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Colorado Benefits Management System

CBMS User's Guide to Medicare Buy-In

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Description	The state pays Medicare premiums directly to Centers for Medicare and Medicaid Services (CMS). This activity is a process initiated in most cases by county input into CBMS. The State receives this data into MMIS via the client eligibility file produced by CBMS. The buy-in process, from start to finish, is similar to a relay race, with the county at the start of the race and SSA at the end of the race. This manual is a reference guide for CBMS users, providing insight into how to interpret and monitor the Medicare Buy-In windows in CBMS.
Disclaimer	As paraphrased from the CMS website: ***CMS manuals are currently undergoing a transformation. As we update the manual instructions, we move the updated material into the new Internet-only manuals and eliminate the corresponding material from the outgoing old paper-based manuals. We will continue this phase-out/phase-in process until all manual instructions are included in the Internet-only manuals. In the meantime, you should check both sets of manuals for current policy and procedures***. This affects the following: **Appendix A –** Excerpts from the ***State Buy-In Manual, Chapter 3 – Data Exchange*** **Appendix B –** Excerpts from the ***State Buy-In Manual, Chapter 5 – Part B Codes*** Refer to the CMS website: **http://www.cms.hhs.gov/manuals**

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1.0 Introduction

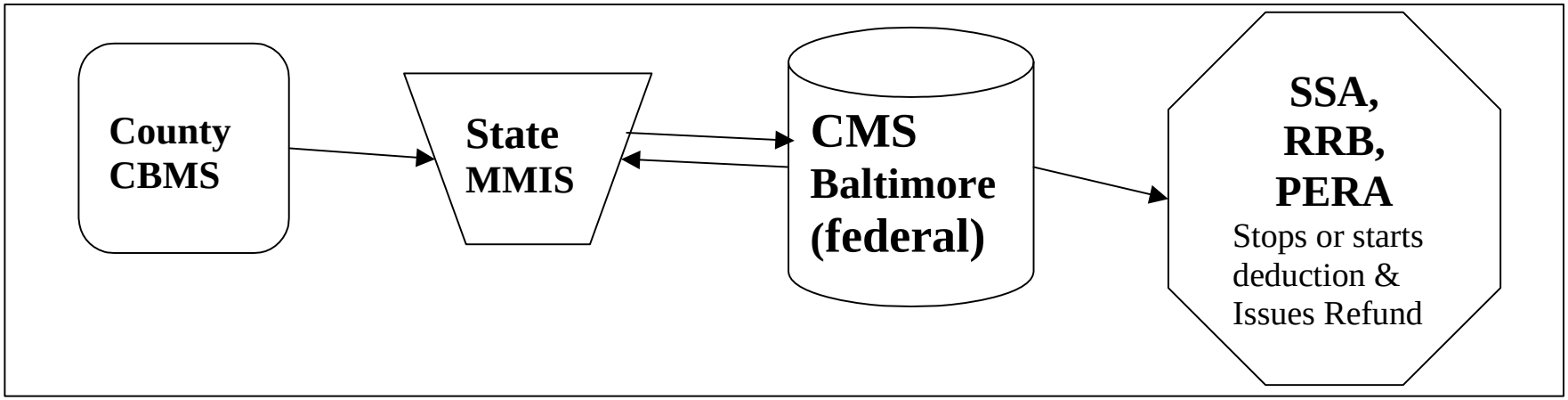
General Information

The State of CO pays the Medicare Part B premiums for **all** clients who are eligible for **any** Medicaid program, regardless of whether they qualify for any Medicare Savings Program (MSP) or not. We do not pay the Medicare premiums (either Part A or Part B) for any of the State-Only programs (e.g., Old Age Pension Health Care Program), which are identified by a SISC of C on the med spans. [See pages 17-18 for a description of med spans. **Note:** There is no SISC "C" included in the chart of valid buy-in patterns.] We pay the Part A premiums only for those clients who are eligible for QMB (Qualified Medicare Beneficiary) – either Only or Dual – or for QDWI (Qualified Disabled Working Individual) and who do not get Medicare Part A for free.

The State pays the Medicare premiums directly to CMS (Centers for Medicare and Medicaid Services). CMS sends the State a lump sum paper billing statement (***Summary Accounting Statement***) monthly, containing all the debits and credits for that billing month. This paper billing statement is received ~13th each month, for the following month's premiums (e.g., the bill for the August 2005 premiums is received ~7/13/05). CMS also sends an electronic billing file containing individual transactions (debits and credits) for each client ~6th of each month, for the following month's premiums. The electronic billing file must be reconciled with the paper bill, in order to allocate the debits and credits as "FFP" or "Non-FFP" (Federal Financial Participation).

CMS also sends these electronic transactions to SSA to indicate that buy-in on individual clients has started, is ongoing, or has stopped. SSA, in turn, updates their system to either start or stop the Part B premium deduction from each individual's social security check, and issue any refund due to the client. The Medicare premium refunds come to the client the same way the client receives his/her monthly social security payment (paper check or direct deposit), but it is a **separate** payment. The refund can come either before or after the regular monthly payment is adjusted upward.

2.0 Buy-In Process (Relay Race)



Schedule	
Buy-In Accretion to create state requests (RIC S)	Sunday night
Send RIC S transactions to CMS Baltimore	Monday morning
CMS Responses to State, SSA, RRB, PERA	Monday – Friday
Post CMS Responses to MMIS tables	Thursday night
View CMS Responses in MMIS	Friday
Send transactions from MMIS Buy-In to CBMS	Friday
CBMS posts Buy-In transactions for viewing	Saturday
View Buy-In transactions in CBMS	Monday

General Information
In most cases, the State initiates buy-in by sending a state request to CMS, requesting that CMS either start (accrete) buy-in, or stop (delete) buy-in on individual clients. Sometimes, CMS will initiate buy-in accretion or deletion at their end, without the State having to send a request (e.g., SSI clients who are auto-accreted or deleted when they move into or out of Colorado).

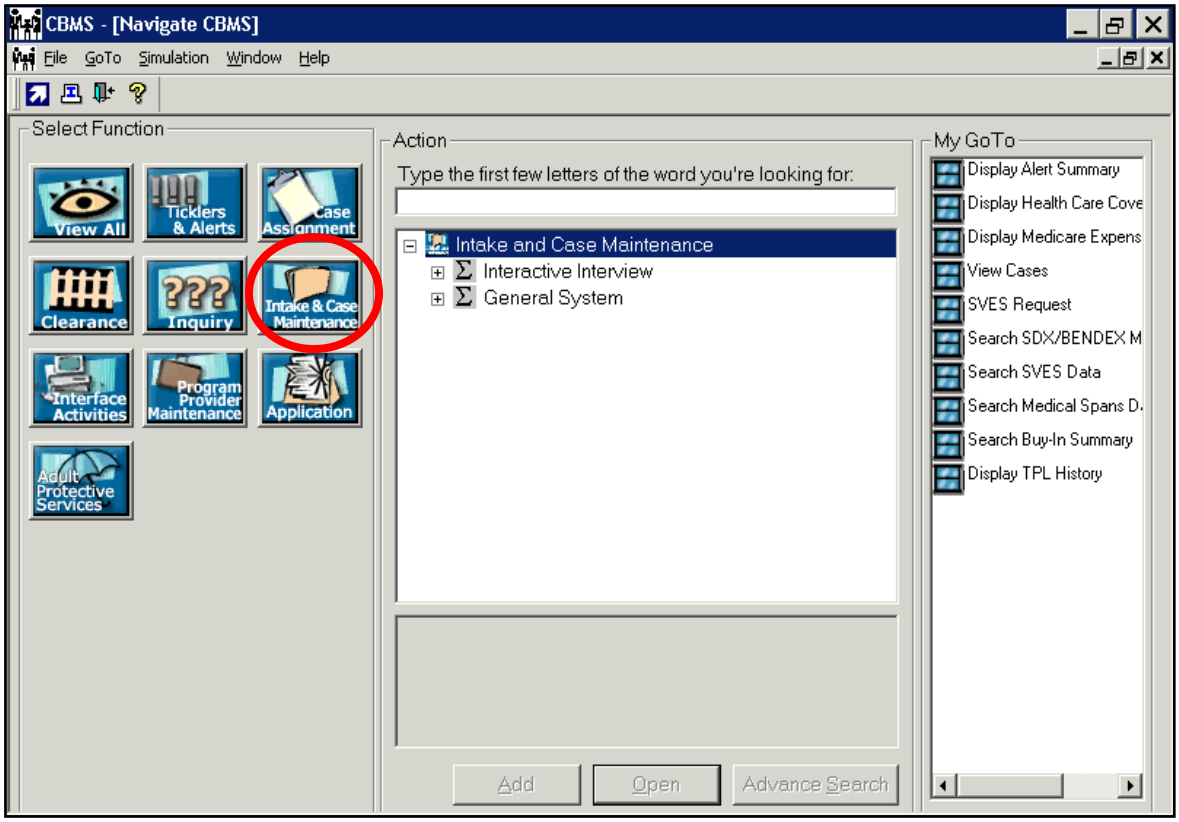
The buy-in process, from start to finish, is similar to a relay race, with the county at the start of the race, and SSA at the end of the race.

Step	Instructions
1.	The county inputs the client's information into CBMS, including the Medicare info (Health Insurance Claim # (HIC#) & date(s) of entitlement to Part A and/or B). CBMS creates med spans containing (hopefully) the client's HIC# (Health Insurance Claim #, a.k.a Medicare Claim #), as well as correct Medicare TPL code (01-26), POC (Plan of Care) code, and SISC code. These codes are used by the buy-in logic to determine what type of client each individual is, for FFP purposes. See pages 17 –18 for a picture of med spans.
2.	The baton passes to the State (MMIS) on the client eligibility file (DME file) sent from CBMS to MMIS each weeknight. The buy-in accretion program runs every Sunday night, to create buy-in request transactions for each eligible client, based on the coding in their med spans and the presence of a HIC#. These requests (RIC S) are sent to CMS in Baltimore every Monday morning, including holidays. If the HIC# is missing, or if the accretion program cannot determine what type of client a person is, it will not create a buy-in request, and that person's premiums do not get paid.
3.	The baton passes to CMS in Baltimore on the RIC S (State Request) file. CMS processes each State request, matching the state's data against their data, which they receive from either SSA or RRB (Railroad Retirement Board) or OPM (Office of Personnel Management – federal employees). CMS matches against the following 7 criteria: ▪ **Last Name** – first 6 characters (including blanks, but not hyphens or special characters) ▪ **First Name** – first 3 characters (including blanks, but not hyphens or special characters) ▪ **Middle Initial** – not a critical element (it alone will not cause buy-in to reject) ▪ **Date of Birth** ▪ **Sex Code** ▪ **SSN** – all 9 characters ▪ **HIC#** – all characters If all of the above criteria are matched, CMS will send a "Yes" response to the State (RIC D or B), acknowledging that buy-in will either start or stop based on the State's request. If any of the above 7 criteria are not matched, CMS will send a "No" response (RIC F) to the State, indicating that the State's request was not accepted. The subcode on the RIC F response indicates why the request was rejected. CMS sends their responses to the State's requests within a day or two of receiving the requests. So, we should receive our responses on Tuesday or Wednesday. CMS also

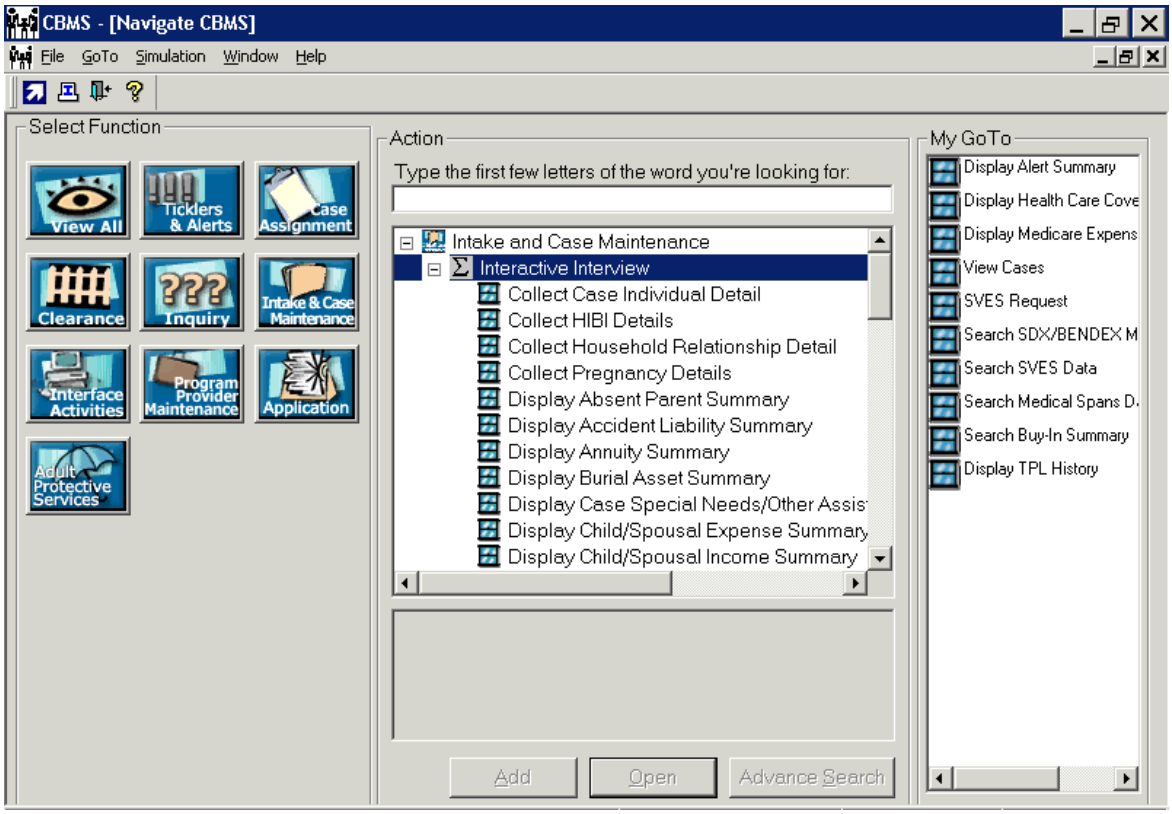
Step	Instructions
	initiates their own transactions every day, so we receive a response file from CMS every day. These files from CMS contain both the responses to our requests, as well as CMS-initiated transactions. Then, on Thursday night, the MMIS buy-in posting program posts all the CMS responses received during the week, so they are visible in MMIS online Friday morning. All incoming transactions from CMS are posted to either the Buy-In ("good") table or to the Reconciliation ("bad") table. A transaction will post to Recon if there is a mismatch in any of the above 7 criteria or State ID (8th criteria) or if there is an error in the transaction (e.g., invalid date format, invalid transaction code, duplicate transaction, etc.).
4.	CMS also sends the "Yes" transactions (RIC Ds & Bs) to SSA at the same time they send them to us. Therefore, SSA may receive a RIC D or B before we can see them on Friday. Now the "baton" has passed to SSA. As soon as SSA receives a RIC D, they update their system to either stop the Medicare premium deduction from the client's social security payment (accretion) or re-start the premium deduction from the client's social security payment. SSA also issues any refund due to the client – usually pretty quickly (within a day or two of SSA receiving the buy-in transaction from CMS). Sometimes, when the client has direct deposit, he/she already has received his/her refund in the bank by the time we can see the RIC B or D in CBMS or MMIS. Depending on what time of the month the client receives their regular monthly payment, their payment for that month may or may not reflect the buy-in transaction SSA just received. The buy-in accretion or deletion will be reflected in the client's next payment the following month.

Additional Information
MMIS sends only the following RICs to CBMS out of the Buy-In ("good") table only, none out of Recon: B, C, D, F, S. These are sent from MMIS to CBMS on Friday. CBMS posts them so the county workers can see them in the CBMS buy-in screen Saturday, so they are viewable Monday. See page 14 and ***Appendix A*** for a description of the RICs.

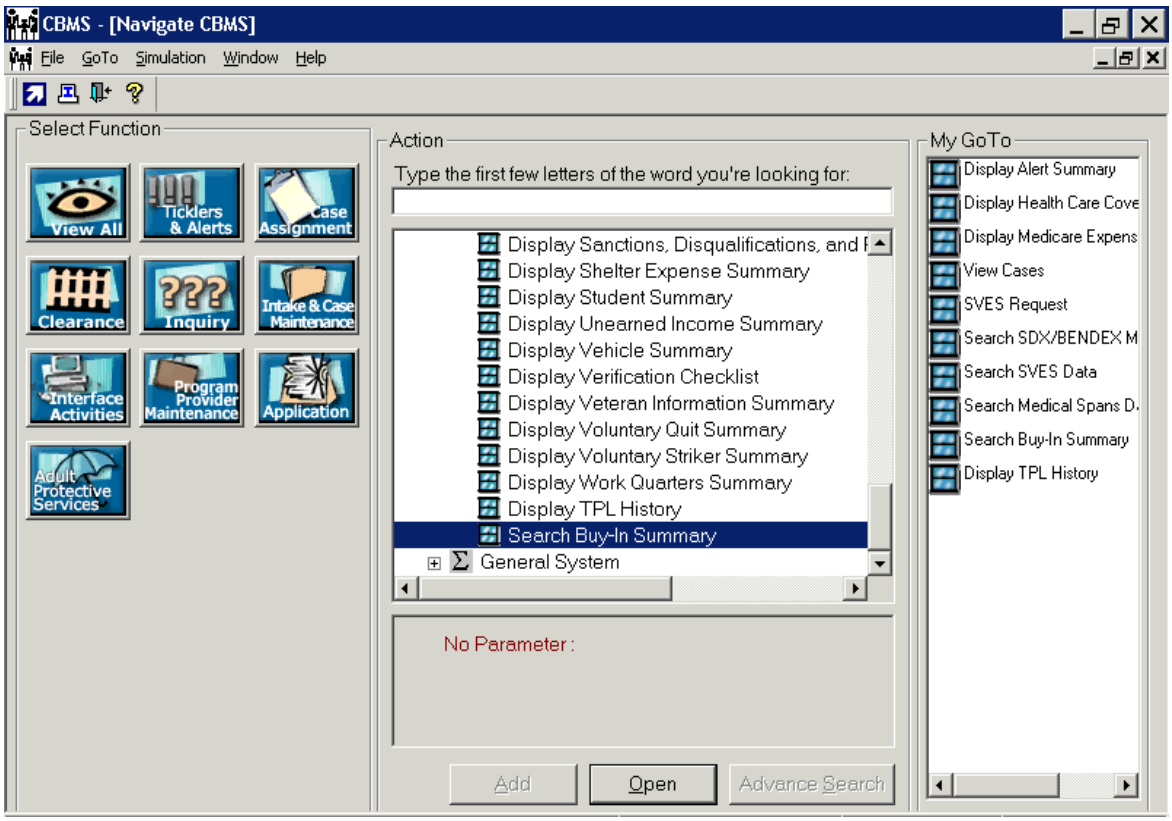
3.0 Accessing the Buy-In Windows in CBMS



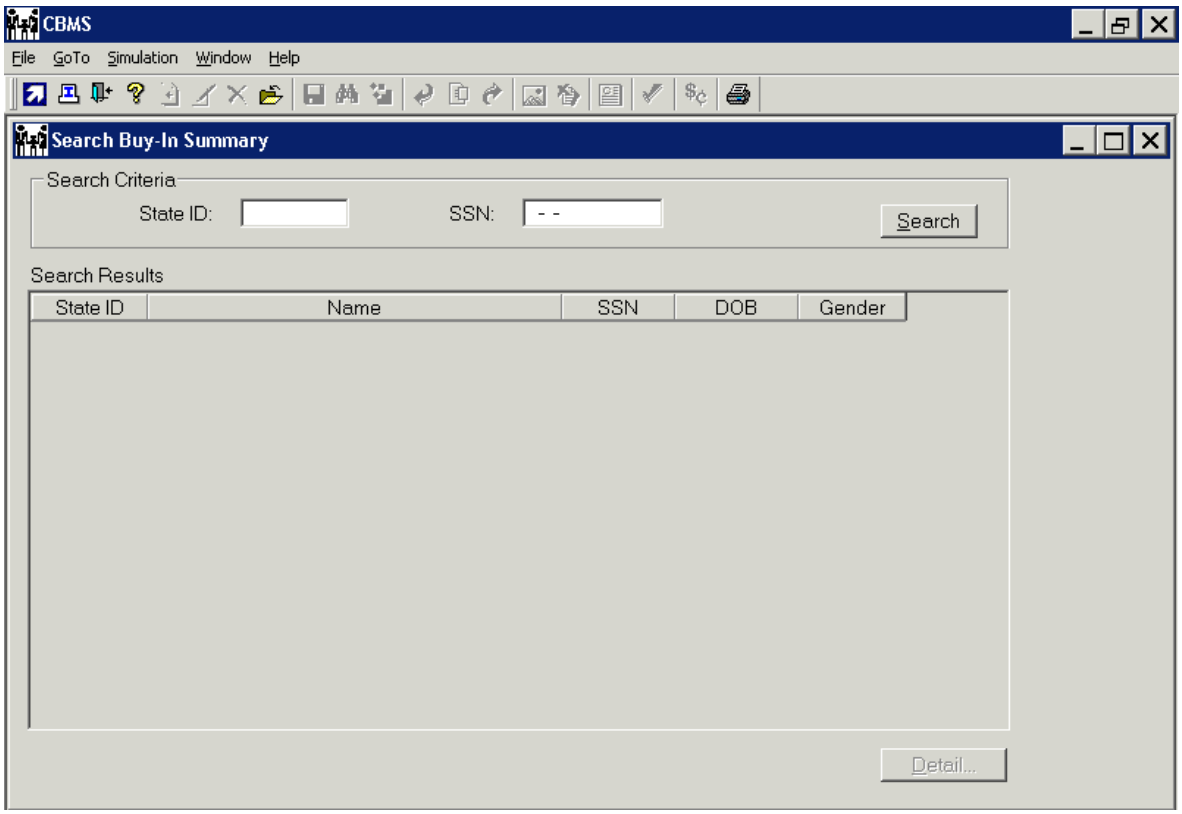
Step	Task
1.	Click on the **Intake & Case Maintenance** button in the Select Function area of the Navigate CBMS window.



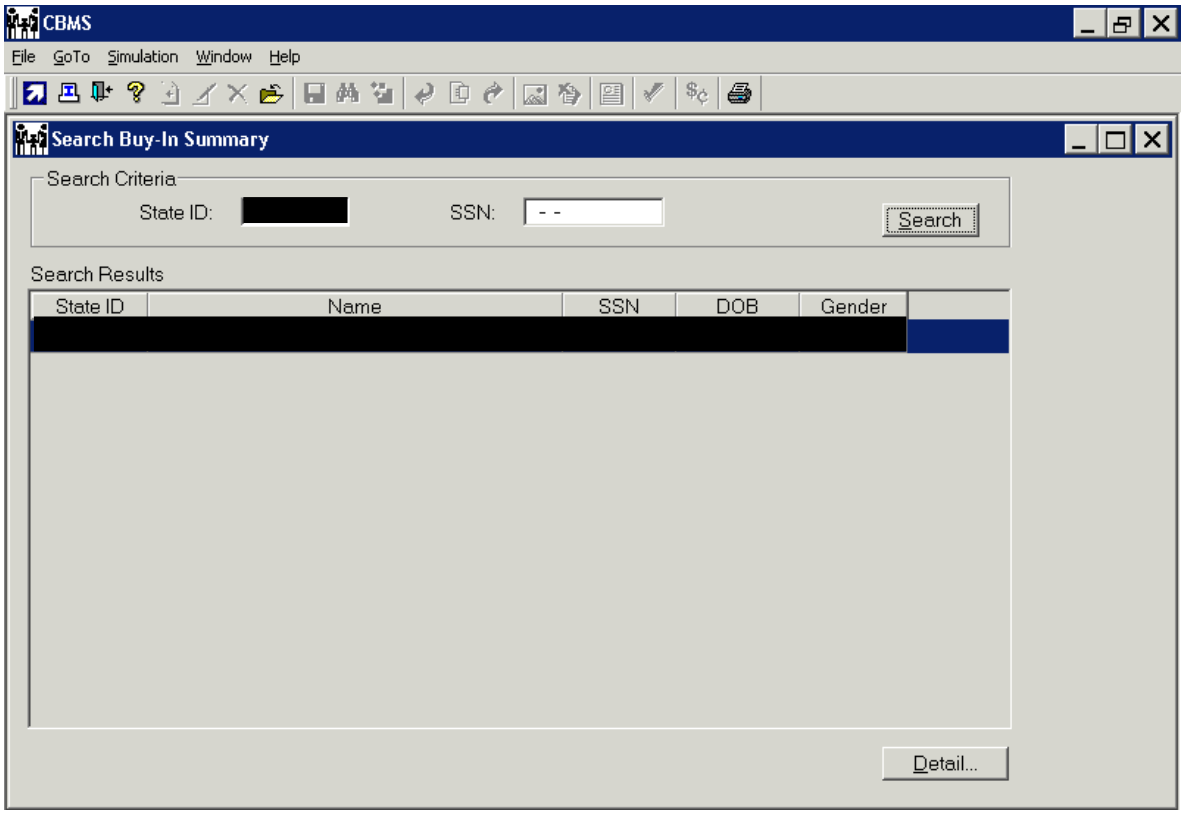
Step	Task
2.	Open the Interactive Interview options.



Step	Task
3.	Scroll down to Search Buy-In Summary.
4.	Select **Search Buy-In Summary**.
5.	Double-click, or click the **Open** button.



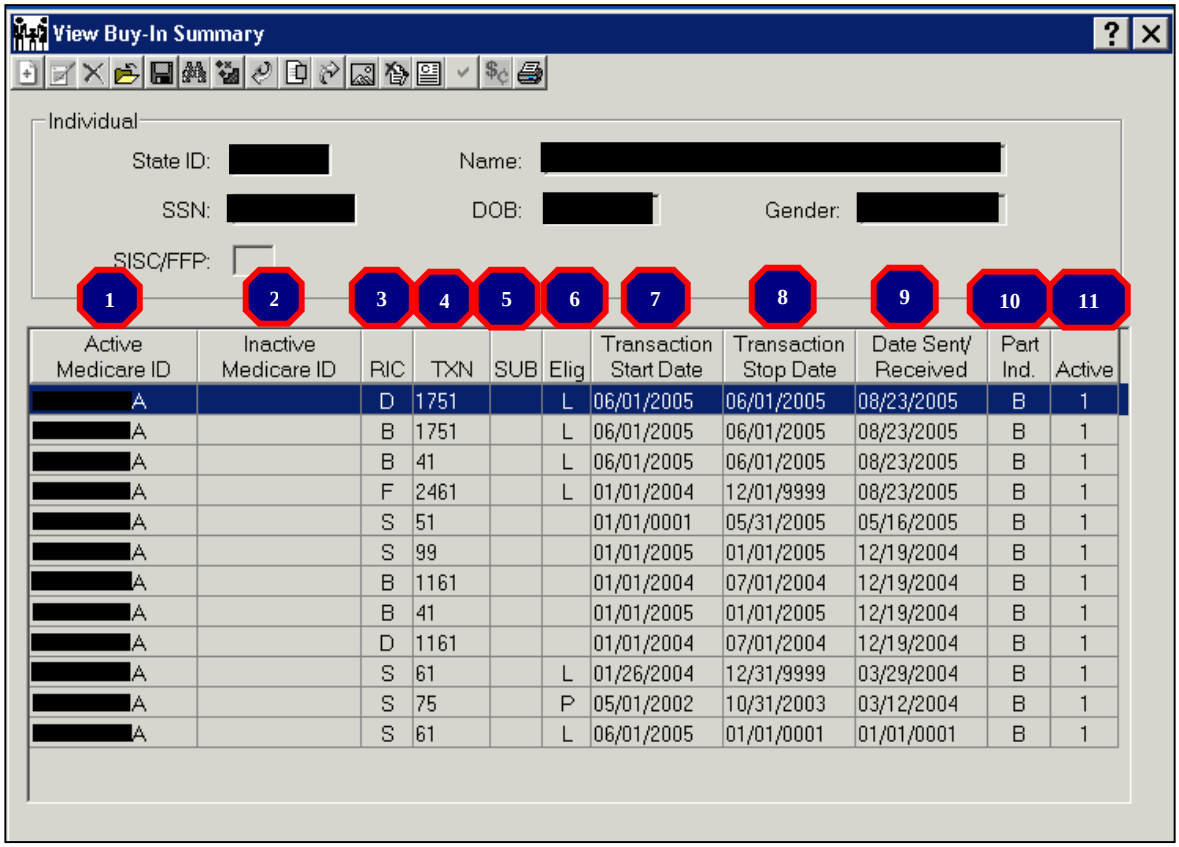
Step	Task
6.	Search by **State ID** or **SSN**.



Step	Task
7.	Double-click the row or click **Detail** to bring up the client's buy-in records.

4.0 Short Description of Buy-In Fields

System Information
Click once or twice on the **Date Sent/Received** column header to put rows in order.



Field Information		
Field #	**Field Name**	**Description**
1	**Active Medicare ID**	The Health Insurance Claim # (HIC#) the client is currently receiving Medicare under.
2	**Inactive Medicare ID**	An old (previous) HIC# the client was receiving Medicare under at some time in the past.
3	**RIC**	**Record Identification Code** – Indicates the type of transaction:
4	**TXN**	**Transaction Code** – A numeric code indicating the type of action (accretion, deletion, informational) conveyed by the record. [See ***Appendix B – Excerpt from State Buy-In Manual, Chapter 5***, which contains detailed explanations.]
5	**SUB**	**Subcode** – Further describes the transaction. [See ***Appendix B – Excerpt from State Buy-In Manual, Chapter 5***, which contains detailed explanations.]
6	**Elig**	**Buy-in Eligibility Code** – Describes the type of client for FFP purposes.

Field Information		
Field #	**Field Name**	**Description**
7	**Transaction Start Date**	Always the 1st of the month. The first month buy-in either starts (accretion) or stops (deletion).
8	**Transaction Stop Date**	Always the last day of the month. The last month buy-in is requested or paid through.
9	**Date Sent/Received**	The date the RIC S was sent **to** CMS, or the date the RIC A-F was received **from** CMS.
10	**Part Indicator**	Part A or Part B
11	**Active**	Not currently used. In future, will be used to indicate the most current active TXN.

5.0 Detailed Description of Buy-In Fields

Field Information		
Field #	**Field Name**	**Description**
1	**Active Medicare ID**	The Health Insurance Claim # (HIC#) the client is currently receiving Medicare under. A client can only have one active HIC# at a time, but can change from one HIC# to another multiple times.
2	**Inactive Medicare ID**	An old (previous) HIC the client was receiving Medicare under at some time in the past.
3	**RIC**	**Record Identification Code** – Indicates the type of transaction: **RIC S** – State Request sent to CMS Baltimore **RICs A-F** – Responses or informational transactions received **from** CMS Baltimore **A** – Informational transaction notifying the State that the client's SSI eligibility has started or stopped. **B** – Billing record. Tells the State that they are being billed (debit) for a client's Medicare premium or credited for a client's premium when buy-in stops. Same as a **RIC D**, but with dollars attached. **C** – Informational transaction notifying the State that the client's HIC# has changed. It will show both the active (new) and inactive (old) HIC#s. **D** – "Yes" Reply from CMS, telling the State that their request to start or stop buy-in has been accepted, or that CMS has initiated an accretion or deletion. Usually followed by a **RIC B** on the next monthly billing file. **E** – Informational transaction notifying the State of a minor discrepancy in personal characteristics, not significant enough to prevent buy-in from occurring (e.g., name, middle initial, day of birth, or zip code). **F** – Reject record (a "No" response), telling the State that their request to start or stop buy-in, or to send a **State ID** or **BEC** correction to CMS was rejected. The **Subcode** indicates why the request was rejected. **Note:** Only the following **RICs** are sent from MMIS to CBMS for viewing: **B**, **C**, **D**, **F, S**.

Field Information		
Field #	**Field Name**	**Description**
4	TXN	**Transaction Code** – A numeric code indicating the type of action (accretion, deletion, informational) conveyed by the record. [See ***Appendix B – Excerpt from State Buy-In Manual, Chapter 5***, which contains detailed explanations.] **State Requests (RIC S)** are sent to CMS Baltimore to start buy-in, stop buy-in, or send a **State ID** or **BEC** correction to CMS. Always a 2-digit code: **61** – Accretion request to start ongoing buy-in. **51** – Deletion request to stop buy-in due to any reason other than death. **53** – Deletion request to stop buy-in due to death. **99** – Informational transaction to notify CMS of a change in **State ID** or **BEC**. **Transactions from CMS (RICs A-F)** are either a response to a State request or a CMS-initiated transaction – usually a 4-digit code, but can be a 2-digit code.
5	SUB	**Subcode**. Further describes the transaction. Not all TXN codes have a **subcode**. [See ***Appendix B – Excerpt from State Buy-In Manual, Chapter 5***, which contains detailed explanations.]
6	Elig	**Buy-in Eligibility Code (BEC)** – Describes the type of client for FFP purposes.
7	TXN Start Date	The first month buy-in either starts or stops, depending on whether the TXN is an accretion or deletion. Always the 1st of the month. [Any other day was entered by the system during the "early days" and should be ignored.] **Accretions** – The first month the State will pay for. **Deletions –** The first month the State will not pay for. 01/01/0001 is the default low date (think "blank") and means there is no **Begin Date** for that transaction. **RIC S** deletion txns have an **End Date** but no **Begin Date**.

Field Information		
Field #	**Field Name**	**Description**
8	**TXN Stop Date**	Always the last day of the month. **Accretions –** The month buy-in is paid through. For ongoing accretions (11XX, 41), this is the last day of the bill month. For **closed periods** (txn codes 4375, 75), this is the last day of the last month of a finite period of buy-in. 12/31/9999 means "ongoing" or "no stop date." 01/01/0001 means "blank" or "ongoing" **RIC S** accretion txn 61 has a **Start Date** but no **Stop Date**, because it is requesting ongoing buy-in. **Deletions** **RIC S (51, 53)** – The last month the State will pay for. **RIC B, D** – The last month the State will receive credit for, usually the last day of the bill month.
9	**Date Sent/Received**	The date the **RIC S** was sent **to** CMS or the date the **RIC A-F** was received **from** CMS. 01/01/0001 means the **RIC S** has not been sent yet, but will be sent the following Monday.
10	**Part Indicator**	Part A or Part B
11	**Active**	Not currently used. In future, will be used to indicate the most current active TXN.

6.0 Description of Buy-In Eligibility Code (BEC)

State-Initiated Codes		
BEC	**Description**	**FFP or Non-FFP on Part B Premium**
L	SLMB	FFP (%)
P	QMB (either Only or Dual)	FFP (%)
U	QI-1	FFP (100%)
Z	Categorically eligible, but not QMB	FFP (%)
M	Medical Assistance Only, not categorically eligible and not QMB (our "300%ers only")	Non-FFP

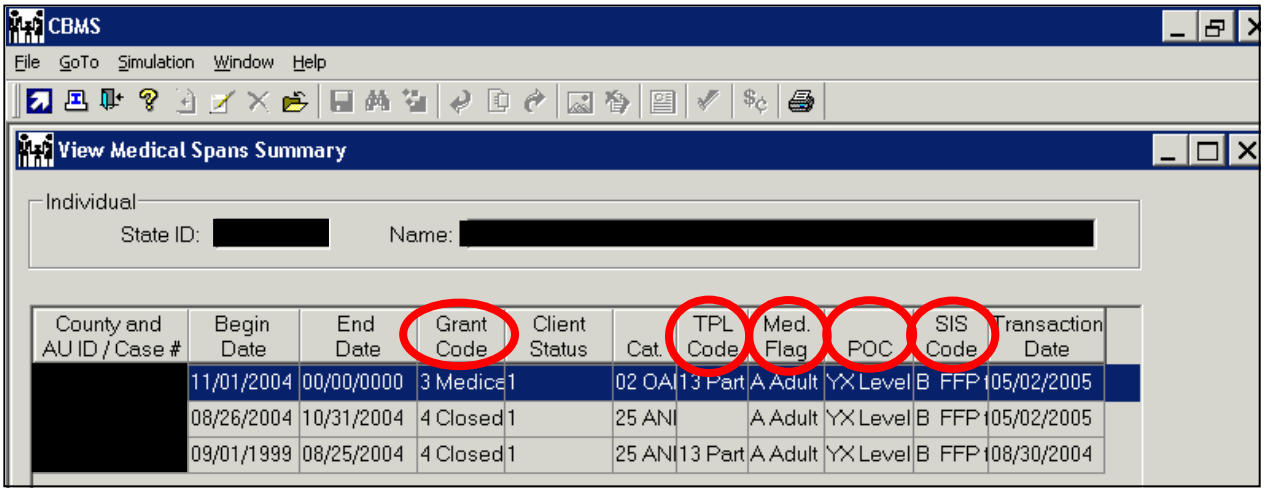
It is important that types of clients be identified correctly to meet federal requirements for reporting and funding purposes, as well as to ensure that clients receive the benefits to which they are entitled. The **Med Span Patterns** used to determine the Buy-In Eligibility Code (BEC) are shown in the Table below:

Medicare Buy-In Med Span Patterns (Valid Patterns)

Buy-In Eligibility Code

Note: MMIS puts the BEC on the buy-in file based on the Grant, TPL, POC, & SISC. County workers do not need to enter these. The Med Flag is no longer used in the buy-in logic.

Eligibility Type	*BEC*	Grant	TPL	Med Flag	POC	SISC
QMB-Only	*P*	1 or 3	11-15	A	XX or YX	B
QMB-Dual	*P*	1 or 3	21-25	B	Anything	B
Categorically Eligible, but not QMB	*Z*	1 or 3	01-06	2 or blank	2nd character = S, U or X	B
Medical Assistance Only, not categorically eligible, not QMB (300%-er)	*M*	3	01-06	2	2nd character = T or W	A
SLMB	*L*	2	00	Blank	YX	CS
QI-1	*U*	2	00	Blank	YX	CT



7.0 Buy-In Transaction Basics

Buy-In Transactions				
RIC Type	**State Request**	**Baltimore Response**	**Explanation**	**Action Needed by State and/or County Worker**
S	**61**		Buy-in pending, request sent to Baltimore on the date sent/received.	Wait for Baltimore response (2-3 days after date sent).
S	**51**		Buy-in deletion pending due to loss of Medicaid eligibility for any reason other than death; request sent to Baltimore on the date sent/received.	**Note:** The automatic buy-in deletion process runs on the 20th of each month. Any case that is closed in MMIS on that date will generate a buy-in deletion transaction to be sent to CMS. If the case is reopened after the 20th, a new buy-in request will be sent to CMS **if the med spans are correct**. Keep this in mind when you are closing and reopening cases. If a new 61 is not sent within two weeks after a case reopens, contact the Buy-In Officer.
S	**53**		Buy-in deletion pending due to county-reported death; request sent to Baltimore on the date sent/received.	Before you close a case with a **Reason Code** of **Death**, please be sure to confirm the death. It can sometimes be difficult to re-accrete a client to buy-in if the deletion code was a **1753**.
S	**99**		Informational transaction only. Does not start or stop buy-in.	The State is notifying CMS of a change or correction in the **State ID** or **Buy-In Eligibility Code (BEC)**. No other action needed.
D or B		**11XX Series (1161, 1167, 1180)**	Buy-in ongoing, initial billing.	This indicates buy-in has just started. The client should notice an increase in his/her social security check and receive a refund from SSA soon.
B		**41**	Buy-in ongoing, current monthly billing.	Once buy-in is established, the State receives a bill every month thereafter until buy-in is deleted. A new row is not added each month; only the cumulative premium amount and date sent/received are updated.

Buy-In Transactions				
RIC Type	**State Request**	**Baltimore Response**	**Explanation**	**Action Needed by State and/or County Worker**
D or B		**17XX Series (1751, 1753, 1728, etc.)**	Buy-in deleted, effective the TXN begin date (the first month for which the client will be charged).	**1751** – If the client is eligible, reopen the case and/or correct the coding. The buy-in system should automatically generate a new buy-in request within two weeks. **1753** – Make sure the client is indeed alive and still eligible. If yes, call the Buy-In Officer to take the appropriate action. **1728** – Make sure the client is indeed residing in Colorado and has notified SSA of his/her current CO address. Then notify the Buy-In Officer.
F		**21XX Series (2161, etc.)**	Buy-in rejected. The **subcode** will indicate why.	Request a SVES (State Verification and Exchange System). Verify the correct **Medicare ID** and **Medicare Entitlement Date**(s). Compare personal characteristics: last name (first 6 characters), first name (first 3 characters), middle initial, date of birth, gender, and SSN). If CBMS does not match SSA Title 2 data, this can cause a reject. The discrepancy must be resolved before a new buy-in request is submitted. If CBMS is wrong, correct the data in our system. If SSA is wrong (convincing evidence exists in the county file), the client or county worker must contact SSA to request a correction in their system.

Appendix A

Excerpt from ***State Buy-In Manual, Chapter 3, Data Exchange*** (Rev. 1, 10-01-03)

310 – State Agency Input Record

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim Number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Buy-In Eligibility Code	2
9.	73 – 75	Agency Code	3
10.	76 – 77	Transaction Code	2
11.	78 – 82	Filler	5
12.	83 – 88	Transaction Effective Date (CCYYMM)	6
13.	89 – 94	Code 75 Stop Date (CCYYMM)	6
14.	95 – 100	Filler	6
15.	101 – 120	Agency Client Identification Number	20

State Agency Input Record	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	The claim number must consist of a nine-position social security number or pseudo social security claim number (if the beneficiary is entitled under a railroad retirement claim number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank.
Surname (positions 13-36)	Enter a maximum of twenty-four alphanumeric characters. Leave blank any position that contains a blank as a normal part of a compound surname. Separate designations such as Jr., Sr., II, or III from the surname with a single blank space. Leave blank any position that contains a special character as the apostrophe, hyphen, or period as a normal part of the surname.
Given Name (positions 37-51)	Enter a maximum of fifteen alphanumeric characters. Apply the same format considerations as apply to the surname. Leave blank any positions that are not required.
Middle Initial (position 52)	Enter a one position alphanumeric character. Leave field blank if middle initial is unknown.
Sex Code (position 53)	Enter a one-position code (**M** male, **F** female). Leave field blank if unknown.
Date of Birth CCYYMMDD (positions 54-61)	Enter an eight position numeric date, e.g., enter November 1, 1909 as **19091101**.

State Agency Input Record	
Field	**Explanation of Field**
Beneficiary's Social Security Number (positions 62-70)	Enter the beneficiary's own social security number if known. If unknown, leave blank.
Buy-In Eligibility Code (positions 71-72)	Enter, in position 71, a one position alphabetic code, which describes the reason the beneficiary is eligible for buy-in. Position 72 is reserved for future expansion.
Agency Code (positions 73-75)	Enter the three position alphanumeric or numeric code of the entity, which has jurisdiction over the account. Without this code, the transaction may be lost.
Transaction Code (positions 76-77)	Enter the two position numeric code, which identifies the type of record conveyed by the transaction.
Filler (positions 78-82)	Positions reserved for future use.
Transaction Effective Date CCYYMM (positions 83-88)	Enter the date on which the accretion or deletion action is effective, e.g., enter April 1999 as 199904.
Code 75 Stop Date CCYYMM (positions 89-94)	This field is used only in conjunction with a closed period of buy-in coverage. Enter the date on which the closed period of buy-in coverage ended, e.g., enter June 1998 as **199806**.
Filler (positions 95-100)	Positions reserved for future use.
Agency Client Identification Number (positions 101-120)	Enter the beneficiary's State welfare identification number or any other identifier of the State's choice. Any combination of not more than 20 alphanumeric characters may be used. Packed fields are not acceptable.

315 – State Agency SSI Alert Record (RIC A)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim Number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Buy-In Eligibility Code	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **A**	1
11.	77 – 78	Transaction Code	2
12.	79 – 81	Filler	3
13.	82 – 87	SSI Start Date (CCYYMM)	6
14.	88 – 93	SSI Stop Date (CCYYMM)	6
15.	94 – 99	Medicare Entitlement Date (CCYYMM)	6
16.	100 – 126	Filler	27
17.	127 – 135	ZIP Code of Residence	9
18.	136 – 138	County Code of Residence	3
19.	139	SSI Living Arrangement Code	1
20.	140	SSI Status Code (SISC)	1
21.	141 – 160	Filler	20

State Agency SSI Alert Record (RIC A)	
Field	**Explanation of Field**
Medicare Claim number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
Sex Code (position 53)	A one position alpha code (male **M**, female **F**)
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. A date such as November 1, 1909 will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.

State Agency SSI Alert Record (RIC A)	
Field	**Explanation of Field**
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be extracted from the EDB.
Buy-In Eligibility Code (positions 71-72)	A one-position alphabetic code that describes the reason the beneficiary is eligible for SSI benefits. An additional position (position 72) has been allocated for expansion.
Agency Code (positions 73-75)	A three-position alphanumeric code that is based on the State code, which appears in the SSI record, furnished by SSA.
Record Identification Code (position 76)	**A**, constant. The **A** identifies this record as an SSI alert record.
Transaction Code (positions 77-78)	Positions 77 and 78 will contain an **86** for an SSI accretion alert record or an **87** for an SSI deletion alert record. Positions 79 and 80 will be blank.
Filler (positions 79-81)	Positions reserved for future use.
SSI Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains beginning date (year and month) of the most recent period of SSI entitlement. SSA furnishes this date for code 86 records.
SSI Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the ending date (year and month) of the last period of SSI entitlement. SSA furnishes this date for code 87 records.
Medicare Entitlement Date CCYYMM (positions 94-99)	A six-position numeric field which indicates the year and month in which the beneficiary attained age 65 or became entitled to Medicare Part A. This date is provided to assist the State in determining the effective date for buy-in coverage. This field is applicable to accretion alert records only.
Filler (positions 100-126)	Positions reserved for future use.
Zip Code of Residence (positions 127-135)	A nine position numeric code that is reflected on the EDB. If the EDB only reflects the five-position zip code, that will be reflected and the remaining positions will be blank.
County Code of Residence (positions 136-138)	A three-position code developed from the SSI record. SSA furnishes this code.
SSI Living Arrangement Code (position 139)	A one-position alphabetic code of **D** that indicates that the beneficiary is a resident of a title XIX institution. This field may be blank.
SSI Status Code (position 140)	A one-position alphabetic code that describes the beneficiary's SSI status.
Filler (positions 141-160)	Positions reserved for future use.

320 – Part A State Agency Billing Record (RIC B)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71	Reduced Part A Indicator	1
9.	72	Part A Premium Surcharge Indicator	1
10.	73 – 75	Agency Code	3
11.	76	Record Identification Code **B**	1
12.	77 – 80	Transaction Code	4
13.	81	Transaction Sub-code	1
14.	82 – 87	Billing Period Start Date (CCYYMM)	6
15.	88 – 93	Billing Period Stop Date (CCYYMM)	6
16.	94 – 101	Premium Amount Due or Refund ($$$$$$¢¢)	8
17.	102 – 107	Bill Date (CCYYMM)	6
18.	108 – 113	Current Monthly Premium Rate ($$$$¢¢)	6
19.	114 – 116	Filler	3
20.	117	Credit Indicator	1
21.	118 – 126	Filler	9
22.	127 – 135	ZIP Code of Residence	9
23.	136 – 138	County Code of Residence	3
24.	139 – 140	Filler	2
25.	141 – 160	Agency Client Identification Number	20

Part A State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
Given Name (position 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**). The sex code will be the sex code that appears on the EDB.

Part A State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. A date such as November 1, 1909 will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be extracted from the EDB.
Reduced Part A Indicator (position 71)	The presence of a **1** in this position means that the **reduced** Part A premium rate applies, otherwise it is blank.
Part A Premium Surcharge Indicator (position 72)	The presence of a **1** in this position means that the Part A premium includes a **10%** surcharge for late enrollment, otherwise it is blank.
Agency Code (positions 73-75)	A three-position alphanumeric code, beginning with "S," assigned to the entity that has jurisdiction over the account.
Record Identification Code (position 76)	**B**, constant. The **B** identifies this record as a billing record.
Transaction Code (position 77-80)	A four-position numeric code. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, or adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action originated with CMS.
Transaction Sub-code (position 81)	A one-position alpha code that further defines the transaction code.
Billing Period Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains the beginning date (year and month) used in the calculation of the refund or premium amount due for this transaction. (**Note**: the billing period start date and the billing period stop date are inclusive dates.)
Billing Period Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the last date (year and month) used in the calculation of the refund or premium amount due for this transaction. (**Note**: the billing period start date and the billing period stop date are inclusive dates.)
Premium Amount Due or Refund, $$$$$$¢¢ (positions 94-101)	An eight-position field with leading zeroes. On an accretion or ongoing billing record, this field will reflect a debit, i.e., the amount the State owes the Federal government. On a deletion record, this field will reflect any credit (refund) due the State. On an adjustment record, the adjustment code in the transaction code field will determine whether the field reflects a debit or a credit. The Credit Indicator in position 117, when present, means that the premium amount is a credit. Where the **Credit Indicator** field is blank, it means that the premium amount is a debit.
Bill Date CCYYMM (positions 102-107)	A six position numeric field that designates the billing file (year and month) on which the transaction appears.
Current Monthly Premium Rate, $$$$¢¢ (positions 108-113)	A six position numeric field with leading zeroes which contains the **current** monthly Part A Medicare premium rate.

Part A State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Filler (positions 114-116)	Positions reserved for future use.
Credit Indicator (position 117)	A minus sign (-) in this field means that the premium amount in positions 94 – 101 is a credit. A blank in this field means that the premium amount is a debit.
Filler (positions 118-126)	Positions reserved for future use.
ZIP Code of Residence (positions 127-135)	A nine-position numeric code that is reflected on the EDB. If the EDB only reflects the five-position zip code, the five positions will be reflected and the remaining positions will be blank.
County Code of Residence (positions 136-138)	A three-position code developed from the EDB. The field may be blank.
Filler (positions 139-140)	Positions reserved for future use.
Agency Client Identification Number (positions 141-160)	The beneficiary's client (or welfare) identification number or any other identifier of the State's choice.

325 – Part B State Agency Billing Record (RIC B)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Buy-In Eligibility Code	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **B**	1
11.	77 – 80	Transaction Code	4
12.	81	Transaction Sub-Code	1
13.	82 – 87	Billing Period Start Date (CCYYMM)	6
14.	88 – 93	Billing Period Stop Date (CCYYMM)	6
15.	94 – 101	Premium Amount Due or Refund ($$$$$$¢¢)	8
16.	102 – 107	Bill Date (CCYYMM)	6
17.	108 – 113	Current Monthly Premium Rate ($$$$¢¢)	6
18.	114 – 119	Reduced Monthly Premium Amt ($$$$¢¢)	6
19.	120 – 122	Filler	3
20.	123	Credit Indicator	1
21.	124 – 126	Filler	3
22.	127 – 135	ZIP Code of Residence	9
23.	136 – 138	County Code of Residence	3
24.	139	Filler	1
25.	140	SSI Status Code (SISC)	1
26.	141 – 160	Agency Client Identification Number	20

Part B State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number or pseudo social security claim number (if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.

Part B State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**). The sex code will be the sex code that appears on the EDB.
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. A date such as November 1,1909 will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be extracted from the EDB.
Buy-In Eligibility Code (positions 71-72)	Applicable to Part B buy-in only. Currently, it is a one-position alphabetic code that describes the reason the beneficiary is eligible for buy-in. An additional field (position 72) has been allocated for expansion.
Agency Code (positions 73-75)	A three-position alphanumeric code assigned to the entity which has jurisdiction over the account.
Record Identification Code (position 76)	**B**, constant. The **B** identifies this record as a billing record.
Transaction Code (positions 77-80)	A four position numeric code. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, or adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action originated with CMS.
Transaction Sub-Code (position 81)	A one-position alpha code that further defines the transaction code.
Billing Period Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains beginning date (year and month) used in the calculation of the refund or premium amount due for this transaction. [**Note**: the billing period start date and billing period stop date are inclusive dates.]
Billing Period Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the last date (year and month) used in the calculation of the refund or premium amount due for this transaction. [**Note**: the billing period start date and billing period stop date are inclusive dates.]
Premium Amount Due or Refund, $$$$$$¢¢ (positions 94-101)	An eight-position field with leading zeroes. On an accretion or ongoing billing record, this field will reflect a debit, i.e., the amount the State owes the Federal government. On a deletion record, this field will reflect any credit (refund) due the State. On an adjustment record, the adjustment code in the transaction code field will determine whether the field reflects a debit or a credit. The Credit Indicator in position 123, when present, means that the premium amount is a credit. Where the Credit Indicator field is blank, it means that the premium amount is a debit.
Bill Date CCYYMM (positions 102-107)	A six-position numeric field that designates the billing file (year and month) on which the transaction appears.

Part B State Agency Billing Record (RIC B)	
Field	**Explanation of Field**
Current Monthly Premium Rate, $$$$¢¢ (positions 108-113)	A six-position numeric field with leading zeroes which contains the **current** monthly Part B Medicare premium rate.
Reduced Monthly Premium Amount, $$$$¢¢ (positions 114-119)	A six-position numeric field with leading zeroes. This field specifies the amount of the monthly premium reduction under the provisions of the BIPA 606. This is the amount of the **reduction**, not the new premium rate.
Filler (positions 120-122)	Positions reserved for future use.
Credit Indicator (Position 123)	A minus sign (-) in this field means that the premium amount in positions 94 – 101 is a credit. A blank in this field means that the premium amount is a debit.
Filler (positions 124-126)	Positions reserved for future use.
ZIP Code of Residence (Positions 127-135)	A nine-position numeric code that is reflected on the EDB. If the EDB only reflects the five-position zip code, the five positions will be reflected and the remaining positions will be blank.
County Code of Residence (positions 136-138)	A three-position code developed from the EDB record. The field may be blank.
Filler (position 139)	Position reserved for future use.
SSI Status Code, SISC (position 140)	A one position alphabetic code that describes the beneficiary's SSI status (if applicable).
Agency Client Identification Number (positions 141-160)	The beneficiary's client (or welfare) identification number, or any other identifier of the State's choice.

330 – Medicare Claim Number Change Record (RIC C)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Filler	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **C**	1
11.	77 – 80	Transaction Code	4
12.	81 – 93	Filler	13
13.	94 – 105	Active Medicare Claim Number	12
14.	106 – 118	Filler	13
15.	119 – 126	Reply Date (CCYYMMDD)	8
16.	127 – 140	Filler	13
17.	141 – 160	Agency Client Identification Number	20

Medicare Claim Number Change Record (RIC C)	
Field	**Explanation of Field**
Medicare Claim Number [Inactive Number] (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. The claim number in this field will be the claim number submitted by the State on an incoming transaction or will be the claim number of record on the EDB prior to the claim number change.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The surname in this field will be the surname submitted by the State on an incoming transaction or will be the surname of record on the EDB when the claim number change is applied to an existing master record. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The given name in this field will be the given name submitted by the State on an incoming transaction or will be the given name of record on the EDB when the claim number change is applied to an existing master record. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character which will be the middle initial submitted by the State on an incoming transaction or will be the middle initial of record on the EDB when the claim number change is applied to an existing master record. This field may be blank.

Medicare Claim Number Change Record (RIC C)	
Field	**Explanation of Field**
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**) which will be the sex code submitted by the State on an incoming transaction or will be the sex code of record on the EDB when the claim number change is applied to an existing master record.
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field which will be the date of birth submitted by the State on an incoming transaction or will be the date of birth of record on the EDB when the claim number change is applied to an existing master record.
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be the SSN submitted by the State on an incoming transaction or will be the SSN of record on the EDB when the claim number change is applied to an existing master record.
Filler (positions 71-72)	Positions reserved for future use.
Agency Code (positions 73-75)	A three-position alphanumeric code assigned to the entity that has jurisdiction over the account.
Record Identification Code (position 76)	**C**, constant. The **C** identifies this record as a Medicare claim number change record.
Transaction code (positions 77-80)	Positions 77 and 78 will contain a **23** for a full claim number change or a BIC only change. Positions 79 and 80 will be blank if the claim number change is applied to an ongoing record. If the claim number change is applied to an incoming transaction, positions 79 and 80 will contain the two-position transaction code that is contained in the input record.
Filler (positions 81-93)	Positions reserved for future use.
Active Medicare Claim Number (positions 94-105)	The claim number to which the record is being cross-referred will consist of a nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) and an alpha-numeric beneficiary identification code (BIC).
Filler (positions 106-118)	Positions reserved for future use.
Reply Date CCYYMMDD (positions 119-126)	An eight-position numeric field. This is the date on which CMS created the RIC C record.
Filler (positions 127-140)	Positions reserved for future use.
Agency Client Identification Number (positions 141-160)	The beneficiary's client or (welfare) identification number, or any other identifier of the State's choice.

335 – Part A State Agency Reply Record (RIC D)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71	Reduced Part A Indicator	1
9.	72	Part A Premium Surcharge Indicator	1
10.	73 – 75	Agency Code	3
11.	76	Record Identification Code **D**	1
12.	77 – 80	Transaction Code	4
13.	81	Transaction Sub-code	1
14.	82 – 87	Billing Period Start Date (CCYYMM)	6
15.	88 – 93	Billing Period Stop Date (CCYYMM)	6
16.	94 – 118	Filler	25
17.	119 – 126	Reply Date (CCYYMMDD)	8
18.	127 – 135	ZIP Code of Residence	9
19.	136 – 138	County Code of Residence	3
20.	139 – 140	Filler	2
21.	141 – 160	Agency Client Identification Number	20

Part A State Agency Reply Record (RIC C)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**). The sex code will match the sex code that appears on the EDB.
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. A date such as November 1,1909 will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.

Part A State Agency Reply Record (RIC C)	
Field	**Explanation of Field**
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be extracted from the EDB.
Reduced Part A Indicator (position 71)	The presence of a **1** in this position means that the **reduced** Part A premium rate applies, otherwise it is blank.
Part A Premium Surcharge Indicator (position 72)	The presence of a **1** in this position means that the Part A premium includes a **10%** surcharge for late enrollment, otherwise it is blank.
Agency Code (positions 73-75)	A three-position alphanumeric code, beginning with **S**, assigned to the entity which has jurisdiction over the account.
Record Identification Code (position 76)	**D**, constant. The **D** identifies this record as a reply record.
Transaction Code (positions 77-80)	A four-position numeric code. The first two positions convey CMS's response to the State's accretion or deletion record. The last two positions contain the same transaction code as was present on the State input record. In the event that CMS must adjust the start date and/or stop date of the incoming transaction, the transaction code will reflect the adjustment.
Transaction Sub-code (position 81)	A one-position alpha code that further defines the transaction code.
Billing Period Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains beginning date or accretion date (year and month) of the transaction.
Billing Period Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the ending date or deletion date (year and month) of the transaction.
Filler (positions 94-118)	Positions reserved for future use.
Reply Date CCYYMMDD (positions 119-126)	An eight-position numeric field. This is the date on which CMS created the RIC D record.
ZIP Code of Residence (positions 127-135)	A nine-position numeric code that will display the zip code as carried on the EDB.
County Code of Residence (positions 136-138)	A three-position code developed from the EDB. The field may be blank.
Filler (positions 139-140)	Positions reserved for future use.
Agency Client Identification Number (positions 141-160)	The beneficiary's client (or welfare) identification number, or any other identifier of the State's choice.

340 – Part B State Agency Reply Record (RIC D)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Buy-In Eligibility Code	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **D**	1
11.	77 – 80	Transaction Code	4
12.	81	Transaction Sub-code	1
13.	82 – 87	Billing Period Start Date (CCYYMM)	6
14.	88 – 93	Billing Period Stop Date (CCYYMM)	6
15.	94 – 118	Filler	25
16.	119 – 126	Reply Date (CCYYMMDD)	8
17.	127 – 135	ZIP Code of Residence	9
18.	136 – 138	County Code of Residence	3
19.	139	Filler	1
20.	140	SSI Status Code (SISC)	1
21.	141 – 160	Agency Client Identification Number	20

Part B State Agency Reply Record (RIC D)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
Sex Code (position 53)	A one position alpha code (male **M**, female **F**). The sex code will match the sex code that appears on the EDB.
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. A date, such as November 1,1909, will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.

Part B State Agency Reply Record (RIC D)	
Field	**Explanation of Field**
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be extracted from the EDB.
Buy-In Eligibility Code (positions 71-72)	Applicable to Part B buy-in only. Currently, it is a one-position alphabetic code that describes the reason the beneficiary is eligible for buy-in. An additional field (position 72) has been allocated for expansion.
Agency Code (positions 73-75)	A three-position alphanumeric code assigned to the entity that has jurisdiction over the account.
Record Identification Code (position 76)	**D**, constant. The **D** identifies this record as a reply record.
Transaction Code (positions 77-80)	A four-position numeric code. The first two positions convey CMS's response to the State's accretion or deletion record. The last two positions contain the same transaction code as was present on the State input record. In the event that CMS must adjust the start date and/or stop date of the incoming transaction, the transaction code will reflect the adjustment.
Transaction Sub-code (position 81)	A one-position alpha code that further defines the transaction code.
Billing Period Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains beginning date or accretion date (year and month) of the transaction.
Billing Period Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the ending date or deletion date (year and month) of the transaction.
Filler (positions 94-118)	Positions reserved for future use.
Reply Date CCYYMMDD (positions 119-126)	An eight-position numeric field. This is the date on which CMS created the RIC D record.
ZIP Code of Residence (positions 127-135)	A nine-position numeric code that will display the zip code as carried on the EDB.
County Code of Residence (positions 136-138)	A three-position code developed from the EDB record. The field may be blank.
Filler (position 139)	Position reserved for future use.
SSI Status Code, SISC (position 140)	A one-position alphabetic code that describes the beneficiary's SSI status (if applicable).
Agency Client Identification Number (positions 141-160)	The beneficiary's client (or welfare) identification number, or any other identifier of the State's choice.

345 – Personal Characteristics Change Record (RIC E)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Filler	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **E**	1
11.	77 – 81	Filler	5
12.	82 – 105	Surname from CMS Records	24
13.	106 – 120	Given Name from CBMS Records	15
14.	121	Middle Initial from CMS Records	1
15.	122	Sex Code from CMS Records	1
16.	123 – 130	Date of Birth, CCYYMMDD, from CMS Records	8
17.	131 – 139	Beneficiary's Social Security Number from CMS Records	9
18.	140	Filler	1
19.	141 – 160	Agency Client Identification Number	20

Personal Characteristics Change Record (RIC E)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Position 12 may be blank. The claim number in this field will be the claim number submitted by the State on the incoming transaction.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The surname in this field will be the surname submitted by the State on an incoming transaction. Any unused positions will be blank.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The given name in this field will be the given name submitted by the State on an incoming transaction. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. The middle initial will be the middle initial submitted by the State on an incoming transaction. This field may be blank.
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**). The sex code will be the sex code submitted by the State on an incoming transaction.

Personal Characteristics Change Record (RIC E)	
Field	**Explanation of Field**
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field. The date of birth in this field will be the date of birth submitted by the State on an incoming transaction. A date, such as November 1,1909, will be displayed as **19091101**.
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field. The SSN will be the SSN submitted by the State on the incoming transaction.
Filler (positions 71-72)	Positions reserved for future use.
Agency Code (positions 73-75)	A three-position alphanumeric code assigned to the entity which has jurisdiction over the account.
Record Identification Code (position 76)	**E**, constant. The **E** identifies this record as a personal characteristics change record.
Filler (positions 77-81)	Positions reserved for future use.
Surname from CMS Records (positions 82-105)	A twenty-four position alphanumeric field that will convey the beneficiary's surname exactly as it is appears on the EDB. Any unused positions will be blank.
Given Name from CMS Records (positions 106-120)	A fifteen-position alpha field that will convey the beneficiary's given name exactly as it is appears on the EDB. Any unused positions will be blank.
Middle Initial from CMS Records (position 121)	A one-position alpha field that will convey the beneficiary's middle initial exactly as it appears on the EDB. The field may be blank.
Sex Code from CMS Records (position 122)	A one-position alpha code (male **M**, female **F**) that will convey the beneficiary's sex code as it appears on the EDB.
Date of Birth from CMS Records CCYYMMDD (positions 123-130)	An eight-position numeric field that will convey the beneficiary's date of birth exactly as it appears on the EDB.
Beneficiary's Social Security Number from CMS Records (positions 131-139)	A nine-position numeric field that will convey the beneficiary's own social security number exactly as it appears on the EDB.
Filler (position 140)	A one-position field reserved for future use.
Agency Client Identification Number (positions 141-160)	The beneficiary's client (or welfare) identification number, or any other identifier of the State's choice.

350 – State Agency Reject Record (RIC F)

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**# Of Positions**
1.	1 – 12	Medicare Claim number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 70	Beneficiary's Social Security Number	9
8.	71 – 72	Buy-In Eligibility Code	2
9.	73 – 75	Agency Code	3
10.	76	Record Identification Code **F**	1
11.	77 – 80	Transaction Code	4
12.	81	Transaction Sub-code	1
13.	82 – 87	Billing Period Start Date (CCYYMM)	6
14.	88 – 93	Billing Period Stop Date (CCYYMM)	6
15.	94 – 96	Filler	3
16.	97 – 102	Additional Date (CCYYMM)	6
17.	103 – 118	Filler	16
18.	119 – 126	Reply Date (CCYYMM)	8
19.	127 – 140	Filler	14
20.	141 – 160	Agency Client Identification Number	20

State Agency Reject Record (RIC F)	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB number) followed by an alphanumeric beneficiary identification code (BIC). Position 12 may be blank. The claim number in the reject record will be the claim number submitted by the State.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. Any unused positions will be blank. The surname will be the surname submitted by the State.
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. Any unused positions will be blank. The given name will be the given name submitted by the State
Middle Initial (position 52)	An alphabetic character submitted by the State. If the beneficiary's middle initial was not included on the input record, the field will be blank.
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**) submitted by the State.

State Agency Reject Record (RIC F)	
Field	**Explanation of Field**
Date of Birth CCYYMMDD (positions 54-61)	An eight-position numeric field submitted by the State.
Beneficiary's Social Security Number (positions 62-70)	A nine-position numeric field submitted by the State. If the State does not submit an SSN, the field will be blank.
Buy-In Eligibility Code (positions 71-72)	Applicable to Part B buy-in only. Currently, it is a one-position alphabetic code that describes the reason the beneficiary is eligible for buy-in. An additional field (position 72) has been allocated for expansion. This field will reflect the buy-in eligibility code from the State input record. This field will be blank on Part A reject records.
Agency Code (positions 73-75)	A three-position alphanumeric or numeric code assigned to the entity that has jurisdiction over the account.
Record Identification Code (position 76)	**F**, constant. The **F** identifies this record as a State agency reject record.
Transaction Code (positions 77-80)	A four-position numeric code. The first two positions of the code convey the reason that CMS rejected the State's accretion or deletion record. The last two positions contain the transaction code from the State input record.
Transaction Sub-code (position 81)	A one-position alpha code that further defines the transaction code.
Billing Period Start Date CCYYMM (positions 82-87)	A six-position numeric field that contains the beginning date or accretion date (year and month) from the State input record.
Billing Period Stop Date CCYYMM (positions 88-93)	A six-position numeric field that contains the ending date or deletion date (year and month) from the State input record.
Filler (positions 94-96)	Positions reserved for future use.
Additional Date CCYYMM (positions 97-102)	In most situations, this field will be blank. However, for certain transaction codes a date will be furnished in order to provide a more comprehensive response to the State. The date will be a six position numeric field.
Filler (positions 103-118)	Positions reserved for future use.
Reply Date CCYYMMDD (positions 119-126)	An eight-position numeric field. This is the date on which CMS created the RIC F record.
Filler (positions 127-140)	Positions reserved for future use.
Agency Client Identification Number (positions 141-160)	The beneficiary's client or (welfare) identification number or any other identifier of the State's choice.

355 – Third Party Control Record

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**♯ Of Positions**
1.	1 – 7	Total RIC A Records (SSI Alert Records)	7
2.	8	Filler (blank)	1
3.	9 – 15	Total RIC B Records (CMS Billing Records)	7
4.	16	Filler (blank)	1
5.	17 – 23	Total RIC C Records (Claim Number Change Records)	7
6.	24	Filler (blank)	1
7.	25 – 31	Total RIC D Records (CMS Reject Records)	7
8.	32	Filler (blank)	1
9.	33 – 39	Total RIC E Records (Personal Characteristics Change Records)	7
10.	40	Filler (Blank)	1
11.	41 – 47	Total RIC F Records (CMS Reject Records)	7
12.	48 – 72	Filler (blanks)	25
13.	73 – 75	Agency Code	3
14.	76	Record Identification Code **T** Constant, Batch Control Record	1
15.	77 – 81	Filler (blanks)	5
16.	82 – 87	Billing Cycle (CCYYMM)	6
17.	88	Filler (blank)	1
18.	89 – 95	Total Number of Records on the File	7
19.	96 – 160	Filler (blanks)	105

Additional Information

- The Batch Control Record is appended to the end of the monthly agency-billing file. This record contains a count of the records on that file by record identification codes (RIC).
- The Batch Control Record is a 160 position fixed length record.
- Totals are zero filled to the left when the count is less than seven positions.
- Last block of data may be nines padded.

360 – Third Party History File

(Rev. 1, 10-01-03)

State Agency to CMS			
Field #	**Position**	**Field Name**	**Of Positions**
1.	1 – 12	Medicare Claim Number	12
2.	13 – 36	Surname	24
3.	37 – 51	Given Name	15
4.	52	Middle Initial	1
5.	53	Sex Code	1
6.	54 – 61	Date of Birth (CCYYMMDD)	8
7.	62 – 64	Agency Code	3
8.	65 – 84	Agency Client Identification Number	20
9.	85	Number of History Fields	1
10.	86 – 88	Current History Agency Code	3
11.	89 – 94	Current History Start Date (CCYYMM)	6
12.	95 – 100	Current History Stop Date (CCYYMM)	6
13.	101 – 102	Current History Transaction Code	2
14.	103 – 106	Filler	4
15.	107 – 108	Current History Buy-In Eligibility Code	2
16.	109 – 114	Current History Reduced Premium Amount ($$$$¢¢)	6
17.	115 – 120	Filler	6
18.	121 – 123	First Prior History Agency Code	3
19.	124 – 129	First Prior History Start Date (CCYYMM)	6
20.	130 – 135	First Prior History Stop Date (CCYYMM)	6
21.	136 – 139	Filler	4
22.	140 – 141	First Prior History Buy-In Eligibility Code	2
23.	142 – 147	First Prior History Reduced Premium Amount ($$$$¢¢)	6
24.	148 – 153	Filler	6
25.	154 – 185	Second Prior History	32
26.	186 – 218	Third Prior History	33
27.	219 – 251	Fourth Prior History	33
28.	252 – 288	Filler	37

Third Party History File	
Field	**Explanation of Field**
Medicare Claim Number (positions 1-12)	A nine-position social security claim number (or pseudo social security claim number if the beneficiary is entitled under a RRB claim number) followed by an alphanumeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This field will convey the Medicare claim number from the EDB.
Surname (positions 13-36)	A maximum of twenty-four alphanumeric characters. The name will match the surname on the EDB. Any unused positions will be blank.

Third Party History File	
Field	**Explanation of Field**
Given Name (positions 37-51)	A maximum of fifteen alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
Middle Initial (position 52)	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
Sex Code (position 53)	A one-position alpha code (male **M**, female **F**).
Date of Birth, CCYYMMDD (positions 54-61)	An eight-position numeric field. A date, such as November 1, 1909, will be displayed as **19091101**. The date of birth will match the date of birth on the EDB.
Agency Code (positions 62-64)	A three-position alphanumeric code assigned to the entity which has jurisdiction over the account.
Agency Client Identification Number (positions 65-84)	The beneficiary's client (or welfare) identification number or any other identifier of the State's choice.
Number of History Field (position 85)	The number of history fields contained on the history file.
Current History Agency Code (positions 86-88)	A three-position alphanumeric code assigned to the entity that has jurisdiction over the data reflected in this history period.
Current History Start Date, CCYYMM (positions 89-94)	A six-position numeric field that contains the beginning date or accretion date (year and month) of the transaction
Current History Stop Date, CCYYMM (Positions 95-100)	A six-position numeric field that contains the ending date or deletion date (year and month) of the transaction
Current History Transaction Code (positions 101-102)	A two-position numeric field that contains the last transaction code posted to this coverage period. The field will reflect code **41** for an ongoing billing record.
Filler (positions 103-106)	Reserved for future use.
Current History Buy-In Eligibility Code (positions 107-108)	Applicable to Part B buy-in records only. Currently a one-position alphabetic code that describes the reason the beneficiary is eligible for buy-in. An additional field has been allocated for expansion.
Current History Reduced Premium Amount, $$$$¢¢ (positions 109-114)	Amount of monthly premium reduction, if applicable.
Filler (positions 115-120)	Reserved for future use.
First Prior History Agency Code (positions 121-123)	A three-position numeric or alphanumeric code assigned to the entity that had jurisdiction over this account in this coverage period. If the agency code begins with **A**, **B**, **J**, **K**, or **X**, a formal third party group paid the premiums. If the agency code begins with a **7**, the premiums were deducted from the beneficiary's federal civil service retirement annuity. All other three-position numbers or **S** followed by two numbers indicates a State Agency.

Third Party History File	
Field	**Explanation of Field**
First Prior History Start Date, CCYYMM (positions 124-129)	A six-position numeric field that contains the beginning date or accretion date (year and month) of the transaction.
First Prior History Stop Date, CCYYMM (positions 130-135)	A six-position numeric field that contains the ending date or deletion date (year and month) of the transaction.
Filler (positions 136-139)	Reserved for future use.
First Prior History Buy-In Eligibility Code (positions 140-141)	Applicable to Part B buy-in records only. Currently a one position alphabetic code that describes the reason the beneficiary was eligible for buy-in. An additional field has been allocated for expansion.
First Prior History Reduced Premium Amount, $$$$¢¢ (positions 142-147)	Amount of monthly premium reduction for first prior history, if applicable.
Filler (positions 148-153)	Reserved for future use.
Second Prior History (positions 154-185)	The format is identical to the First Prior History.
Third Prior History (positions 186-218)	The format is identical to the First Prior History.
Fourth Prior History (positions 219-251)	The format is identical to the First Prior History.
Filler (positions 252-288)	Reserved for future use.

Appendix B

Excerpt from ***State Buy-In Manual, Chapter 5, Part B Transaction Codes*** (Rev. 1, 10-01-03)

500 – General Information

(Rev. 1, 10-01-03)

Buy-In Transaction Codes

The buy-in transaction codes provide a concise, definitive means of communication between CMS and the States. The States are restricted to the use of the following two position numeric codes that should always appear in positions 76 and 77 of the State input record.

- **Accretion Action**: **Codes 61**, **63**, and **84**
- **Deletion Action**: **Codes 50**, **51**, and **53**
- **Simultaneous Accretion/Deletion Action** (closed period): **Code 75**
- **State Change Record**: **Code 99**

The transaction codes used by CMS consist of not less than two, or more than four numerals which appear in positions 77 through 80 of the record. If CMS is transmitting a two-position transaction code, positions 79 through 80 will be blank. Certain CMS disposition codes are enhanced by an alphabetic sub-code. When a sub-code is appropriate, it appears in position 81 of the record. An explanation of the sub-code is included with the explanation of the transaction code.

The transaction codes used in communication between CMS and the States are defined below. Most transaction codes require no further action on the part of the State. There are instances, however, when additional action by the State is appropriate. Recommended State action is provided along with the explanation of the transaction code.

The transaction codes are listed in numerical order and are self-explanatory. For ease of understanding, codes are illustrated as follows:

- **11XX** – The XX is shown here to indicate that the **Code 11** is a prefix code. The XX represents the last two numeric positions.
- **41bb** - The **bb** indicates that the State can receive this transaction code followed by two blanks. Any code displayed in this section followed by the **bb** is a valid transaction code.

It is important that the State program its system to accommodate **all** transaction codes and sub-codes.

510 – Part B Buy In Transaction Codes

(Rev. 1, 10-01-03)

Transaction Code	Definition
11XX	The **Code 11** informs the State that the individual was accreted to the State's buy-in account. The **Code 11** is followed by a two-digit numeric code that identifies the source of the transaction or the reason that a specific adjustment action was taken by the Third Party System (TPS) prior to accreting the item to the Third Party Master (TPM). The accretion results in a debit action to the State. Next month, the item will appear on the State's bill as a **Code 41** (ongoing item). The State is liable for the individual's Part B premium and will be billed monthly until the individual is deleted from the State's buy-in account.
1125	The **Code 1125** informs the State that the effective date in an accretion submitted by the State was adjusted by the TPS to a **later** date. The adjustment was necessary because the TPM showed a closed period of coverage for the **same** state that ended later than the accretion date on the ***State Input Record***. The State accretion was adjusted to the first month **after** the deletion date on record for the closed period. Next month the item will appear on the State's bill as a **Code 41** (ongoing item) unless the item is deleted.
1161 **1163**	The **Code 1161** or **1163** informs the State that an accretion it submitted has been added to the TPM. The accretion date is the same as reported on the State input record except when a **Code 30** action is present. The **Code 30** notifies the State that the accretion will be adjusted to conform to the individual's **Medicare Entitlement Date**. Next month the item will appear on the State's bill as a **Code 41** (ongoing item) unless the item is deleted.
1165	The **Code 1165** informs the State that an accretion was processed to the TPM by CMS. The accretion occurred because the State submitted a written request to CMS requesting an accretion action or because an SSO submitted a form ***CMS-1957*** reporting a problem case. It could also occur because of a computer exception that occurred while processing an accretion submitted by the State in a prior month's data exchange (these occurrences will be rare). Next month, the item will appear on the State's bill as a **Code 41** (ongoing item) unless the item is deleted. **State Action** – Examine State records to verify the correctness of the accretion. If, after investigation, the State does not agree with the accretion, the State has two months following the month in which it received **Code 1165** to submit a **Code 50** deletion to annul the accretion or establish a closed period of buy-in coverage. If the **Code 50** is submitted beyond the two-month rule, the **Code 1165** will be deleted in accordance with limitation imposed by the Commissioner's Decision. If the accretion date is incorrect, annul the transaction within the two-month time limitation and reaccrete the record with the correct effective date.

Transaction Code	Definition
1167	The **Code 1167** informs the State that a Public Welfare (PW) accretion was accreted to the TPM. **State Action** – Examine State record to verify the correctness of the accretion. If the State does not agree with the accretion, the State has two months following the month in which it received notification of the **Code 1167** to submit a **Code 50** to annul the accretion or establish a closed period of buy-in coverage. If the **Code 50** is submitted beyond the two-month rule, the **Code 1167** will be deleted in accordance with the limitation imposed by the Commissioner's Decision. If the accretion date is incorrect, annul the record within the two-month limitation and reaccrete the record with the correct **Effective Date**.
1180	The **Code 1180** informs the State which has a 1634 Agreement (auto-accrete State) that CMS has established a buy-in record for an SSI recipient. The **Effective Date** of the accretion will be the first month of buy-in eligibility based upon SSI or a Federally administered State supplement but in no case will the retroactivity be greater than four years. Next month the item will appear on the State's bill as a **Code 41** (ongoing item) unless the item is deleted. **Subcode A** – If the SSI record received by CMS in the data exchange with SSA reflects earlier SSI coverage for the same State, the **Code 1180** will be followed by the **Subcode A** to alert the State that it will also receive a **RIC A** record with the complete SSI data. The State will review the SSI record, and, if it determines that the beneficiary is eligible for additional buy-in coverage, the State will submit a simultaneous accretion/deletion record (**Code 75**) to expand the buy-in coverage. **State Action** – Review the SDX file to ensure that the individual is recorded on the SDX and that the accretion date is correct. If a **RIC A** was received, examine the data and expand the buy-in coverage as appropriate.
1184	The **Code 1184** informs the State that an accretion, which may be submitted by an alert State in response to a **Code 86** accretion alert record or may be submitted by an auto-accrete State based on an examination of the SDX file, has been added to the TPM. The **Effective Date** is the same as reported on the State input record except when a **Code 30** action is present. The **Code 30** informs the State that the **Effective Date** was adjusted to a later date to conform to the individual's **Medicare Entitlement Date**. Next month the item will appear on the State's bill as a **Code 41** (ongoing item) unless the item is deleted.

Transaction Code	Definition
14bb	This code informs the State that CMS has deleted a record as the result of an internal systems adjustment. These occurrences are rare.
15bb	This code informs the State that the individual was deleted from the State's buy-in account because SSA's records indicate that the individual currently does not meet all the requirements for Medicare (such as age, citizenship or residency, or continuation of disability or end stage renal disease). **State Action** – If the State has reason to believe that individual **does meet** the requirements for Medicare, refer the individual to the SSO to re-establish Medicare entitlement. If Medicare entitlement is re-established, reaccrete the record.
16bb	This code informs the State that according to SSA/CMS records, the beneficiary is deceased. CMS has deleted the beneficiary from the buy-in. **State Action** – If the State believes that the individual is alive, obtain corroboration from the SSO. The State may then re-accrete the individual to State buy-in through the automated data exchange. If SSA's records have not been corrected, the State's reaccretion will reject with another **Code 16**. If the State agrees with the fact of death but disagrees with the **date** of death, obtain corroboration from the SSO before sending a memorandum to CMS requesting an adjustment to the deletion date.
17XX	The **Code 17** informs the State that the individual was deleted from the State's buy-in account. The **Code 17** is followed by a two-digit numeric code that identifies the reason for the deletion. The deletion may trigger a credit action to the State. The State's liability for the individual's Part B premium ends **with the month** in which the buy-in deletion is effective. If the record is annulled, the State will not have any premium liability for the period.
1728	This code informs the State that a beneficiary was deleted from the State's buy-in account because another State submitted an accretion that was accepted by the TPS or because SSI records show that the beneficiary's State of residence changed. **State Action** – The State should examine the Medicaid eligibility record for any beneficiary for whom it receives a **Code 1728** to ensure that the State's Medicaid eligibility record has been closed. This will prevent a cycle of accretion and deletion actions between States. If the State that receives the **Code 1728** believes it should retain jurisdiction of the case, it must contact the State that submitted the new accretion in order to resolve jurisdictional issues.

Transaction Code	Definition
1750	This code informs the State that CMS has processed a **Code 50** to annul or establish a closed period of buy-in coverage for a **Code 1165** or **1167** transaction. If the **Code 50** was submitted within two months of the month in which the State received the **Code 1165** or **1167**, the **Code 1750** will reflect the deletion date in the **Code 50** submitted by the State. If the **Code 50** was not submitted timely, the **Code 1750** will reflect a **Deletion Date** in accordance with the limitation imposed by the Commissioner's Decision.
1751	This code informs the State that the beneficiary was deleted from the State's buy-in account based on a deletion record submitted by the State. The retroactivity on a **Code 1751** is limited by the Commissioner's Decision.
1753	This code informs the State that the beneficiary was deleted from the State's buy-in account based on a death deletion record submitted by the State.
1759	This code informs the State that the beneficiary was deleted from the State's buy-in account by a clerical action in CMS. The clerical action was prompted by a written request from the State (which should be extremely rare) or by a form ***CMS 1957*** submitted by an SSO (which should be extremely rare.) Occasionally, the **Code 1759** may reflect a **Deletion Date** that exceeds that allowed by the Commissioner's Decision.
20XX **2050** **2051** **2053**	The **Code 20** informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in coverage for that State under the claim number submitted. **State Action** – Examine the claim number in the deletion record to ensure that there was not a keying error at input. The claim number in the deletion record must match a corresponding record on the TPM **exactly** in order for the transaction to be applied. If the claim number was keyed correctly, review the case to ensure that the State did not previously delete the record or that the State did not fail to process a prior **Code 23** claim number change. If the claim number is correct, examine the history file to determine if a **Code 1728** was received transferring jurisdiction to another state.

Transaction Code	Definition
21XX **2161** **2163** **2175** **2184**	The **Code 21** informs the State that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. The **Code 21** is followed by the two-digit numeric accretion code submitted by the State. Each **Code 21** contains an alphabetic **subcode** in position 81 that further defines the reject. **Subcode A** – There is no record of the claim number on the EDB. The claim number may be absent from the EDB or the claim number in the accretion may contain blanks, alpha characters or special non-numeric characters in positions that should be numeric. **Subcode B** – The claim number on the accretion matches a claim number on the EDB record. The personal characteristics differ, however. **Subcode C** – The claim number in the accretion matches a record on the EDB, however, the accretion is for a SLMB (buy-in eligibility code "L"), a QMB (buy-in eligibility code "P"), or a QI1 (buy-in eligibility code "U") and the EDB does not reflect Medicare Part A entitlement. **Subcode D** – The claim number in the accretion record matches a record in the EDB, however, the accretion is for a QDWI. The State may not pay the Part B Medicare premium through State buy-in for a QDWI. The State may only pay the Part A Medicare premium. **Subcode E** – The State's transaction matches the EDB on name and claim number, however, the beneficiary does not have Medicare entitlement. Although the beneficiary may have previously had Medicare entitlement, there is no Medicare entitlement for the period of time that the State is attempting to buy-in. **State Action** – **Subcodes A and B** – Examine the State's record to ensure that the claim number, name (surname, first name, middle initial) date of birth (month, day, year) and sex code in the accretion record match the corresponding data on the State's record. If there is a discrepancy, correct the appropriate fields and resubmit the accretion. If the input record and the State's record are in agreement, examine the Medicare eligibility data on the various Federal files that the State receives or can access and correct the input record. **State Action** – **Subcode C** – If the beneficiary is eligible for State buy-in, resubmit the transaction without the SLMB, QMB, or QI1 buy-in eligibility code in position(s) 71-72.

Transaction Code	Definition
21XX **2161** **2163** **2175** **2184** **(continued)**	**State Action** – **Subcode D** – Drop the item. If the beneficiary meets the QDWI eligibility requirements, accrete the beneficiary through the Part A system. **State Action** – **Subcode E**– This condition occurs when the beneficiary's Medicare entitlement terminated due to the cessation of disability (option **Code C**) or termination of benefits under the end stage renal disease program (option **Code S**). It can also occur when there was an invalid Medicare enrollment (option **Codes F** or **X**) or if there is no Medicare entitlement on the EDB. If the State believes that the beneficiary should be entitled to Medicare, refer the beneficiary to the SSO to resolve the Medicare entitlement issue.
23XX	The **Code 23** informs the State that the claim number and/or **Beneficiary Identification Code (BIC)** have been changed. A **Code 23** may be applied to an accretion, deletion, State change record, or an ongoing **Code 41** billing record. **State Action** – Change the claim number in the State's records and report all future actions under the correct claim number.
23bb	This code informs the State that a claim number change was processed to an ongoing buy-in record.
2350 **2351** **2353**	These codes inform the State that a claim number change was processed to a deletion record.
2361 **2363** **2375** **2384**	These codes inform the State that a claim number change was processed to an accretion record.
2399	This code informs the State that a claim number change was processed to a change record.

Transaction Code	Definition
24XX	The **Code 24** informs the State that the accretion or deletion action it submitted was rejected because the effective date was blank, incomplete, or otherwise in error. An accretion action will be rejected if the **Effective Date** is **later than** the billing month. It will be orbited for one month if the **Effective Date** is equal to the billing month (see transaction **Code 32**). A deletion action, other than a death deletion, will be rejected if the **Effective Date** is **equal to or greater than** the billing month. A death deletion (**Code 53**) will be rejected if the **Effective Date** (i.e., date of death) is **later than** the **update month**.
2450 **2451** **2453**	These codes inform the State that the deletion record it submitted was rejected. Refer to **Code 24XX** for a detailed explanation.
2461 **2463** **2475** **2484**	These codes inform the State that the accretion record it submitted was rejected. Refer to **Code 24XX** for a detailed explanation.
25XX	This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS. In all instances, it duplicates a transaction previously submitted by the **same** State.
2561 **2563** **2575** **2584**	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion.
27XX	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code. The input code may be blank, may contain alphabetic characters, or may contain a combination of numerics that do not correspond to established State input codes. If a transaction code is used improperly (e.g., if a **Code 50** is submitted to delete a code other than a **Code 1165** or **1167**, the transaction will reject as a **Code 2750**. The reject displays the erroneous input code immediately following the **Code 27**.

Transaction Code	Definition
29XX **2961** **2963** **2975** **2984**	These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a **death deletion** on the EDB, which is at least one month earlier than the **Accretion Effective Date**. The **Code 29** may apply to a new accretion or to a reaccretion. The month and year of death will appear in positions 97 through 102 of the reject record. **State Action –** If investigation establishes that the beneficiary died later than the date of death on SSA/CMS records or that the beneficiary is alive, contact the SSO to correct the date of death on the MBR. When the date is corrected on the MBR or is removed from the MBR, the updated information will be reflected on the EDB. When the MBR has been corrected, resubmit the buy-in accretion through the automated data exchange.
30XX **3061** **3063** **3075** **3084**	These codes inform the State that the **Effective Date** in the State's accretion record required adjustment to a later **effective date** to conform to the **Medicare Entitlement Date**. As a result of this adjustment action, the TPS will create two records from the State accretion record. The first record is a **Code 30XX** that contains the **Effective Date** as submitted by the State. The second record contains the adjusted **Effective Date** that corresponds to the individual's **Medicare Entitlement Date**. The transaction code in this record can be any one of the possible response codes for a State submitted accretion.
32XX	This code informs the State that the **Effective Date** in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
41bb	This code informs the State that the beneficiary is on the State's buy-in rolls as an ongoing billing item. The State is responsible for paying the beneficiary's Part B premium and has deletion responsibility if the beneficiary is no longer eligible for buy-in. The **Code 41** also means that there has not been a change in the beneficiary's buy-in status since the last billing record.
42XX	All **Code 42XX** records represent a **credit adjustment** to the State's premium liability. Credit actions result from an adjustment to either the **Buy-In Accretion Date** or the **Deletion Date** on third party master record. The adjustment may be applied to an open or a closed record. Adjustments are made for a variety of reasons such as a notification from SSA of a correction to **Medicare Entitlement** or **Termination Dates**, a correction in the date of death, or the identification of duplicate billing records on the TPM for the beneficiary.
42bb	This code informs the State of a **credit adjustment** due to the presence of duplicate billing records on the TPM. The duplicate billing occurred for one or more months of buy-in coverage. The duplicate premiums are refunded to the State as a credit adjustment. The transaction date field will be blank if the adjustment action does not involve the current period of buy-in coverage.

Transaction Code	Definition
4211	This code informs the State that the buy-in **accretion date** on an ongoing record was adjusted to a **later date**. The adjustment was necessary because the TPS was notified of a change to the beneficiary's **Medicare Entitlement Date**. The buy-in date on the TPM was earlier than the corrected **Medicare Entitlement Date**.
4214	This code informs the State that the **deletion date** on an established record was adjusted to an earlier date.
4215	This code informs the State that the **deletion date** on an established record was adjusted to an earlier date because the individual did not meet all the requirements for Medicare and should have been terminated prior to the deletion date previously recorded.
4216	This code informs the State that the **date of death** in an established record was incorrect and has been adjusted to an earlier date.
4268	This code informs the State that the **accretion date** on a TP master record was adjusted to a later date resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
4269	This code informs the State that the **deletion date** on a TP master record was adjusted to an earlier date resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
43XX	All **Code 43XX** records represent a **debit** to the State. Debit actions result from the establishment of a closed period of buy-in coverage caused by a retroactive accretion or a simultaneous accretion/ deletion action. Debit actions also result from the adjustment of either the **Accretion Effective Dat**e or the **Deletion Effective Date** on a third party master record. The adjusted master record may be an open or closed record. Adjustments occur for several reasons. Most occur as a result of a State request to expand coverage. Others are SSI related or occur from a TPS recovery action to correct a program error.
4361 **4363** **4384**	These codes inform the State that an earlier period of buy-in coverage, brought about by a retroactive State accretion, has been established for the State. A State may receive one or more **Code 4361**, **4363**, or **4384** records from a single input record. These codes always refer to earlier coverage. If ongoing coverage is established, the State will receive a **Code 1161**, **1163**, or **1184**.
4368	This code informs the State that the **accretion date** on a TP master record was adjusted to an earlier date resulting in a **debit** to the State. The adjustment is the result of a CMS clerical action.
4369	This code informs the State that the **deletion date** on a TP master record was adjusted to a later date resulting in a **debit** to the State. The adjustment is the result of a CMS clerical action.
4375	This code informs the State that a simultaneous accretion/deletion (closed period of buy-in coverage) has been added to the TPM.

Transaction Code	Definition
4380	This code informs the State that an earlier period of buy-in coverage, brought about by a retroactive SSI accretion, has been established. A State may receive one or more **Code 4380** records. The **Code 4380** always refers to earlier coverage. If ongoing coverage is established, the State will receive a **Code 1180**.
44	This code informs the State that the monthly Part B premium was reduced resulting in a credit to the State. The beneficiary is or was a member of a Group Health Plan that offered a reduction in the Part B premium in accordance with the provisions of BIPA 606.
45	This code informs the State of an increase in the monthly Part B premium rate resulting in a debit to the State. The beneficiary is or was a member of a Group Health Plan that offered a reduction in the Part B premium in accordance with the provisions of BIPA 606. The Group Health Plan subsequently decreased or eliminated the premium reduction.
4999	This code informs the State that a request to correct the buy-in eligibility code or welfare identification number on a master record was rejected because the claim number or State agency code in the **Code 99** did not match a master record on the TPM. This reject code is also used if the State submits a **Code 99** record with a buy-in eligibility code of "L", "P", or "U" (all of which require Medicare Part A entitlement) and the EDB does not reflect Medicare Part A.
50	This deletion code is used by the State to delete or annul a **Code 1165** or **Code 1167** accretion posted to the State's buy-in account by CMS either as the result of a clerical action (**1165**) or a PW accretion (**1167**) initiated by the SSA field office. The **Code 50** may be used either to annul buy-in coverage or to enter a termination date that will establish a closed period of coverage. The **Code 50** must be sent to CMS no later than the second month following the month in which the State receives the **Code 1165** or **Code 1167** accretion. For example, if the accretion is processed in the April update, the State will receive the transaction in May. If the State determines that it should submit a **Code 50**, the State must submit the **Code 50** no later than the July update. If the State submits the **Code 50** after more than two updates have elapsed, the **Code 50** will be processed as a deletion in accordance with the limitation imposed by the Commissioner's Decision. The **Code 50** will be rejected **only** if the State attempts to apply the **Code 50** against any codes other than the **1165** and **1167**. If the State is annulling coverage, the effective date of the **Code 50** deletion must be one month **prior** to the **accretion date** contained in the **Code 1165** or **Code 1167**. If the State is establishing a closed period of coverage, the **Effective Date** of the **Code 50** deletion must be the last month in which the individual was a member of the State's coverage group.

Transaction Code	Definition
51	This deletion code is used by the State to delete a beneficiary from the State's buy-in account because the beneficiary is no longer a member of the State's coverage group. Do not use this code for death deletions. The retroactivity of a **Code 51** deletion is limited to the processing month minus two months due to the limitation imposed by the Commissioner's Decision. For example, a **Code 51** deletion processed in the December 2003 update may terminate an individual's coverage retroactive to October 2003. If the State submits a deletion date that exceeds the limitation of the Commissioner's Decision, the TPS adjusts the deletion date so that it conforms.
53	This deletion code is used by the State to delete an individual from the State's buy-in account because the individual is deceased. The **Effective Date** of the deletion must be the month and year of death.
61	This code is used by the State to accrete a beneficiary to the State's buy-in account. There is no limitation on the retroactivity of an accretion provided all factors of entitlement are met. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is in error.
63	This code is used by the State to identify accretion records for subsequent State analysis. The **Code 63** is processed in exactly the same manner as the **Code 61**. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is incorrect.
75	This code is used by the State to designate a request for a simultaneous accretion/deletion action to establish a closed period of buy-in coverage for a beneficiary. The State is responsible for the accuracy of the dates in the simultaneous accretion/deletion record. When the simultaneous accretion/deletion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date and the **Deletion Date cannot** be adjusted to an earlier date even if the State later determines that the date it submitted is incorrect.
84	This code is used by an alert State to accrete a beneficiary to the buy-in account in response to a **Code 86** accretion alert record or is used by an auto-accrete State to accrete a beneficiary based on an examination of the SDX file. The State is responsible for the accuracy of the accretion. When the accretion is accepted by the TPS, the accretion date **cannot** be adjusted to a later date even if the State later determines that the accretion date it submitted is incorrect.

Transaction Code	Definition
86bb	This code informs the SSI alert State that a beneficiary in its jurisdiction is entitled to SSI benefits and may be eligible for buy-in. It may also be sent to an auto-accrete State for informational purposes if, after the beneficiary has been accreted to the buy-in rolls the individual subsequently becomes eligible for SSI benefits. The TPS will not delete and reaccrete the buy-in record if a beneficiary who was accreted to buy-in by an auto-accrete State subsequently becomes eligible for SSI. The beneficiary's **SSI** and **Medicare Entitlement Dates** are contained in the record. An auto-accrete State may receive a **Code 86** record in conjunction with a **Code 1180** record if the beneficiary has been eligible for SSI in the same State for more than four years. **State Action** – If the State determines that the beneficiary is eligible for buy-in, the State should accrete with a **Code 84**. The State may use the **Code 61** or **Code 63** in lieu of the **Code 84**. The auto-accrete State should use the **Code 75**, simultaneous accretion/deletion action, to establish additional buy-in coverage.
87bb	This code informs both the SSI alert state and the SSI auto-accrete state that SSI entitlement has terminated for the beneficiary. **State Action** – Determine the individual's continuing eligibility for buy-in. If the individual remains eligible no action is necessary. If the individual no longer is eligible for buy-in, submit a deletion record.
99	This code is used by the State to correct the buy-in eligibility code or the welfare identification number on an existing buy-in record on the TPM.

Appendix C: CBMS Medicare Buy-In Troubleshooting Tips

Scenario 1	Action
No Buy-In records exist	A) Check the med span(s). Does at least the top (most current) row fit one of the "buy-in med span patterns?" Refer to **Buy-In Med Span Patterns** chart on pages 16-17. If the TPL code does not reflect Medicare (if the TPL is not 01-26), make sure the Medicare Date(s) of Entitlement (DOE) are entered into the Part A and/or B Approval Date fields on the Medicare Expense Detail screen. If one or more of the other codes does not "fit" a valid pattern, contact the Help Desk to find out if there is a new procedure or "fix" in place to correct the code(s). B) If the med span(s) is/are correct, make sure the HIC# (Medicare Claim #) is entered into the Health Insurance Claim # field, without hyphens, spaces, or special characters, and that the BIC is upper case. Buy-in cannot happen without a HIC#. C) If the above are correct, contact the Buy-In Officer. There may be a problem either with the CBMS-to-MMIS interface, or within MMIS.

Scenario 2	Action
A RIC S(State Request) was sent, but no CMS response was received after 1+ week(s).	Contact the Buy-In Officer via phone or e-mail. Include the State ID and/or SSN. When e-mailing, use ONLY initials, State ID, and/or CBMS Case#, **without** indicating which is which, to comply with HIPAA privacy/security guidelines. We all know what a State ID and case # look like. The CMS response may have been posted to the reconciliation table in MMIS instead of to the buy-in table, and the Buy-In Officer will need to move it over from recon to buy-in. Or, the RIC S "got lost" between the State and CMS and needs to be resent.

Scenario 3	Action
Buy-In has been deleted, and the case has been re-opened, but buy-in has not been re-accreted (The most recent row is a TXN 51 RIC S or a 1751 RIC D or B).	A)Make sure the current med span (top row) still fits one of the Buy-In Med Span Patterns, and that the HIC# is entered into the current, ongoing Medicare Expense Detail screen, with a blank Effective End Date. B) If the above is correct, contact the Buy-In Officer. The 1751 RIC D or B CMS response may have been posted to recon instead of buy-in; without a 1751 RIC D or B in the buy-in table, the buy-in logic cannot "see" that it needs to re-accrete the client to buy-in. Or, there is a system problem in MMIS and the Buy-In Officer may need to contact the MMIS programmers. The Buy-In Officer can move the 1751 RIC D or B from recon to buy-in and manually create a new accretion (txn 61 RIC S) to be sent to CMS Baltimore. An e-mail or phone message with the State ID and "Buy-In deleted, case has been reopened. Pls re-accrete." Is sufficient.

Scenario 4	Action
Buy-In has been rejected (the most recent row is a RIC F).	Refer to the **Buy-In Basics** chart on pages 17-18, or to ***Chapter 5*** of the ***CMS State Buy-In Manual*** for the reason for the reject. The most common reject TXNs are: ▪ **2161 Subcode A** – Bad HIC# Verify the correct HIC# (remember, hyphens, spaces, dots, and/or lower-case BIC can cause a reject). Make the necessary correction in the HIC# field on the Medicare Expense Detail screen (this is also important for crossover claims to happen successfully). You may contact the Buy-In Officer and request a new accretion (RIC S) be submitted (the Buy-In Officer may have already submitted a new RIC S with the correct HIC#). ▪ **2161 Subcode B** –Personal Characteristics don't match (biggest "culprits" are name and DOB) Compare CBMS data to SSA data using SVES or SOLQ (these interfaces contain the most current SSA data). Refer to page 5 and/or Agency Letter 05-001 for the match criteria. The discrepancy(ies) must be resolved – either in CBMS or at SSA – before a new RIC S can be sent; otherwise, we'll just get another reject. When the discrepancy is resolved (either CBMS and/or SSA Title 2 has been updated), notify the Buy-In Officer to resubmit a new RIC S. Remember that it takes 2-3 business days for a CBMS update to "hit" MMIS.

Scenario 5	Action
Buy-In is ongoing (most recent row is a TXN code 11XX or 41 RIC D or B) but SSA is still deducting the Part B premium from the individual's social security check.	Contact the local Social Security Office (SSO). Report that the State is paying the Medicare Part B premiums but the premiums are still being deducted from the individual's social security check and/or no refund has been issued. This is a problem internal to SSA, and the local SSO will need to send a message to the SSA Payment Center to correct the problem. If the service rep is uncooperative or is unsure what to do, notify the Buy-In Officer. Be sure to provide the contact info for the local SSO (name and phone number of the service rep, location of the SSO, and date of contact). The Buy-In Officer can contact SSA's Regional Office.