

SUPPORTING STATEMENT, PART A
Transformed – Medicaid Statistical Information System (T-MSIS)
CMS-R-284, OMB 0938-0345

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Background

Section 1903(r)(1)(F) of the Social Security Act (the Act) requires States to submit timely and complete Medicaid data as a condition of receiving Federal matching funds. States currently report program data to CMS through the Transformed Medicaid Statistical Information System (T-MSIS). T-MSIS is the only source of beneficiary enrollment data, provider enrollment data, and claims level Medicaid and CHIP data, making it a key tool in providing program oversight and reducing fraud, waste and abuse.

On July 4, 2025, President Trump signed Public Law (P.L.) 119-21, also known as the Working Families Tax Cut (WFTC) legislation. This landmark legislation includes eligibility and financing reforms in Medicaid and the Children's Health Insurance Program (CHIP) that impact T-MSIS data reporting. Section 71109 of the WFTC legislation amends sections 1903(v) and 2107(e)(1) of the Act to restrict, with limited exceptions, Federal Financial Participation (FFP) for medical assistance (Medicaid) and child or pregnancy-related health assistance (CHIP) to the following groups beginning October 1, 2026: (1) U.S. citizens and U.S. nationals; (2) Lawful Permanent Residents (LPRs); (3) Cuban/Haitian entrants; and (4) Compact of Free Association (COFA) migrants (collectively referred to as "FFP-eligible noncitizens"). These statutory amendments necessitate an update to the valid value set for the IMMIGRATION-STATUS data element reported to CMS through T-MSIS to accurately reflect updates to state eligibility determination processes and support compliance, program oversight, and proper FFP claiming. Without an update, T-MSIS will not be able to accurately capture report IMMIGRATION-STATUS data for non-citizens eligible for benefits beyond emergency services after the October 1, 2026 implementation date.

In addition to the changes to the IMMIGRATION-STATUS data element, we propose adding valid values to two additional data elements.

- To support oversight of the implementation of changes to IMMIGRATION-STATUS, two valid values are being added to the ELIGIBILITY-TERMINATION-REASON data element to identify disenrollment reasons related to changes in immigration status or immigration verifications.
- The TRANSACTION-TYPE (FTX388) data element will be updated to include a new valid value with an effective date of October 1, 2026 for per-member-per-month home health service payments. These payments are already expected to be reported as part of state T-MSIS submissions but are not currently uniquely identifiable as states typically report these data in the "other" valid value. Implementation of this data element will support oversight of home health programs

CMS also proposes three non-substantive changes that would not impact current state T-MSIS reporting. The purpose of these updates is to eliminate ambiguity and potentially reduce both CMS and state burden by reducing the need for technical assistance to address any questions on these topics.

This Supporting Statement addresses the T-MSIS data reporting requirements associated specifically with Provision 71109 as well as additional updates to support data user needs and to improve the documentation in the T-MSIS data guide to more clearly define reporting requirements.

A. Justification

1. Need and Legal Basis

CMS collects Medicaid and CHIP administrative data from States through the Transformed Medicaid Statistical Information System (T-MSIS) to support program oversight, administration, and program integrity activities.

The Medicaid program is of critical importance to American society. Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program (CHIP), provides health coverage to over 72.5 million Americans, including children, pregnant women, seniors, and individuals with disabilities. Medicaid is the single largest source of health coverage in the United States.

Medicaid and CHIP are jointly funded and administered by the federal government and states. Timely and complete State submissions support CMS's ability to monitor compliance with statutory and regulatory requirements and to ensure appropriate FFP.

Legal authority for this collection includes the following:

- **Section 1903(r)(1)(F) of the Act**, as added by the Balanced Budget Act of 1997 and amended by section 6504 of the Affordable Care Act, authorizes the Secretary to require States to submit such data as the Secretary determines necessary for program integrity, oversight, and administration as a condition of receiving certain Federal matching funds. CMS implements this authority through State reporting to T-MSIS.
- **Section 1903(v)(5) of the Act**, as added by section 71109 of P.L. 119-21, which limits FFP for full Medicaid and CHIP benefits, beginning October 1, 2026, to U.S. citizens and U.S. nationals, LPRs, Cuban/Haitian entrants, and COFA migrants.
- **42 CFR § 435.406**, which governs citizenship and immigration status requirements for Medicaid eligibility.
- **42 CFR § 435.956**, which requires verification of citizenship and immigration status for Medicaid eligibility through an electronic service.
- **42 CFR §457.320(d) and §457.380(b)** govern immigration status requirements and verification for CHIP eligibility, ensuring that the FFP limitations established under section 1903(v)(5) and 2107(e)(1) (R) of the Act apply consistently across both Medicaid and CHIP programs beginning October 1, 2026
- The **T-MSIS System of Records Notice (SORN)**, titled "Transformed-Medicaid Statistical Information System (T-MSIS), HHS/CMS/CMCS," System No. 09-07-0541, permitting T-MSIS data collection and use to: (i) reduce the number of reports CMS requires of states; (ii) provide data needed to improve beneficiary quality of care; (iii) improve program integrity; and (iv) support the states, the private market, and stakeholders with key information.

The changes to T-MSIS immigration and citizenship reporting are being implemented to support the FFP limitations described in section 1903(v)(5) of the Act. These changes reflect the new categories non-citizen beneficiaries who are eligible for non-emergency services. The new requirements do not apply to expenditures for: (1) care and services necessary for the treatment of an emergency medical condition as described in section 1903(v)(3) of the Act, authorized under section 1903(v)(2) of the Act (often referred to as "emergency Medicaid"); (2) medical assistance to lawfully residing children and pregnant women under the CHIPRA 214 option authorized by section 1903(v)(4) of the Act; and (3) any state-designed Health Services Initiatives (HSIs) to improve the health of low-income children authorized under section 2105(a)(1)(D)(ii) of the Act. T-MSIS data reporting must be capable of accurately distinguishing between FFP-eligible noncitizens, those eligible for emergency Medicaid only, and those covered under CHIPRA 214, to support proper FFP claiming across these categories.

2. Information Users

Data collected under this WFTC provision will be primarily used by CMS for oversight, program integrity, and administrative activities. The data will also be used by Federal, State, and local officials, as well as by private researchers and organizations with applicable data use agreements.

Specifically, data collected under Provision 71109 will enable CMS and States to verify immigration status and eligibility for Medicaid and CHIP beneficiaries. These data will be used by operations and auditing teams to ensure that States are providing full Medicaid and CHIP benefits only to FFP-eligible noncitizens and that States are receiving appropriate Federal Financial Participation (FFP) dollars. CMS has conducted focused financial oversight of eight states with state-only funded programs that provide health coverage for noncitizens and has identified approximately \$1.8 billion in questionable expenditures relating to services provided to noncitizens for whom FFP is available only for emergency Medicaid and not for full Medicaid benefits. Accurate T-MSIS reporting under this provision will strengthen CMS's ability to prevent improper payments and ensure program integrity.

3. Information Technology

These provisions leverage the modernized T-MSIS IT infrastructure to offer CMS and State partners robust, up-to-date, and current information to:

- Continue electronic transmission of State data and increase processing speed.
- View how each reporting entity implements their programs.
- Compare the delivery of programs across authorities and States.
- Assess the impact of service options on beneficiary outcomes and expenditures.
- Examine beneficiary activities such as application and enrollment history, services received, and appropriateness of services received based on enrollment status and applicable statutory authority.
- Use informatics to improve program oversight and inform future policy and operational decisions.
- Answer key Medicaid and CHIP program questions related to alien eligibility determinations.
- Allow States to receive immediate insight into data quality issues upon file submission.

4. Duplication of Effort / Similar Information

Data collection under this PRA package does not duplicate any other effort, and the data set cannot be obtained from any other source. T-MSIS is the only source for beneficiary level enrollment data and as such does not duplicate any other data collection. The proposed data collection updates included in this package are not currently captured in any existing national-level data system. States will need to modify how they report existing data elements to support oversight and program integrity activities related to non-citizen immigration eligibility verification.

5. Small Business

Outside of standard federal processes in partnership with the Office of Acquisition and Grant Management, data under this provision is submitted by States and Territories. Small businesses or other small organizations are not expected to be impacted.

6. Less Frequent Collection

T-MSIS data, as ingested and processed in a cloud-based system, enables efficient processing to satisfy data collection needs, thus eliminating additional similar duplicate current reporting processes. Monthly data collection significantly enhances the ability of CMS and the States to implement improvements to the quality and accuracy of submitted information by enabling CMS to provide more rapid feedback on data quality and data collection issues with greatly reduced latency from time of data collection to review. In addition, partners who use Medicaid and CHIP data receive more current data to inform program administration, eligibility status, and fraud, waste, and abuse.

Given that eligibility and immigration status may change monthly, less frequent collection would impair CMS's ability to ensure timely compliance monitoring and accurate FFP determinations. Less frequent collection of this data or failure to collect this data would impair performance of these functions, including a material increase in program operation, management, and oversight issues linked to stale, deprecated, incomplete, missing, or inaccurate data related to alien eligibility determinations.

7. Special Circumstances

Data under this provision is submitted monthly under the authority determined by the Secretary of Health and Human Services and based on legislative authority given via The Medicaid Data Reporting Requirements found at the Social Security Act § 1903(r)(1)(F), as added by the Balanced Budget Act of 1997, P.L. 105-33 § 4753(a) (1), and amended by the ACA, P.L. 111-148 § 6504, to include data elements the Secretary determines are necessary for program integrity, oversight, and administration. The circumstances of monthly data collection provide CMS and its partners with the most current available Medicaid and CHIP program data. There are no other special circumstances associated with this data collection.

8. Federal Register Notice / Outside Consultations

Federal Register

The 60-day notice published in the Federal Register on July 21, 2026 (91 FR 45818). Although comments were due on/by September 21, 2026, none were received.

The 30-day notice published in the Federal Register on October 7, 2026 (91 FR 64153). Comments are due on/by November 6, 2026.

Consultations

CMS communicates regularly with other Federal agencies, healthcare-oriented groups and associations, State Medicaid agencies, independent researchers, and others in the health care community. These users and providers of Medicaid statistical data often convey their judgments on the availability of data, frequency of data collection, and other characteristics of the reporting system.

Information on this WFTC provision has been and will be communicated via face-to-face and external State meetings, the T-MSIS Operations Dashboard, State support sites, webinars, presentations at various Medicaid conferences at a national level, and publicly on the Medicaid.gov website. CMS issued State Health Official (SHO) letter #26-001 on April 8, 2026, providing Medicaid and CHIP policy and operational guidance to States on implementation of section 71109, including T-MSIS data reporting requirements. CMS also issued a CMCS Informational Bulletin on November 18, 2025, providing general information to states and stakeholders on the Medicaid and CHIP provisions of the WFTC legislation.

9. Inducements to Respondents

CMS provides no payments or gifts to States responding to this data collection. The primary benefit of participation is the availability of national data on the Medicaid and CHIP Program and the assurance of proper Federal Financial Participation.

10. Confidentiality

The data collected through this WFTC provision will be covered under the existing T-MSIS System of Records Notice (SORN) titled "Transformed-Medicaid Statistical Information System (T-MSIS), HHS/CMS/CMCS," System No. 09-07-0541 (Feb. 6, 2019; 84 FR 2230).

<https://www.federalregister.gov/documents/2019/02/06/2019-01157/privacy-act-of-1974-system-of-records>

There are no new privacy or confidentiality issues introduced by this provision beyond those already addressed in the existing T-MSIS SORN. Immigration identifiers supported by Provision 71109 are already collected by States as part of Medicaid and CHIP eligibility determination processes under OMB Control No. 0938-1191 (CMS-10440). The valid value set update to the IMMIGRATION-STATUS data element does not introduce new data types or new privacy concerns. All data will be subject to the same privacy protections and data use agreements applicable to all T-MSIS data.

11. Sensitive Questions

There are no sensitive questions associated with this collection beyond those already addressed under the existing T-MSIS SORN and OMB Control No. 0938-1191 (CMS-10440). The collection does not independently solicit questions of a sensitive nature, such as sexual behavior and attitudes or religious beliefs. Immigration status information is already collected by States as part of their existing Medicaid and CHIP eligibility determination processes.

12. Burden Estimates

Wage Data

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2025 National Occupational Employment and Wage Estimates for all salary estimates (www.bls.gov/oes/current/oes_nat.htm). The following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr.)	Fringe Benefits and Other Indirect Costs (\$/hr.)	Adjusted Hourly Wage (\$/hr.)
Medical and Health Services Manager	11-9111	67.77	67.77	135.54

We are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Annual Burden Estimates

50 states, DC, 2 territories and 1 program entities will prepare and submit nine T-MSIS electronic data files each month. We estimate it takes 11.25 hours at \$135.54/hr for a Medical and Health Services Manager to prepare and submit nine T-MSIS electronic data files each month. In aggregate, we estimate an annual burden of 7,290 hours (11.25 hr/month x 12 responses/year x 54 respondents) at a cost of \$988,358 (7,290 hr x \$135.54/hr). After taking into account enhanced Federal Financial Participation rate of 75 percent for Medicaid Enterprise Systems, we estimate a state share of \$247,090 (\$988,358 x 0.25).

Active Requirement/Burden	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
T-MSIS Electronic Data Files	54 States and Territories	648 (54 x 12)	Monthly	11.25	7,290	135.54/hr	988,357	741,268	247,090

Provision 71109 (Alien Eligibility) would require an update to the valid value set for a single data element, IMMIGRATION-STATUS. Specifically, the valid value set update reflects the narrowed set of immigration statuses eligible for FFP for full Medicaid and CHIP benefits under section 1903(v)(5) of the Act (i.e., LPRs, Cuban/Haitian entrants, and COFA migrants). The modification would require a small level of effort to update the current mapping logic to reflect the statutory requirements to be implemented on October 1, 2026.

With regard to the provisions under our June 3 2026 interim final rule with comment period (CMS-2454-IFC; RIN 0938-AV98) entitled, “Medicaid Program; Community Engagement Requirement for Certain Individuals,” CMS has created a new file segment on the T-MSIS eligibility (ELG) file to collect data related to community engagement activities for adult group and applicable 1115 demonstration beneficiaries. The new segment includes a new set of data elements that reflect community engagement data the State would collect as part of a beneficiary’s eligibility determination under section 1902(xx) of the Act. In addition to the new file segments, states are also required to add new valid values to the WAIVER-TYPE data element to identify beneficiaries participating in applicable 1115 demonstrations and the ELIGIBILITY-TERMINATION-REASON to identify disenrollment related to community engagement requirements. States are required to update their T-MSIS eligibility files to report these new data for adult group and applicable 1115 demonstration beneficiaries.

The burden for this added collection is estimated based on the level of effort required for States to undertake T-MSIS reporting modifications. This comprises a one-time effort to design, build, and test system changes that will ingest enrollment data from the states’ Medicaid Enterprise Systems and update the T-MSIS file submission format to incorporate the new community engagement data.

We estimate that States will need between 250 – 500 hours to implement the community engagement reporting changes. Using the upper range, we estimate a one-time burden of 22,000 hours (44 respondents x 500 hr) at a cost of \$2,913,680 (22,000 hr × \$135.54/hr). After taking into account enhanced Federal Financial Participation rate of 75 percent for Medicaid Enterprise Systems, we estimate a state share of \$728,420 (\$2,913,680 x 0.25).

Annual operational costs are not expected to increase above current T-MSIS reporting burden once the one-time T-MSIS file changes are implemented. The one-time implementation costs will allow the states to automate and integrate community engagement data collection into their ongoing T-MSIS file submissions.

Active Requirement /Burden	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
71119 – Community Engagement (CMS-2454-IFC)	44 Jurisdictions	44	One-Time	500	22,000	135.54	2,913,680	2,185,260	728,420

Similarly, updates to both ELIGIBILITY-TERMINATION-REASON data element and TRANSACTION-TYPE similarly require modifications to the valid values of existing data elements. States would not be required to collect new data from beneficiaries or providers but would be expected to provide a more granular breakdown of their existing reporting. The additional burden reflects the effort to identify the relevant information from the source system and update the valid value mapping for the two data elements.

States will need between 100 – 150 hours to implement these T-MSIS reporting changes. using the upper range, we estimate one-time aggregated burden of 8,100 hours (150 hours × 54 respondents), with an associated cost of \$1,097,874 (8,100 hours × \$135.54/hour). After taking into account enhanced Federal Financial Participation rate of 75 percent for state Medicaid Enterprise Systems, we estimate a state share of \$274,468.50 (\$1,097,874 × 0.25)

Annual operational costs are not expected to impact T-MSIS file generation and submission and would not increase above current T-MSIS reporting burden once the one-time T-MSIS file changes are implemented. The one-time implementation costs will allow the states to automate and integrate community engagement data collection into their ongoing T-MSIS file submissions.

New Requirement/Burden	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
WFTCL 71109 and other T-MSIS implementation	54 Jurisdictions	54	One-Time	150	8,100	135.54	1,097,874	823,405	274,469

Burden Summary

Requirement	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
Beneficiary Application Updates (Single Streamlined Application)	54 States and Territories	648 (54 x 12)	Monthly	11.25	7,290	135.54	988,357	741,267	247,090
71119 – Community Engagement (CMS-2454-IFC)	44 Jurisdictions	44	One-Time	500	22,000	135.54	2,913,680	2,185,260	728,420
WFTCL 71109 and other T-MSIS implementation	54 Jurisdictions	54	One-Time	150	8,100	135.54	1,097,874	823,405	274,469

Requirement	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
TOTAL	54	746	varies	Varies	37,390	135.54	4,999,911	3,749,932	1,249,979

Information Collection Instruments and Instruction/Guidance Documents

- Data Dictionary: Specifications for all the data elements including definition, necessity, coding requirements, and valid value list name for each applicable data element.
- Data Dictionary Appendices: Technical instructions providing additional context and guidance for submission data related to key complex areas such as eligibility, capitation, claims adjustments, financial transactions, and more.
- File Segment Layouts
- Valid Value List (VVL): For each VVL name associated with applicable data elements, a list of value codes and associated descriptions.

The primary instrument governing this data collection is the T-MSIS Data Guide. This document will be updated to reflect the data necessary for oversight and program integrity activities in alignment with section 1903(v)(5) of the Act. The update to the transaction type valid values and clarifications to data element definitions will also be included. An addendum to the T-MSIS Data Guide documenting the updated valid values will be provided to States as part of implementation guidance.

The T-MSIS Data Guide update will include the following substantive changes:

- Currently approved T-MSIS requirements published in the T-MSIS Data Guide (<https://www.medicaid.gov/tmsis/dataguide/v4/>).
- Changes to the valid values for the IMMIGRATION-STATUS data element to identify the non-citizen groups eligible for full federal match on non-emergency services after the October 1, 2026 implementation under section 1903(v)(5) of the Act
- Changes to the valid values for the ELIGIBILITY-TERMINATION-REASON data element identify beneficiary disenrollment reasons related to immigration verifications with more detail.
- The addition of a new valid value to the TRANSACTION-TYPE data element to uniquely identify the per-member-per-month home health service payments to support oversight.

The T-MSIS Data Guide update will also include the following non-substantive changes that would not be expected to result in state reporting requirements. These updates include the following changes.

- Record segment definitions updates for the FTX file. These definition updates provide additional clarification regarding the record types that will be reported in the individual record segment. These modifications provide more detail regarding information the record segments capture but do not change the definitions for the individual data elements.
- The description of the MANAGED-CARE-PLAN-TYPE valid value of “enhanced PCCM” will be updated to “PCCM entity” to align with Medicaid managed care terminology standards.
- An update of the PAYEE-ID-TYPE coding requirement to more precisely identify accurate data reporting.

13. Estimated Annual Operation and Maintenance Costs

Operating and maintenance costs for this provision are expected to be minimal, as the change is limited to a valid value set update to an existing T-MSIS data element. No new file segments, new data elements, or significant system redesign is required of States. A state's operating expense, to the extent any is incurred, would consist of minor internal system configuration updates to align the IMMIGRATION-STATUS valid value list with the revised statutory framework.

14. Federal Cost

The annual cost to the Federal Government for implementation of the Provision 71109 T-MSIS data reporting update is \$0. The updates associated with this provision — specifically, the modification of the valid value set for the IMMIGRATION-STATUS data element — are fully absorbed within the existing T-MSIS contract currently in place under OMB Control No. 0938-0345. Because this change is limited to a valid value set update to an existing data element and does not require new file segments, new system builds, or additional contractor scope, no incremental federal cost is attributable to this collection. No additional Federal budget allocation beyond existing T-MSIS operations funding is required to implement this modification.

The annual cost to the Federal Government of collecting all T-MSIS data is estimated to be approximately \$18,500,000. This amount is based on T-MSIS contract cost for a one-year period of performance.

15. Program / Burden Changes

Similarly, updates to both ELIGIBILITY-TERMINATION-REASON data element and TRANSACTION-TYPE similarly require modifications to the valid values of existing data elements. States would not be required to collect new data from beneficiaries or providers but would be expected to provide a more granular breakdown of their existing reporting. The additional burden reflects the effort to identify the relevant information from the source system and update the valid value mapping for the two data elements.

States will need between 100 – 150 hours to implement these T-MSIS reporting changes. using the upper range, we estimate one-time aggregated burden of 8,100 hours (150 hours × 54 respondents), with an associated cost of \$1,097,874 (8,100 hours × \$135.54/hour). After taking into account enhanced Federal Financial Participation rate of 75 percent for state Medicaid Enterprise Systems, we estimate a state share of \$274,468.50 (\$1,097,874 × 0.25)

Annual operational costs are not expected to impact T-MSIS file generation and submission and would not increase above current T-MSIS reporting burden once the one-time T-MSIS file changes are implemented. The one-time implementation costs will allow the states to automate and integrate community engagement data collection into their ongoing T-MSIS file submissions.

New Requirement/Burden	No. Respondents	Total Responses	Frequency	Time per Response (hr)	Total Time (hr)	Wage (\$/hr)	Total Cost (\$)	Federal Match (\$)	State Share (\$)
WFTCL 71109 and other T-MSIS implementation	54 Jurisdictions	54	One-Time	150	8,100	135.54	1,097,874	823,405	274,469

6. Publication and Tabulation Dates

States are required to submit T-MSIS data on a monthly basis. This data is edited and compiled. CMS makes T-MSIS data available to States, researchers, and policymakers in accordance with applicable data use agreements and privacy protections, providing a complete and timely picture of the Medicaid and CHIP programs. CMS will provide States with updated T-MSIS reporting guidance, including the revised IMMIGRATION-STATUS valid value set, in advance of the October 1, 2026, statutory applicability date. These data would be expected to be reported as part of the state's T-MSIS file with October 2026 data which would be submitted in November 2026.

17. Expiration Dates

The expiration date will be displayed on the applicable data collection instrument.

18. Exceptions to the Certification Statement

This proposal complies with all conditions included in Certification Statement 19. There are no exceptions.

B. Statistical Methods

T-MSIS collects administrative data submitted monthly by all 50 States, the District of Columbia, and U.S. Territories. The data represent a complete census of Medicaid and CHIP program activity rather than a sample-based collection. No sampling, imputation, or other statistical methodology is applied to the collection itself.