The new national database for the Medicaid and Children’s Health Insurance Program (CHIP), known as the Transformed Medicaid Statistical Information System (T-MSIS), will provide person- and service-level information on everyone eligible and enrolled in Medicaid and CHIP and serve as the backbone for research and policy analysis on these public health care programs for people with low incomes and disabilities.

**New Data Available from the Transformed Medicaid Statistical Information System (T-MSIS)**

CMS stands on the doorstep of a substantially enhanced capacity to guide the continued evolution of Medicaid through data-driven analyses. T-MSIS will give both state and federal policymakers more and better information about state Medicaid programs: who is eligible to receive services, which services (for example, ambulatory care, long-term care, waiver services, and drugs) are provided and to whom, outcomes of care, and how much it costs—and they will have this information for all states, beneficiary groups, and payment systems. T-MSIS captures new data elements that were unavailable from its predecessor, the Medicaid Statistical Information System (MSIS). The following lists include many of these new data elements, organized by category.

**NEW DATA ELEMENTS:**

**MEDICAID AND CHIP BENEFICIARIES**

- More detail on a beneficiary’s eligibility category
- Marital status
- Veteran status
- Citizenship
- Immigration status
- Primary language
- Household size
- Pregnancy
- Living arrangement
- Enrollment in the Social Security Disability Insurance (SSDI) and the Supplemental Security Income (SSI) programs
- SSI state supplemental beneficiary status
- Health home participation
- Participation in Money Follows the Person demonstration
- Level of care provided to an individual in a long-term care facility
- Type of disability
- Chronic conditions for people receiving home- and community-based services not provided through a health home

**UTILIZATION AND EXPENDITURES**

For inpatient hospital (IP), long-term care (LT), prescription drug (RX), and other services (OT) claims:

- Condition present on admission (IP)
- Additional diagnoses (IP)
- Plan identifier for health care encounters under managed care (IP, LT, and OT)
- Line item detail about the services received while residing in an institution (LT)
- Birth weight (IP)
- Body mass index (IP and OT)
- Immunization type (OT and RX)

### PROVIDERS

- Providers’ effective dates
- Legal name
- Organization name
- Indicator for individual, group, or facility
- Individual provider characteristics
  - Name
  - Gender
  - Accepting new patients
  - Date of birth
  - Date of death
- Ownership of the provider
  (for example proprietary corporation or federal government)
- State-assigned provider ID, effective dates
- Location ID, effective dates
- License information
  - Effective dates
  - License type
  - License or accreditation number
- Classification type and code

### MANAGED CARE PLANS

- Managed care and National Health Plan IDs
- Plan name
- Operating authority
- Type of plan
- Effective dates of contract period with the state
- Eligible group(s) the state authorizes the plan to enroll
- Effective dates of actual enrollment
- Service area
- Profit status
- Reimbursement method
- Location(s)
- Accreditation

### THIRD-PARTY LIABILITY

- State identifier for the TPL insurance carrier
- TPL insurance plan identifying number (usually printed on the beneficiary’s insurance card)
- The type of insurance plan providing TPL coverage
- The level of coverage being provided by the TPL carrier for the insured under this policy
- Annual amount paid by the beneficiary of the plan before a health plan benefit begins
- Name of policy owner
- Social Security number of policy owner
- Relationship of the beneficiary to the policy owner
- Effective dates of policy
- Other types of liabilities an individual may have (not health insurance plans)
- Effective dates for other types of liabilities
