

## Centers for Medicaid and CHIP Services (CMCS)



### Transformed Medicaid Statistical Information System (T-MSIS)

#### T-MSIS Valid Value List Crosswalk (Change Log) - Version 4.0.0 to Version 4.1.1

**Last Modified: 2026-05-29**

PRA Disclosure Statement: The Transformed Medicaid Statistical Information System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of demonstrations under section 1115 of the Social Security Act and to calculate quality measures and other metrics, including those reported through the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information. Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements the Secretary determines necessary for program integrity, program oversight, and administration. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0345 (Expires: 11/30/2027). The time required to complete this information collection is estimated to average 11.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

| Date       | Name And/ Or Number            | Field(s)                        | Action  | Before                                                                                                                                                                                                                                                                              | After                                                                                                                                                                                                                                                                                                             |
|------------|--------------------------------|---------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2026-05-29 | IMMIGRATION-STATUS             | Description, Effective End Date | REPLACE | IMMIGRATION-STATUS 1 Qualified alien  01/01/0001 12/31/9999                                                                                                                                                                                                                         | IMMIGRATION-STATUS 1 Qualified alien Noncitizen beneficiaries who are qualified noncitizens. Not an applicable immigration status after 9/30/2026. 01/01/0001 09/30/2026                                                                                                                                          |
| 2026-05-29 | IMMIGRATION-STATUS             | Description                     | REPLACE | IMMIGRATION-STATUS 2 Lawfully present under CHIPRA 214  01/01/0001 12/31/9999                                                                                                                                                                                                       | IMMIGRATION-STATUS 2 Lawfully present under CHIPRA 214 Lawfully present women or children in states that elect to cover under CHIPRA 214. 01/01/0001 12/31/9999                                                                                                                                                   |
| 2026-05-29 | IMMIGRATION-STATUS             | Name, Description               | REPLACE | IMMIGRATION-STATUS 3 Eligible only for payment for emergency services aliens who are either not qualified for Medicaid or who are currently subject to a five-year bar. 01/01/0001 12/31/9999                                                                                       | IMMIGRATION-STATUS 3 Eligible for payment for emergency Medicaid services only Noncitizen who is not FFP-eligible, not eligible under CHIPRA 214, or who is currently subject to a five-year waiting period, seven-year limit or 40 quarters requirements in Medicaid only. 01/01/0001 12/31/9999                 |
| 2026-05-29 | IMMIGRATION-STATUS             | All valid value attributes      | ADD     | N/A                                                                                                                                                                                                                                                                                 | IMMIGRATION-STATUS 4 Eligible noncitizen FFP-eligible noncitizen: Lawful Permanent Resident, Cuban/Haitian entrant, or Compact of Free Association (COFA) Migrant.<br><br>Use on or after 10/1/2026. 10/01/2026 12/31/9999                                                                                        |
| 2026-05-29 | IMMIGRATION-STATUS             | Name                            | REPLACE | IMMIGRATION-STATUS 8 Not Applicable (U.S. citizen or U.S. national)  01/01/0001 12/31/9999                                                                                                                                                                                          | IMMIGRATION-STATUS 8 U.S. citizen or U.S. national  01/01/0001 12/31/9999                                                                                                                                                                                                                                         |
| 2026-05-29 | ELIGIBILITY-TERMINATION-REASON | Name, Effective End Date        | REPLACE | ELIGIBILITY-TERMINATION-REASON 17 Lack of verifications (e.g., unable to successfully verify citizenship status, immigration status, income, or other information from an application; if unverifiable due to non-response, document as "Failure to respond)  01/01/0001 12/31/9999 | ELIGIBILITY-TERMINATION-REASON 17 Do not use after 06/30/2027 - Lack of verifications (e.g., unable to successfully verify citizenship status, immigration status, income, or other information from an application; if unverifiable due to non-response, document as "Failure to respond)  01/01/0001 06/30/2027 |
| 2026-05-29 | ELIGIBILITY-TERMINATION-REASON | All valid value attributes      | ADD     | N/A                                                                                                                                                                                                                                                                                 | ELIGIBILITY-TERMINATION-REASON 32 Beneficiary income could not be verified (if unable to verify due to non-response, report with "failure to respond" using valid value '13')  01/01/0001 12/31/9999                                                                                                              |

| Date       | Name And/ Or Number            | Field(s)                   | Action  | Before                                                                                                                             | After                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|--------------------------------|----------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2026-05-29 | ELIGIBILITY-TERMINATION-REASON | All valid value attributes | ADD     | N/A                                                                                                                                | ELIGIBILITY-TERMINATION-REASON 33 The individual's immigration status or citizenship status could not be verified - or - the individual's immigration status is verified and their status is not satisfactory for full benefits (i.e., IMMIGRATION-STATUS does not equal 2 [CHIPRA 214] or 4 [eligible noncitizen])<br><br>If unable to verify due to non-response, report with "failure to respond" using valid value '13'   01/01/0001 12/31/9999 |
| 2026-05-29 | ELIGIBILITY-TERMINATION-REASON | All valid value attributes | ADD     | N/A                                                                                                                                | ELIGIBILITY-TERMINATION-REASON 36 Unable to verify other information from a beneficiary's case file (if unable to verify due to non-response, report with "failure to respond" using valid value '13')   01/01/0001 12/31/9999                                                                                                                                                                                                                      |
| 2026-05-29 | TRANSACTION-TYPE               | Name                       | REPLACE | TRANSACTION-TYPE 03 Direct reimbursement to beneficiaries for retroactive period cost (e.g. 42 CFR 447.25)   01/01/0001 12/31/9999 | TRANSACTION-TYPE 03 Direct reimbursement to beneficiaries for retroactive period cost (e.g. 42 CFR 447.25)   01/01/0001 12/31/9999                                                                                                                                                                                                                                                                                                                  |
| 2026-05-29 | TRANSACTION-TYPE               | Name                       | REPLACE | TRANSACTION-TYPE 04 Direct reimbursement to beneficiaries for non-emergency transportation   01/01/0001 12/31/9999                 | TRANSACTION-TYPE 04 Direct reimbursement to beneficiaries for non-emergency transportation   01/01/0001 12/31/9999                                                                                                                                                                                                                                                                                                                                  |
| 2026-05-29 | TRANSACTION-TYPE               | All valid value attributes | ADD     | N/A                                                                                                                                | TRANSACTION-TYPE 05 PMPM Health Home Service Payment   01/01/0001 12/31/9999                                                                                                                                                                                                                                                                                                                                                                        |
| 2026-05-29 | MANAGED-CARE-PLAN-TYPE         | Name                       | REPLACE | MANAGED-CARE-PLAN-TYPE 03 Enhanced PCCM Provider   01/01/0001 12/31/9999                                                           | MANAGED-CARE-PLAN-TYPE 03 PCCM Entity   01/01/0001 12/31/9999                                                                                                                                                                                                                                                                                                                                                                                       |