING-ENTITY-ID, and PROV-IDENTIFIER	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	<i>PROV-IDENTIFIER-END-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, PROV-IDENTIFIER-TYPE, PROV-IDENTIFIER-ISSUING-ENTITY-ID, and PROV-IDENTIFIER	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	6	<i>PROV-IDENTIFIER</i>	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	FILLER	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	3	PROV-CLASSIFICATION-TYPE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	4	PROV-CLASSIFICATION-CODE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	(a)	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-CLASSIFICATION-TYPE, PROV-CLASSIFICATION-CODE	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	PROV-TAXONOMY-CLASSIFICATION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-CLASSIFICATION-TYPE, PROV-CLASSIFICATION-CODE	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	FILLER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	2	<i>SUBMITTING-STATE-PROV-ID</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	(a)	<i>PROV-MEDICAID-EFF-DATE</i>	No overlapping date spans for a given combination of <i>SUBMITTING-STATE</i> , <i>SUBMITTING-STATE-PROV-ID</i> , and <i>PROV-MEDICAID-ENROLLMENT-STATUS-CODE</i>	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	<i>PROV-MEDICAID-END-DATE</i>	No overlapping date spans for a given combination of <i>SUBMITTING-STATE</i> , <i>SUBMITTING-STATE-PROV-ID</i> , and <i>PROV-MEDICAID-ENROLLMENT-STATUS-CODE</i>	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	3	<i>PROV-MEDICAID-ENROLLMENT-STATUS-CODE</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	STATE-PLAN-ENROLLMENT	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	PROV-ENROLLMENT-METHOD	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	APPL-DATE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	FILLER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	2	<i>SUBMITTING-STATE-PROV-ID</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	3	<i>SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY</i>	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	(a)	<i>PROV-AFFILIATED-GROUP-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	PROV-AFFILIATED-GROUP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	FILLER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	3	AFFILIATED-PROGRAM-TYPE	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	4	AFFILIATED-PROGRAM-ID	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	(a)	PROV-AFFILIATED-PROGRAM-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, AFFILIATED-PROGRAM-TYPE, and AFFILIATED-PROGRAM-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	PROV-AFFILIATED-PROGRAM-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, AFFILIATED-PROGRAM-TYPE, and AFFILIATED-PROGRAM-ID	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	FILLER	Not Applicable	There must be an active PROV-ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	1	SUBMITTING-STATE	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	3	PROV-LOCATION-ID	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	(a)	BED-TYPE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, and BED-TYPE-CODE	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	BED-TYPE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV-LOCATION-ID, and BED-TYPE-CODE	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	4	BED-TYPE-CODE	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	BED-COUNT	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	FILLER	Not Applicable	There must be both an active PROV-ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND-CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILLER	Not Applicable	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	1	<i>SUBMITTING-STATE</i>	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	TPL-HEALTH-INSURANCE-COVERAGE-IND	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	TPL-OTHER-COVERAGE-IND	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-FIRST-NAME	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-LAST-NAME	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	(a)	<i>ELIG-PRSN-MAIN-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIG-PRSN-MAIN-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	FILLER	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	RECORD-ID	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	3	<i>INSURANCE-CARRIER-ID-NUM</i>	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	4	<i>INSURANCE-PLAN-ID</i>	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	5	GROUP-NUM	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	6	MEMBER-ID	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	INSURANCE-PLAN-TYPE	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	COVERAGE-TYPE	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	ANNUAL-DEDUCTIBLE-AMT	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-FIRST-NAME	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-LAST-NAME	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-SSN	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-CODE	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	(a)	INSURANCE-COVERAGE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, GROUP-NUM, MEMBER-ID, and COVERAGE-TYPE	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	INSURANCE-COVERAGE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, GROUP-NUM, MEMBER-ID, and COVERAGE-TYPE	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	FILLER	Not Applicable	There must be both an active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 record segment and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	2	<i>INSURANCE-CARRIER-ID-NUM</i>	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	3	<i>INSURANCE-PLAN-ID</i>	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	INSURANCE-PLAN-TYPE	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	4	COVERAGE-TYPE	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	(a)	INSURANCE-CATEGORIES-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, and COVERAGE-TYPE	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	INSURANCE-CATEGORIES-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, and COVERAGE-TYPE	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	FILLER	Not Applicable	There must be an active TPL-ENTITY-CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	1	<i>SUBMITTING-STATE</i>	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	2	<i>MSIS-IDENTIFICATION-NUM</i>	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	3	<i>TYPE-OF-OTHER-THIRD-PARTY-LIABILITY</i>	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	(a)	<i>OTHER-TPL-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	Not Applicable	OTHER-TPL-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, and TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	Not Applicable	FILLER	Not Applicable	There must be an active TPL-ELIGIBLE-PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	1	<i>SUBMITTING-STATE</i>	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	2	<i>INSURANCE-CARRIER-ID-NUM</i>	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	3	<i>TPL-ENTITY-ADDR-TYPE</i>	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN1	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN2	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN3	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-CITY	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-STATE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-PHONE-NUM	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	(a)	<i>TPL-ENTITY-CONTACT-INFO-EFF-DATE</i>	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, and TPL-ENTITY-ADDR-TYPE	Not Applicable

Record Segment Keys and Constraints

(a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	TPL-ENTITY-CONTACT-INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, and TPL-ENTITY-ADDR-TYPE	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-NAIC-CODE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-NAME	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	FILLER	Not Applicable	Not Applicable