

Centers for Medicaid and CHIP Services (CMCS)



Transformed Medicaid Statistical Information System Data Dictionary

Version: v4.1.0

Last Modified: 2026-04-29

PRA Disclosure Statement: The Transformed Medicaid Statistical Information System (TSIS) is used to collect, store, and analyze data from states and territories to monitor and improve the quality of Medicaid services. The data is used to calculate quality measures and other metrics, including those reported through this provision by requiring states to include data elements the Secretary determines necessary to respond to a collection of information unless it displays a valid OMB control number. The data is also used to search existing data resources, gather the data needed, and complete and review the information.

System (T-MSIS)

System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS) with the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 included information necessary for program integrity, program oversight, and administration. Under the Privacy Act of 1974, the system is required to collect information. The valid OMB control number for this information collection is 0938-0345 (Expires: 11/30/2011). If you have comments concerning the accuracy of the time estimate(s) or suggest

for monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of demonstrating a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information. Any personally identifying information obtained will be kept private to the extent of the law. According to the final rule (effective 1/1/2027). The time required to complete this information collection is estimated to average 10 hours per year. For suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports CI

rations under section 1115 of the Social Security Act
formation. Section 6504 of the Affordable Care Act strengthened
ing to the Paperwork Reduction Act of 1995, no persons are
per response, including the time to review instructions,
earance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V4.1.0 - Data Dictionary

New Row Number	Data Element Number	System Data Element Number	Data Element	Data Element Name Text	Data Element Necessity
993	ELG079	ELG.005.079	RECORD-ID	Record ID	Mandatory
994	ELG080	ELG.005.080	SUBMITTING-STATE	Submitting State	Mandatory
995	ELG081	ELG.005.081	RECORD-NUMBER	Record Number	Mandatory
996	ELG082	ELG.005.082	MSIS-IDENTIFICATION- NUM	MSIS Identification Number	Mandatory
997	ELG083	ELG.005.083	MSIS-CASE-NUM	MSIS Case Num	Mandatory

998	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Mandatory
999	ELG086	ELG.005.086	PRIMARY-ELIGIBILITY- GROUP-IND	Primary Eligibility Group Indicator	Mandatory
1000	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Conditional
1001	ELG088	ELG.005.088	LEVEL-OF-CARE-STATUS	Level Of Care Status	Mandatory

1002	ELG089	ELG.005.089	SSDI-IND	SSDI Indicator	Conditional
1003	ELG090	ELG.005.090	SSI-IND	SSI Indicator	Conditional
1004	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT- STATUS-CODE	SSI State Supplement Status Code	Conditional
1005	ELG092	ELG.005.092	SSI-STATUS	SSI Status	Conditional
1006	ELG093	ELG.005.093	STATE-SPEC-ELIG-GROUP	State Specific Eligibility Group	Mandatory
1007	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH- IND	Conception To Birth Indicator	Conditional
1008	ELG095	ELG.005.095	ELIGIBILITY- TERMINATION-REASON	Eligibility Termination Reason	Conditional

1009	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Mandatory
1010	ELG098	ELG.005.098	TANF-CASH-CODE	TANF Cash Code	Conditional
1011	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Mandatory
1012	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Mandatory
1013	ELG274	ELG.005.274	ELIGIBILITY-REDETERMINATION-DATE	Eligibility Redetermination Date	Mandatory
1014	ELG275	ELG.005.275	ELIGIBILITY-EXTENSION-CODE	Eligibility Extension Code	Conditional
1015	ELG276	ELG.005.276	ELIGIBILITY-EXTENSION-OTHER-TEXT	Eligibility Extension Other Text	Conditional
1016	ELG277	ELG.005.277	CONTINUOUS-ELIGIBILITY-CODE	Continuous Eligibility Code	Conditional
1017	ELG278	ELG.005.278	CONTINUOUS-ELIGIBILITY-OTHER-TEXT	Continuous Eligibility Other Text	Conditional

1018	ELG279	ELG.005.279	INCOME-STANDARD-CODE	Income Standard Code	Conditional
1019	ELG280	ELG.005.280	INCOME-STANDARD-OTHER-TEXT	Income Standard Other Text	Conditional
1020	ELG281	ELG.005.281	ELIGIBILITY-TERMINATION-REASON-OTHER-TYPE-TEXT	Eligibility Termination Reason Other Type Text	Conditional
1021	ELG101	ELG.005.101	STATE-NOTATION	State Notation	Situational

Definition	Valid Value List (VVL)
<p>The Record ID represents the type of segment being reported. The Record ID communicates how the contents of a given row of data should be interpreted depending on which segment type the Record ID represents. Each type of segment collects different data elements so each segment type has a distinct layout. The first 3 characters identify the relevant file (e.g., ELG, PRV, CIP, etc.). The last 5 digits are the segment identifier padded with leading zeros (e.g., 00001, 00002, 00003, etc.).</p>	RECORD-ID
<p>A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.</p>	STATE
<p>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 Identifier, uniquely identifies a single record within the submission file.</p>	N/A
<p>A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual. Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS Identification Number. https://www.medicaid.gov/tmsis/dataguide/t-msis-coding-blog/reporting-shared-msis-identification-numbers-eligibility/</p>	N/A
<p>The state assigned number which uniquely identifies the Medicaid case to which the enrollee 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 identification number. A warning for longitudinal research efforts: a case numbers associated with an individual may change over time.</p>	N/A

<p>Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.</p>	<p>DUAL-ELIGIBLE-CODE</p>
<p>A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eligibility records submitted with overlapping or concurrent eligibility determinant effective and end dates. It is expected that an enrollees' eligibility group assignment (ELG087 - ELIGIBILITY-GROUP) will change over time as his/her situation changes. Whenever the eligibility group assignment changes (i.e., ELG087 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 ELG087 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). 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-</p>	<p>PRIMARY-ELIGIBILITY-GROUP-IND</p>
<p>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 (MACPro).</p>	<p>ELIGIBILITY-GROUP</p>
<p>The level of care required to meet an individual's needs and to determine LTSS program eligibility.</p>	<p>LEVEL-OF-CARE-STATUS</p>

A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	SSDI-IND
A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	SSI-IND
Indicates the individual's State Supplemental Income Status.	SSI-STATE-SUPPLEMENT-STATUS-CODE
Indicates the individual's SSI Status.	SSI-STATUS
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). This field should not include information that already appears elsewhere on the Eligible File record even if it is part of the MAS and BOE or Eligibility Group algorithm (e.g., age information computed from Date of Birth or County Code).	N/A
A flag to identify children eligible through the conception to birth option, which is available only through a separate State CHIP Program.	CONCEPTION-TO-BIRTH-IND
The reason for a complete loss/termination in an individual's eligibility for Medicaid and CHIP. The end date of the segment in which the value is reported must represent the date that the complete loss/termination of Medicaid and CHIP eligibility occurred. The reason for the termination represents the reason that the segment in which it was reported was closed. If for a single termination in eligibility for a single individual there are multiple distinct co-occurring values in the state's system explaining the reason for the termination, and if one of the multiple co-occurring values maps to T-MSIS ELIGIBILITY-CHANGE-REASON value '21'; (Other) '22'; (Unknown), then the state should not report the co-occurring value '21'; and/or '22'; to T-MSIS. If there are multiple co-occurring distinct values between '01'; and '19', then the state should choose whichever is first in the state's system. Of the values that could logically co-occur in the range of '01'; through '19', CMS does not currently have a preference for any one value over another. Do not populate if at the time someone loses Medicaid eligibility they become eligible for and enrolled in CHIP. Also do not populate if at the time someone loses CHIP eligibility they become	ELIGIBILITY-TERMINATION-REASON

<p>A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.</p>	<p>RESTRICTED-BENEFITS-CODE</p>
<p>A flag that indicates whether the individual received Federal Temporary Assistance for Needy Families (TANF) benefits.</p>	<p>TANF-CASH-CODE</p>
<p>The first calendar day on which all of the other data elements in the same segment were effective.</p>	<p>N/A</p>
<p>The last calendar day on which all of the other data elements in the same segment were effective.</p>	<p>N/A</p>
<p>The date by which a person's Medicaid or CHIP eligibility must be redetermined, per 1915(i)(1)(I), 42 CFR 435.916, 435.926, any other applicable regulations, or waiver of these regulations. This is effectively the "expiration date" of the eligibility characteristics with which the date is being reported. Upon this date the state is required to perform a renewal or redetermination of the individual's eligibility.</p>	<p>N/A</p>
<p>A code to identify the authority used to extend eligibility during the period of coverage. This code should correspond to the eligibility characteristics, including eligibility redetermination date, with which the code is being reported.</p>	<p>ELIGIBILITY-EXTENSION-CODE</p>
<p>A free-form text field where a state can identify the "other" authority used to extend eligibility; required when 995 is used.</p>	<p>N/A</p>
<p>A code to identify the authority used to provide continuous eligibility during the period of coverage</p>	<p>CONTINUOUS-ELIGIBILITY-CODE</p>
<p>A free-form text field where a state can identify the "other" authority used to provide continuous eligibility.</p>	<p>N/A</p>

An indicator that identifies the income standard used by the state to assign the corresponding primary eligibility group.	INCOME-STANDARD-CODE
A free-form text field where a state can identify the "other" income standard used to assign the corresponding primary eligibility group. Required when "Other" is reported to Income Standard Code.	N/A
Value must be populated with a state-specific reason for termination when the ELIGIBILITY-TERMINATION-REASON value is 'Other'.	N/A
A free text field for the submitting state to enter whatever information it chooses.	N/A

File Segment Number	File Segment Name	Size	Pipe Separated Value Segment Data Element Order	Fixed Length Field Start Position	Fixed Length Field Stop Position
ELG00005	ELIGIBILITY- DETERMINANTS	X(8)	1	1	8
ELG00005	ELIGIBILITY- DETERMINANTS	X(2)	2	9	10
ELG00005	ELIGIBILITY- DETERMINANTS	9(11)	3	11	21
ELG00005	ELIGIBILITY- DETERMINANTS	X(20)	4	22	41
ELG00005	ELIGIBILITY- DETERMINANTS	X(12)	5	42	53

ELG00005	ELIGIBILITY- DETERMINANTS	X(2)	6	54	55
ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	7	56	56
ELG00005	ELIGIBILITY- DETERMINANTS	X(2)	8	57	58
ELG00005	ELIGIBILITY- DETERMINANTS	X(3)	9	59	61

ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	10	62	62
ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	11	63	63
ELG00005	ELIGIBILITY- DETERMINANTS	X(3)	12	64	66
ELG00005	ELIGIBILITY- DETERMINANTS	X(3)	13	67	69
ELG00005	ELIGIBILITY- DETERMINANTS	X(6)	14	70	75
ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	15	76	76
ELG00005	ELIGIBILITY- DETERMINANTS	X(2)	16	77	78

ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	17	79	79
ELG00005	ELIGIBILITY- DETERMINANTS	X(1)	18	80	80
ELG00005	ELIGIBILITY- DETERMINANTS	9(8)	19	81	88
ELG00005	ELIGIBILITY- DETERMINANTS	9(8)	20	89	96
ELG00005	ELIGIBILITY- DETERMINANTS	9(8)	21	97	104
ELG00005	ELIGIBILITY- DETERMINANTS	X(3)	22	105	107
ELG00005	ELIGIBILITY- DETERMINANTS	X(50)	23	108	157
ELG00005	ELIGIBILITY- DETERMINANTS	X(3)	24	158	160
ELG00005	ELIGIBILITY- DETERMINANTS	X(50)	25	161	210

ELG00005	ELIGIBILITY- DETERMINANTS	X(2)	26	211	212
ELG00005	ELIGIBILITY- DETERMINANTS	X(50)	27	213	262
ELG00005	ELIGIBILITY- DETERMINANTS	X(100)	28	263	362
ELG00005	ELIGIBILITY- DETERMINANTS	X(500)	29	363	862

Coding Requirements

1. Value must be 8 characters
2. Mandatory
3. Value must be in Record ID List (VVL)
4. Value must equal "ELG00005"

1. Value must be 2 characters
2. Value must be in State Code List (VVL)
3. Mandatory
4. Value must be the same as Submitting State (ELG.001.007)

1. Value must be 11 digits or less
2. Value must be unique within record segment over all records associated with a given Record ID
3. Mandatory

1. Value must be 20 characters or less
2. Mandatory

1. Value must be 12 characters or less
2. Value must not contain a pipe symbol
3. Mandatory

1. Value must be 2 characters
2. Value must be in Dual Eligible Code List (VVL)
3. If value equals "05", then Eligibility Group (ELG.005.087) must be "24"
4. If value equals "06", then Eligibility Group (ELG.005.087) must be "26"
5. If Dual Eligible Code (ELG.005.085) is in [01,02,03,04,05,06,08,09,10], then Primary Eligibility Group Indicator (ELG.005.086) must be "1" (Yes)
6. Mandatory
7. A partial dual eligible (values="01", "03", "05" or "06") then Restricted Benefits Code (ELG.005.097) must be "3"
8. (Not Dual Eligible) if value = "00", then associated Medicare Beneficiary Identifier (ELG.003.051) value must not be populated.
9. Value must be 2 characters
10. If value is in [08,10] then Restricted Benefits Code (ELG.005.097) must be "1"
11. If value equals "09", then Eligibility Group (ELG.005.087) and Restricted Benefits Code (ELG.005.097) must not be populated
12. If value equals "10", then CHIP Code (ELG.003.054) must be "03" (S-CHIP) and Medicare Beneficiary Identifier (ELG.003.051) must be populated
13. If value equals "01", then Eligibility Group (ELG.005.087) must be "23"
14. If value equals "03", then Eligibility Group (ELG.005.087) must be "25"

1. Value must be 1 character
2. Value must be in Primary Eligibility Group Indicator List (VVL)
3. Mandatory

1. Value must be 2 characters
2. Value must be in Eligibility Group List (VVL)
3. If value is "26", then Dual Eligible Code value must be "06"
4. Conditional
5. Value is mandatory and must be provided when associated Eligibility Determinant Effective Date value is on or after 1 January, 2014.
6. If value is in [72,73,74,75], then associated Restricted Benefits Code value must be in [1,7] and State Plan Option Type must equal "06"
7. If associated CHIP Code value equals "2", then value must be in [07,31,61]
8. If associated CHIP Code value equals "3", then value must be in [61,62,63,64,65,66,67,68]
9. If value is "23", then Dual Eligible Code value must be in [01,02]
10. If value is "25", then Dual Eligible Code value must be in [03,04]
11. If value is "24", then Dual Eligible Code value must be "05"
12. If value is in [72,73,74,75] or value is "71" and the WAIVER-TYPE value is "34", then a record must be reported on the COMMUNITY-ENGAGEMENT-INFORMATION

1. Value must be 3 characters
2. Value must be in Level of Care Status List (VVL)
3. Mandatory

<ol style="list-style-type: none">1. Value must be 1 character2. Value must be in SSDI Indicator List (VVL)3. Conditional
<ol style="list-style-type: none">1. Value must be 1 character2. Value must be in SSI Indicator List (VVL)3. Conditional4. Value must equal "0" when SSI status (ELG.005.092) equals "000" or "003" or is not populated5. Value must equal "1" when SSI status (ELG.005.092) equals "001" or "002"
<ol style="list-style-type: none">1. Value must be 3 characters2. Value must be in SSI State Supplement Status Code List (VVL)3. (individual not receiving Federal SSI) If value is "001" or "002", then SSI Status (ELG.005.092) must be "001" or "002"4. (Individual not receiving Federal SSI) If value is "001" or "002", then SSI Indicator (ELG.005.090) must be "1"5. Value must not be populated or must be "000" when SSI Status (ELG.005.092) is not populated or is "000"
<ol style="list-style-type: none">1. Value must be 3 characters2. Value must be in SSI Status List (VVL)3. Conditional4. When value is "001" or "002", then SSI Indicator must be "1"5. When value is "000" or "003" or not populate, then SSI Indicator must be "0"
<ol style="list-style-type: none">1. Value must be 6 characters or less2. Mandatory
<ol style="list-style-type: none">1. Value must be 1 character2. Value must be in Conception to Birth Indicator List (VVL)3. If the value is equal to "1", then the Eligibility Group (ELG.005.087) must equal "64"4. If the value is equal to "1", then any associated claims must indicate the Program Type equals "14" (State Plan CHIP)5. If the value is equal to "1", then CHIP Code (ELG.003.054) must equal "3" (Individual was not Medicaid Expansion CHIP eligible, but was included in a separate title XXI CHIP Program)
<ol style="list-style-type: none">1. Value must be 2 characters2. Value must be in Eligibility Change Reason List (VVL)3. Conditional

<p>1. Value must be 1 character</p> <p>2. Value must be in Restricted Benefits Code List (VVL)</p> <p>3. (Restricted Benefits) if value equals "3" and Dual Eligible Code (ELG.005.085) value equals "05", then Eligibility Group (ELG.005.087) must be "24"</p> <p>4. (Restricted Benefits) if value equals "3" and Dual Eligible Code (ELG.005.085) value equals "06", then Eligibility Group (ELG.005.087) must be "26"</p> <p>5. (Restricted Benefits) if value equals "1" and Dual Eligible Code (ELG.005.085) value equals "02", then Eligibility Group (ELG.005.087) must be "23"</p> <p>6. (Restricted Benefits) if value equals "1" and Dual Eligible Code (ELG.005.085) value equals "04", then Eligibility Group (ELG.005.087) must be "25"</p> <p>7. (Restricted Benefits) if value equals "3", then Dual Eligible Code (ELG.005.085) cannot be "00"</p> <p>8. Mandatory</p> <p>9. If value is "6" then Eligibility Group(ELG.DE.087) must be in [35,70]</p> <p>10. If value is in [1,7] then Eligibility Group (EGL.DE.087) must be in [72,73,74,75] and State Plan Option Type (ELG.DE.163) must equal "06"</p> <p>11. (Restricted Pregnancy-Related) if value equals "4", then associated Sex (ELG.002.023) value must be "F"</p> <p>12. (Non-Citizen) if value equals "2", then associated Citizenship Indicator (ELG.003.040) value must not be equal to "1"</p> <p>13. If value is "D", there must be a corresponding MFP enrollment segment (ELG00010) with Effective and End dates that are within the timespan of this segment</p> <p>14. (Restricted Benefits) if value equals "3" and Dual Eligible Code (ELG.005.085) value equals "01", then Eligibility Group (ELG.005.087) must be "23"</p> <p>15. (Restricted Benefits) if value equals "3" and Dual Eligible Code (ELG.005.085) value equals "03", then Eligibility Group (ELG.005.087) must be "25"</p>
<p>1. Value must be 1 character</p> <p>2. Value must be in TANF Cash Code List (VVL)</p> <p><u>3. Conditional</u></p>
<p>1. The date must be a valid calendar date in the form "CCYYMMDD"</p> <p>2. Value must be before or the same as the associated Segment End Date value</p> <p>3. Mandatory</p> <p><u>4. Value of the CC component must be in [19,20,99]</u></p>
<p>1. The date must be a valid calendar date in the form "CCYYMMDD"</p> <p>2. Value must be after or the same as the associated Segment Effective Date value</p> <p>3. Mandatory</p> <p><u>4. Value of the CC component must be in [19,20,99]</u></p>
<p>1. The date must be a valid calendar date in the form ""CCYYMMDD""</p> <p>2. Mandatory</p> <p>3. Value must be greater than the Eligibility Determinant Effective Date</p>
<p>1. Value must be 3 characters or less</p> <p>2. Value must be in Eligibility Extension Code List (VVL)</p> <p><u>3. Conditional</u></p>
<p>1. Value must be 50 characters or less</p> <p>2. Conditional</p> <p><u>3. If Eligibility Extension Code is "Other", then value must be populated</u></p>
<p>1. Value must be 3 characters</p> <p>2. Value must be in Continuous Eligibility Code List (VVL)</p> <p><u>3. Conditional</u></p>
<p>1. Value must not be more than 50 characters long</p> <p>2. Conditional</p> <p><u>3. If Continuous Eligibility Code is "Other", then value must be populated</u></p>

<ol style="list-style-type: none">1. Value must be 2 characters2. Value must be in Income Standard Code List (VVL)3. Conditional
<ol style="list-style-type: none">1. Value must be 50 characters or less2. Conditional3. If Income Standard Code equals "Other", then value must be populated
<ol style="list-style-type: none">1. Value must be 100 characters or less2. Value must be populated when Eligibility Termination Reason equals "22" (Other)3. Value must not be populated when Eligibility Termination Reason does not equal "22" (Other)4. Conditional
<ol style="list-style-type: none">1. Value must be 500 characters or less2. Value must not contain a pipe or asterisk symbols3. Situational