

State Input and CMS Response File Formats

Chapter 3

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3.0 - Introduction

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

This chapter includes the formats for both state input files submitted to the Centers for Medicare & Medicaid Services (CMS) and CMS response files to states.

Special procedures have been developed for buy-in file exchange for U.S. territories and will be provided in a future chapter of this manual.

3.1 - State Input

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

*The state must submit files via an electronic file transmission (EFT) exchange setup (i.e., Connect:Direct or Cyberfusion) or a CMS secure internet exchange (i.e., GenTran or Tibco). The state input files containing the state buy-in accretion, deletion, and change records must be received by the CMS Central Office (CO) in Baltimore, Maryland **no later than the close of business (COB) on the next to the last business day of the update month**. Saturdays, Sundays, and federal holidays are not considered business days. It is the state's responsibility to submit its files timely. If input files are not received by the next to the last business day of the update month, CMS CO shall assume that the state will not be submitting state buy-in input files for the month. **Files received after the next to the last business day of the update month may be treated as input for the next update month.***

3.2 - CMS Output

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CMS updates the state's buy-in account based on transactions from the state, SSA, and CMS.

CMS then creates two billing files for each state agency, one for Part A and one for Part B buy-in records. States receive the response and billing files via their established EFT method.

The response and billing files are specified as record identification code (RIC) types:

<i>RIC-A</i>	<i>Supplemental Security Income (SSI) Alert</i>
<i>RIC-B</i>	<i>Monthly Billing Record</i>
<i>RIC-C</i>	<i>Medicare Number Change Record</i>
<i>RIC-D</i>	<i>Date Change or Reply Record</i>

<i>RIC-E</i>	<i>Personal Characteristics Change Record</i>
<i>RIC-F</i>	<i>Reject Record</i>

The RIC response file layouts are provided in section 3.5.

For states receiving only monthly files, these files contain all RIC type records: -A, -B, -C, -D (date change only), -E, and -F.

For states electing to receive daily response files in addition to the monthly billing files, their response files contain all RIC-A, -C, -D, -E and -F type records but no RIC-B. Their monthly billing files contain all RIC-B and only RIC-B records, further segregated by Part A or Part B.

***For the most up-to-date buy-in eligibility, enrollment, and billing information, CMS recommends that states accept daily response files. This will help to address errors sooner and minimize burden on the beneficiary. Effective April 1, 2022, federal regulations at 42 CFR §§ 406.26 and 407.40 require states to submit and receive files on a daily basis.*

In addition to the electronic billing file, the following paper documents are produced and mailed to the state (see chapter 5):

- The Summary Accounting Statement (SAS) provides an analysis of the state's Medicare premium liability as of the most recent state buy-in update. See chapter 5, appendix 5.C for additional information.*
- The Listed Agency Billing (LAB) summary sheet, an agency totals sheet, is a summary of selected state buy-in transaction codes contained on the state's billing file (see chapter 5, appendix 5.D).*

*The monthly billing file typically arrives in the state no later than the **1st business day** of the month following the update. If the file is not received by the **2nd** business day of the month, the state must notify CMS CO staff within the Office of Financial Management (OFM)/Accounting Management Group (AMG)/Division of Premium Billing and Collections (DPBC) so that CMS may initiate another transmission of the state's billing files (see chapter 6, section 6.1.1.1 for contact information).*

*The SAS and related documents are mailed separately and typically arrive in the state no later than the **20th of the month**. If the documents are not received by the 20th of the month, the state must notify DPBC staff so that duplicate documents may be mailed.*

3.3 - Data Exchange Files - States to CMS

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

3.3.1 - State Agency Buy-in Exchange Header Record
 (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The state buy-in File Header Record is appended as the first record on all monthly submitted state input files sent to CMS.

Item	Field	Size	Position	Format	Description
1	File Type Identification, "PROD" or "TEST"	4	1-4	Alphabetic	Indicates the intent of the state buy-in file sent to CMS, identifying the file as either a test file, "TEST," or a production file, "PROD." This is a MANDATORY field value used by CMS during header/trailer security validation routines.
2	Filler	1	5	NA	Position reserved for future use.
3	File Creation Date, CCYYMMDD	8	6-13	Numeric	This represents the date on which the state generated the file to be sent to CMS. Enter an eight-position numeric date (e.g., enter November 1, 2019 as 20191101).
4	Filler	59	14-72	NA	Positions reserved for future use.
5	Agency Code	3	73-75	Alpha-numeric or Numeric	Enter the three-position alpha-numeric or numeric code of the state which has jurisdiction over the account associated with this file. This is a MANDATORY field value used by CMS during header/trailer security validation routines.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
6	Record Identification Code, "H"	1	76	Alphabetic	"H" constant. The "H" identifies this record as the header record. This is a MANDATORY field value used by CMS during header/trailer security validation routines.
7	Filler	44	77-120	NA	Positions reserved for future use.

3.3.2 - State Buy-in Exchange Input File

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	Medicare Number	12	1 - 12	Alpha-numeric	MANDATORY: The Medicare number should consist of a nine-position numeric value followed by an alpha-numeric beneficiary identification code (BIC). Positions 11 and 12 may be blank. This Medicare number is commonly referred to as the Health Insurance Claim Number (HICN). If the beneficiary is entitled under a RRB number, this field may consist of an 11-position alpha-numeric pseudo HICN, or a 10- or 11-position alpha-numeric value. The HICN or RRB claim numbers are preferred for state buy-in exchanges. CMS will accept the Medicare Beneficiary Identifier (MBI), however, CMS will return only the Medicare number on state buy-in response files.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
2	<i>Surname</i>	24	13 - 36	Alpha-numeric	<p><i>MANDATORY: Enter a maximum of 24 alpha-numeric characters. An exact match to the surname in CMS' systems is required on the first six characters.</i></p> <p><i>Special instructions that apply to all of the name fields: (1) retain blank spaces that are part of a compound name; (2) insert a single blank space between the name and suffixes, such as JR, SR, or III; (3) names may not include a period, although other punctuation marks (e.g., an apostrophe or hyphen) are allowed; and (4) all alphabetic characters must be capitalized or matching criteria will fail.</i></p>
3	<i>Given Name</i>	15	37 - 51	Alpha-numeric	<p><i>MANDATORY: Enter a maximum of 15 alpha-numeric characters. CMS requires an exact match on the first three characters. If this match fails, however, and CMS has only the first initial of the given name in its system, CMS will accept an exact match on the first character alone. See special instructions above.</i></p>
4	<i>Middle Initial</i>	1	52	Alpha-numeric	<p><i>Enter a one-position alpha-numeric character. Leave field blank if middle initial is unknown.</i></p>
5	<i>Sex Code</i>	1	53	Alphabetic	<p><i>Enter a one-position code: "M" = male, "F" = female. Leave field blank if unknown.</i></p>
6	<i>Date of Birth (CCYYMMDD)</i>	8	54 - 61	Numeric	<p><i>MANDATORY: Enter an eight-position numeric date (e.g., enter November 1, 1939 as 19391101).</i></p>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
7	<i>Beneficiary's Social Security Number</i>	9	62 - 70	<i>Alpha-numeric</i>	<i>Enter the beneficiary's own SSN, if known. If unknown, leave blank.</i>
8	<i>Buy-in Eligibility Code</i>	2	71 - 72	<i>Alphabetic/Blank</i>	<i>For Part B records only; if the state submits a Part A BIEC, it is recorded in EDB Part A records, but is never used by CMS. In position 71, leave blank or enter any code other than "P," "L," or "U." This will help to avoid triggering a rejection. Once Part B enrollment is established, the state can use the code 99 procedures to update the BIEC once it verifies Part B buy-in is present in CMS systems. Position 72 is reserved for future expansion.</i>
9	<i>Agency Code</i>	3	73 - 75	<i>Alpha-numeric or Numeric</i>	<i>MANDATORY: Enter the three-position alpha-numeric or numeric code of the state which has jurisdiction over the account, indicating whether this is a Part A or Part B request.</i>
10	<i>Transaction Code</i>	2	76 - 77	<i>Numeric</i>	<i>MANDATORY: Enter the two-position numeric code which identifies the type of record conveyed by the transaction.</i> <i>Accretion action - codes 61, 63, and 84.</i> <i>Deletion action - codes 50, 51, and 53.</i> <i>Simultaneous accretion/deletion action (closed period) - code 75.</i> <i>State change record - code 99.</i>
11	<i>Filler</i>	5	78 - 82		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
12	Transaction Effective Date (CCYYMM)	6	83 - 88	Numeric	MANDATORY except for transaction code 99: Enter the date on which the accretion or deletion action is effective (e.g., enter April 2019 as 201904).
13	Code 75 Stop Date (CCYYMM)	6	89 - 94	Numeric	This field is used only in conjunction with the insertion of a closed period of buy-in coverage. Enter the date on which the closed period of buy-in coverage ends (e.g., enter June 1998 as 199806). Important: This field is to be used exclusively with transaction code 75.
14	Filler	6	95 - 100		Positions reserved for future use.
15	Agency Client Identification Number	20	101 - 120	Alpha-numeric	Enter the beneficiary's state client (or Medicaid) identification number or any other identifier of the state's choice. Any combination of not more than 20 alpha-numeric characters may be used. Packed fields cannot be accepted.

3.3.3 - State Buy-in Exchange Trailer Record

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The State Buy-in File Trailer Record is appended as the last record on all submitted state input files sent to CMS.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	Filler	72	1-72		Positions reserved for future use.
2	Agency Code	3	73-75	Alpha-numeric or Numeric	Enter the three-position alpha-numeric or numeric code of the state which has jurisdiction over the account associated with this file.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
3	Record Identification Code	1	76	Alphabetic	"T" constant. The "T" identifies this record as the trailer record. This is a MANDATORY field value used by CMS during header/trailer security validation routines.
4	Filler	5	77-81		Positions reserved for future use.
5	Bill Month, CCYYMM	6	82-87	Numeric	A six-position numeric field that designates the billing cycle (year and month) in which the transactions should be processed. This date may be determined by adding two months to the current calendar month in which the file is being created.
6	Filler	1	88		Position reserved for future use.
7	total Number of Transaction Records Included	7	89-95	Numeric	This records total count must be zero-filled to the left when the count is less than seven positions (e.g., a count of 4,689 would be entered as "0004689"). This is a MANDATORY field value used by CMS during header/trailer security validation routines.
8	Filler	25	96-120		Positions reserved for future use.

The State Buy-in File Trailer Record is appended as the last record on all submitted state input files sent to CMS.

3.4 - Matching State Input Records to the CMS Enrollment Database (EDB)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The EDB contains the current status of all individuals who are or were entitled to Medicare. When a state submits a state input record, the record is verified against the EDB to ensure it was submitted under the correct HICN/MBI.

3.4.1 - State Input File Matching Criteria

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

In order for the CMS Third Party System (TPS) to process a state-submitted accretion request, the Medicare claim number and a required set of personal characteristics must

match a record on the EDB. State-submitted deletion requests need only match on Medicare claim number.

The data fields utilized in the EDB matching routine are described below. Each accretion record submitted by the state must contain this identifying information:

- **Capital Alphabetic Characters** - All alphabetic characters must be capitalized or matching criteria will fail.
- **Medicare Number** – The HICN is a nine-position SSN followed by a one or two-position alpha-numeric BIC. An RRB claim number may be submitted; however, the converted RRB claim number, or pseudo HICN, is preferred for state input files. See chapter 4, section 4.4 on converting RRB claim numbers to pseudo HICNs. CMS will accept the Medicare Beneficiary Identifier (MBI), however, CMS will return only the HICN or pseudo HICN on state buy-in response files.
- **Surname (Last Name)** - First six positions.

NOTE: If JR or SR is part of the surname, include the JR or SR in the surname field of the accretion record. Failure to include the JR or SR may cause the record to reject. Normally, the JR or SR is separated from the surname proper with a single blank space.

Example: FOX JR

- **Given (First) Name** - First three positions. If no match can be found on the first three positions, and CMS has only one character stored as the first name, TPS will accept a match on the first position only.
- **Date of Birth (DOB)** - An eight-position date of birth is required, YYYYMMDD. Although the first six positions for the year and month are used for matching, it is important that the day be included so that the correct Medicare entitlement date can be computed. If the accretion request fails the DOB matching criteria, review the state's record to ensure that the DOB in the accretion record matches the corresponding data in either CMS or SSA systems. If there is a discrepancy, correct and resubmit the record.

The matching is done as follows:

- *If no equitable match is found on the EDB for the Medicare claim number submitted, the transaction request is rejected and returned to the agency.*
- *For an accretion request, a match is also required on the following set of personal characteristics:*
 - *The first six characters of the surname;*
 - *The first three characters of the first name (if no match on the first three characters, and CMS has only one character stored as the first name, TPS*

- will accept a match on the first character only); and
- The month and year of birth.

If an equitable match is found on the claim number but the request fails to match this set of EDB personal characteristics, the state request is rejected.

- If the transaction matches the EDB on claim number and personal characteristics using the above criteria, but there is still a discrepancy in any of the personal characteristics, (i.e., full surname, full first name, middle initial, date of birth “day,” or beneficiary SSN), the transaction is accepted and a personal characteristics change record (RIC-E) is returned to the state. CMS advises states to update the state beneficiary record with the personal characteristics from the EDB to use in subsequent transactions.

3.5 - Data Exchange Files - CMS to States

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3.5.1 - CMS/TPS Buy-in Exchange Header Record

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Item	Field	Size	Position	Format	Description
1	File Type Identification, “PROD” or “TEST”	4	1-4	Alphabetic	Identifies the file as either a test file, “TEST,” or a production file, “PROD.”
2	Filler	1	5		Position reserved for future use.
3	File Creation Date, CCYYMMDD	8	6-13	Numeric	This represents the date on which CMS generated the file. An eight-position numeric date (e.g., November 1, 2019 would be 20191101).
4	Filler	59	14-72	NA	Positions reserved for future use.
5	Agency Code	3	73-75	Alpha-numeric or Numeric	The three-position alpha-numeric or numeric code identifying the state which has jurisdiction over the account associated with this file,

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
					<i>and identifying the file as being Part A or Part B.</i>
<i>6</i>	<i>Record Identification Code, "H"</i>	<i>1</i>	<i>76</i>	<i>Alphabetic</i>	<i>"H" constant. The "H" identifies this record as the header record.</i>
<i>7</i>	<i>Filler</i>	<i>5</i>	<i>77-81</i>	<i>NA</i>	<i>Positions reserved for future use.</i>
<i>8</i>	<i>Bill Month, CCYYMM</i>	<i>6</i>	<i>82-87</i>	<i>Numeric</i>	<i>A six-position numeric field that designates the billing period (year and month) for which the response is associated.</i>
<i>9</i>	<i>Filler</i>	<i>73</i>	<i>88-160</i>		<i>Positions reserved for future use.</i>

3.5.2 - State Agency SSI Alert Record (RIC-A)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>1</i>	<i>Medicare Number</i>	<i>12</i>	<i>1-12</i>	<i>Alpha-numeric</i>	<i>The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB claim number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
2	<i>Surname</i>	24	13-36	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.</i>
3	<i>Given Name</i>	15	37-51	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.</i>
4	<i>Middle Initial</i>	1	52	<i>Alphabetic</i>	<i>An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.</i>
5	<i>Sex Code</i>	1	53	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M", female = "F").</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
8	<i>Buy-in Eligibility Code</i>	2	71-72	<i>Alphabetic/Blank</i>	<i>Position 71 is a one-position alphabetic code which describes the reason the beneficiary is eligible for buy-in. Position 72 is reserved for future expansion.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
9	<i>Agency Code</i>	3	73-75	<i>Alpha-numeric</i>	<i>A three-position alpha-numeric code that is based on the state code which appears in the SSI record furnished by SSA.</i>
10	<i>Record Identification Code "A"</i>	1	76	<i>Alphabetic</i>	<i>"A" constant. The "A" identifies this record as an SSI alert record.</i>
11	<i>Transaction Code</i>	2	77-78	<i>Numeric</i>	<i>Positions 77 and 78 will contain an "86" for an SSI accretion alert record or an "87" for an SSI deletion alert record.</i>
12	<i>Filler</i>	3	79-81		<i>Positions reserved for future use.</i>
13	<i>SSI Start Date Month (CCYYMM)</i>	6	82-87	<i>Numeric</i>	<i>A six -position numeric field which contains the beginning date (year and month) of the most recent period of SSI entitlement. SSA furnishes this date for code 86 records.</i>
14	<i>SSI Stop Date Month (CCYYMM)</i>	6	88-93	<i>Numeric</i>	<i>A six-position numeric field which contains the ending date (year and month) of the last period of SSI entitlement. SSA furnishes this date for code 87 records.</i>
15	<i>Medicare Entitlement Date Month (CCYYMM)</i>	6	94-99	<i>Numeric</i>	<i>A six-position numeric field which indicates the year and month in which the beneficiary became entitled to Medicare Part B. 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.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
16	Filler	27	100-126		Positions reserved for future use.
17	ZIP Code of Residence	9	127-135	Numeric	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.
18	County Code of Residence	3	136-138	Numeric	A three-position numeric code developed from the SSI record. SSA furnishes this code.
19	SSI Living Arrangement Code	1	139	Alphabetic	A one-position alphabetic code of "D" which indicates that the beneficiary is a resident of a Title XIX institution. This field may be blank.
20	SSI Status Code (SISC)	1	140	Alphabetic	A one-position alphabetic code which describes the beneficiary's SSI status.
21	Agency Client Identification Number	20	141-160	Alpha-numeric	The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.

3.5.3 - Part A State Agency Billing Record (RIC-B)
 (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>1</i>	<i>Medicare Number</i>	<i>12</i>	<i>1-12</i>	<i>Alpha-numeric</i>	<i>The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB claim number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.</i>
<i>2</i>	<i>Surname</i>	<i>24</i>	<i>13-36</i>	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.</i>
<i>3</i>	<i>Given Name</i>	<i>15</i>	<i>37-51</i>	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.</i>
<i>4</i>	<i>Middle Initial</i>	<i>1</i>	<i>52</i>	<i>Alphabetic</i>	<i>An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.</i>
<i>5</i>	<i>Sex Code</i>	<i>1</i>	<i>53</i>	<i>Alphabetic</i>	<i>A one position alphabetic code (male = "M," female = "F").</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
8	<i>Reduced Part A Indicator</i>	1	71	<i>Numeric or Alphabetic</i>	<i>The presence of a "1" in this position means that the <u>reduced</u> Part A premium rate applies; otherwise, it will be blank, unless the state submitted a buy-in eligibility code with their Part A buy-in. If so, the BIEC submitted for Part A will be displayed.</i>
9	<i>Part A Premium Surcharge Indicator</i>	1	72	<i>Numeric or Blank</i>	<i>The presence of a "1" in this position means that the Part A premium includes a <u>10%</u> surcharge for late enrollment; otherwise, it is blank.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
10	Agency Code	3	73-75	Alpha-numeric	A three-position alpha-numeric code, beginning with "S," assigned to the state which has jurisdiction over the account.
11	Record Identification Code "B"	1	76	Alphabetic	"B" constant. The "B" identifies this record as a billing record.
12	Transaction Code	4	77-80	Numeric	A two- or 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. This code could also be other than that submitted by the state if CMS processing requires additional delineation be shared with the state.
13	Transaction Sub-Code	1	81	Alphabetic	A one-position alphabetic code that further defines the transaction code.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
14	<i>Billing Period Start Date (CCYYMM)</i>	6	82-87	Numeric	<i>A six-position numeric field which contains the beginning date (year and month) used in the calculation of the refund or premium amount due for this transaction. For debit transactions, the billing period start date also represents the transaction effective date. For credit transactions, the transaction effective date is represented by the billing period start date minus one month. NOTE: the billing period start date and the billing period stop date are inclusive dates.</i>
15	<i>Billing Period Stop Date (CCYYMM)</i>	6	88-93	Numeric	<i>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.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
16	<i>Premium Amount Due or Refund</i>	8	94-101	Numeric	<i>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 indicate whether the field reflects a debit or a credit.</i>
17	<i>Bill Month (CCYYMM)</i>	6	102-107	Numeric	<i>A six-position numeric field that designates the billing period (year and month) in which the transaction was processed.</i>
18	<i>Current Monthly Premium Rate</i>	6	108-113	Numeric	<i>A six-position numeric field with leading zeroes which contains the <u>current monthly</u> Part A Medicare premium rate.</i>
19	<i>Filler</i>	3	114-116		<i>Positions reserved for future use.</i>
20	<i>Credit Indicator</i>	1	117	<i>Minus Sign or Blank</i>	<i>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.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
21	<i>Filler</i>	6	118-123		<i>Positions reserved for future use.</i>
22	<i>Code 1728 Accretion State Agency Code</i>	3	124-126	<i>Alpha- numeric</i>	<i>A three-position alpha-numeric state agency code, beginning with "S," will be provided in code 1728 deletion replies identifying the accreting state which now claims buy-in jurisdiction for this beneficiary. Otherwise, this field will remain blank.</i>
23	<i>ZIP Code of Residence</i>	9	127-135	<i>Numeric</i>	<i>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.</i>
24	<i>County Code of Residence</i>	3	136-138	<i>Numeric</i>	<i>A three-position numeric code developed from the EDB. The field may be blank.</i>
25	<i>Filler</i>	2	139-140		<i>Positions reserved for future use.</i>
26	<i>Agency Client Identification Number</i>	20	141-160	<i>Alpha- numeric</i>	<i>The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.</i>

3.5.4 - Part B State Agency Billing Record (RIC-B)
 (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	Medicare Number	12	1-12	Alpha-numeric	The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.
2	Surname	24	13-36	Alpha-numeric	A maximum of twenty-four (24) alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.
3	Given Name	15	37-51	Alphabetic	A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.
4	Middle Initial	1	52	Alphabetic	An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.
5	Sex Code	1	53	Alphabetic	A one-position alphabetic code (male = "M," female = "F").

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
8	<i>Buy-in Eligibility Code</i>	2	71-72	<i>Alphabetic/Blank</i>	<i>Applicable to Part B buy-in only. Position 71 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.</i>
9	<i>Agency Code</i>	3	73-75	<i>Numeric</i>	<i>A three-position numeric code assigned to the state which has jurisdiction over the account.</i>
10	<i>Record Identification Code "B"</i>	1	76	<i>Alphabetic</i>	<i>"B" constant. The "B" identifies this record as a billing record.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
11	Transaction Code	4	77-80	Numeric	A two- or 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. This could also be a code other than that submitted by the state if CMS processing requires additional delineation be shared with the state.
12	Transaction Sub-Code	1	81	Alphabetic	A one-position alphabetic code that further defines the transaction code.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
13	<i>Billing Period Start Date (CCYYMM)</i>	6	82-87	<i>Numeric</i>	<i>A six-position numeric field which contains the beginning date (year and month) used in the calculation of the refund or premium amount due for this transaction. For debit transactions, the billing period start date also represents the transaction effective date. For credit transactions, the transaction effective date is represented by the billing period start date minus one month. NOTE: the billing period start date and the billing period stop date are inclusive dates.</i>
14	<i>Billing Period Stop Date (CCYYMM)</i>	6	88-93	<i>Numeric</i>	<i>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.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
15	<i>Premium Amount Due or Refund (\$\$\$\$\$¢¢)</i>	8	94-101	Numeric	<i>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.</i>
16	<i>Bill Month (CCYYMM)</i>	6	102-107	Numeric	<i>A six-position numeric field that designates the billing period (year and month) in which the transaction was processed.</i>
17	<i>Current Monthly Premium Rate (\$\$\$\$¢¢)</i>	6	108-113	Numeric	<i>A six-position numeric field with leading zeroes which contains the <u>current monthly Part B Medicare premium rate</u>.</i>
18	<i>Reduced Monthly Premium Amount (\$\$\$\$¢¢)</i>	6	114-119	Numeric	<i>A six-position numeric field with leading zeroes which specifies the amount of the monthly premium reduction under the provisions of section 1854(f)(1) of the Social Security Act. This is the amount of the reduction, not the new premium rate.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
19	<i>Part B Penalty Surchage Code</i>	3	120-122	<i>Numeric-Signed</i>	<i>A three-position numeric-signed field. The presence of a value greater than zero in this position means that the Part B premium includes a surcharge for late enrollment. The numeric value provided represents the percentage of monthly surcharge assessed; for example, "01{" represents a 10% surcharge, whereas "13{" represents a 130% surcharge, and "00{" represents 0% or no surcharge has been applied.</i>
20	<i>Credit Indicator</i>	1	123	<i>Minus Sign or Blank</i>	<i>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.</i>
21	<i>Code 1728 Accretion State Agency Code</i>	3	124-126	<i>Numeric</i>	<i>A three-position numeric state agency code will be provided in all code 1728 deletion replies identifying the accreting state which now claims buy-in jurisdiction for this beneficiary. Otherwise, this field will remain blank.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
22	<i>ZIP Code of Residence</i>	9	127-135	Numeric	<i>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.</i>
23	<i>County Code of Residence</i>	3	136-138	Numeric	<i>A three-position numeric code developed from the EDB. The field may be blank.</i>
24	<i>Filler</i>	1	139		<i>Position reserved for future use.</i>
25	<i>SSI Status Code (SISC)</i>	1	140	Alphabetic	<i>A one-position alphabetic code which describes the beneficiary's SSI status (if applicable).</i>
26	<i>Agency Client Identification Number</i>	20	141-160	Alpha-numeric	<i>The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.</i>

3.5.5 - Medicare Number Change Record (RIC-C)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>1</i>	<i>Medicare Number</i>	<i>12</i>	<i>1-12</i>	<i>Alpha-numeric</i>	<i>The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB claim number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.</i>
<i>2</i>	<i>Surname</i>	<i>24</i>	<i>13-36</i>	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.</i>
<i>3</i>	<i>Given Name</i>	<i>15</i>	<i>37-51</i>	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.</i>
<i>4</i>	<i>Middle Initial</i>	<i>1</i>	<i>52</i>	<i>Alphabetic</i>	<i>An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.</i>
<i>5</i>	<i>Sex Code</i>	<i>1</i>	<i>53</i>	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M," female = "F").</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
8	<i>Filler</i>	2	71-72		<i>Positions reserved for future use.</i>
9	<i>Agency Code</i>	3	73-75	<i>Alpha-numeric or Numeric</i>	<i>A three-position alpha-numeric or numeric code assigned to the state which has jurisdiction over the account.</i>
10	<i>Record Identification Code "C"</i>	1	76	<i>Alphabetic</i>	<i>"C" constant. The "C" identifies this record as a Medicare claim number change record.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
11	<i>Transaction Code</i>	4	77-80	<i>Numeric</i>	<i>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.</i>
12	<i>Filler</i>	13	81-93		<i>Positions reserved for future use.</i>
13	<i>Active Medicare Claim Number</i>	12	94-105	<i>Alpha-numeric</i>	<i>The claim number to which the record is being cross-referred will consist of a nine-position numeric value and an alpha-numeric BIC (or pseudo HICN if the beneficiary is entitled under a RRB claim number).</i>
14	<i>Transaction Effective Date (CCYYMM)</i>	6	106-111	<i>Numeric</i>	<i>The date on which the claim number change became effective. This field may be left blank, unless the record is generated as a reply to a state-initiated transaction request.</i>
15	<i>Filler</i>	7	112-118		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
16	Reply Date (CCYYMMDD)	8	119-126	Numeric	An eight-position numeric field. This is the date on which CMS created the RIC-C record.
17	Filler	14	127-140		Positions reserved for future use.
18	Agency Client Identification Number	20	141-160	Alpha-numeric	The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.

3.5.6 - Part A State Agency Date Change or Reply Record (RIC-D)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

All states receive date change records, but reply records are generated only for states receiving daily response files. RIC-D reply records provide notification of actions that will affect billing and are, therefore, considered a pre-billing notification.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	Medicare Number	12	1-12	Alpha-numeric	The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB claim number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
2	<i>Surname</i>	24	13-36	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.</i>
3	<i>Given Name</i>	15	37-51	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.</i>
4	<i>Middle Initial</i>	1	52	<i>Alphabetic</i>	<i>An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.</i>
5	<i>Sex Code</i>	1	53	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M," female = "F").</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
8	<i>Filler or Reduced Part A Indicator</i>	1	71	<i>Numeric or Alphabetic</i>	<i>When the transaction code in position 77-78 is "30," this field will be blank. For states receiving daily files, when the transaction reply code is not "30," the presence of a "1" in this position means the <u>reduced</u> Part A premium rate applies; otherwise, it will be blank, unless the state submitted a buy-in eligibility code with their Part A buy-in. If so, the BIEC submitted for Part A will be displayed.</i>
9	<i>Filler or Part A Premium Surcharge Indicator</i>	1	72	<i>Numeric or Blank</i>	<i>When the transaction code in position 77-78 is "30," this field will be blank. For states receiving daily files, when the transaction reply code is not "30," the presence of a "1" in this position means the Part A premium includes a <u>10% surcharge</u> for late enrollment; otherwise, it is blank.</i>
10	<i>Agency Code</i>	3	73-75	<i>Alpha-numeric</i>	<i>A three-position alpha-numeric code, beginning with "S," assigned to the state which has jurisdiction over the account.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
11	Record Identification Code "D"	1	76	Alphabetic	"D" constant. The "D" identifies this record as a date change record or, for states receiving daily response files, when the transaction reply code is not "30," a reply record.
12	Transaction Code	4	77-80	Numeric	A two- or four-position numeric code. When CMS must adjust the effective date of an incoming accretion transaction to a later date to conform to the Medicare entitlement date, the first two positions contain the value of "30." The last two positions will contain the same transaction code as was present on the state input record. For states receiving daily response files, when the transaction reply code is not "30," the first two positions convey CMS' reply to a state's accretion or deletion request. The last two positions will contain the same transaction code as was present on the state input record. For these daily exchange states, the two- or four-position transaction code may also convey that CMS processed a debit or credit billing action, received from another source, on behalf of the state.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>13</i>	<i>Transaction Sub-Code</i>	<i>1</i>	<i>81</i>	<i>Alphabetic</i>	<i>A one-position alphabetic code that further defines the transaction code.</i>
<i>14</i>	<i>Transaction Date from state record or the Billing Period Start Date (CCYYMM)</i>	<i>6</i>	<i>82-87</i>	<i>Numeric</i>	<i>A six-position numeric date field. When the transaction reply code is "30," this field contains the accretion transaction effective date submitted by the state, the date which CMS adjusted to a later date. The resulting adjusted date is reflected on an accompanying billing record. For those states receiving daily files, when the transaction reply code is not "30," this field contains the beginning date (year and month) used in calculating a refund or debit premium amount for this transaction reply. For debits, the billing period start date also represents the applied transaction effective date. For credits, the transaction effective date is equivalent to the billing period start date minus one month. NOTE: the billing period start and stop dates are inclusive dates.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
15	<i>Filler or Billing Period Stop Date (CCYYMM)</i>	6	88-93	<i>Numeric</i>	<i>When the transaction reply code is “30,” this field will be blank. For those states receiving daily files, when the transaction reply code is not “30,” this field will be a six-position numeric field that contains the last date (year and month) used in calculating the refund or premium amount for this transaction. NOTE: the billing period start date and the billing period stop date are inclusive dates.</i>
16	<i>Filler or Code 1728 Accretion State Agency Code</i>	3	94-96	<i>Alpha-numeric</i>	<i>When the transaction reply code is “30,” this field will be blank. For those states receiving daily files, when the transaction reply code is not “30,” this field will be a three-position alpha-numeric state agency code, beginning with “S,” provided in all code 1728 deletion replies identifying the accreting state which now claims buy-in jurisdiction for this beneficiary. Otherwise, this field will remain blank.</i>
17	<i>Filler</i>	22	97-118		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
18	<i>Reply Date (CCYYMMDD)</i>	8	119-126	<i>Numeric</i>	<i>An eight-position numeric field. This is the date on which CMS created the RIC-D record.</i>
19	<i>ZIP Code of Residence</i>	9	127-135	<i>Numeric</i>	<i>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.</i>
20	<i>County Code of Residence</i>	3	136-138	<i>Numeric</i>	<i>A three-position numeric code developed from the EDB. The field may be blank.</i>
21	<i>Filler</i>	2	139-140		<i>Positions reserved for future use.</i>
22	<i>Agency Client Identification Number</i>	20	141-160	<i>Alpha-numeric</i>	<i>The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.</i>

3.5.7 - Part B State Agency Date Change or Reply Record (RIC-D)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

All states receive date change records, but reply records are generated only for states receiving daily response files. Reply records provide notification of actions that will affect billing and are, therefore, considered a pre-billing notification.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>1</i>	<i>Medicare Number</i>	<i>12</i>	<i>1-12</i>	<i>Alpha-numeric</i>	<i>The beneficiary HICN, a nine-position numeric value followed by an alpha-numeric BIC. If the beneficiary is entitled under a RRB claim number, this field will contain an 11-position alpha-numeric pseudo HICN. Positions 11 and 12 may be blank. This field will convey the Medicare number from the EDB. CMS will not return the MBI in this state buy-in reply.</i>
<i>2</i>	<i>Surname</i>	<i>24</i>	<i>13-36</i>	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The name will match the surname on the EDB. Any unused positions will be blank.</i>
<i>3</i>	<i>Given Name</i>	<i>15</i>	<i>37-51</i>	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The name will match the given name on the EDB. Any unused positions will be blank.</i>
<i>4</i>	<i>Middle Initial</i>	<i>1</i>	<i>52</i>	<i>Alphabetic</i>	<i>An alphabetic character. If the beneficiary's middle initial is not reflected on the EDB, the field will be blank.</i>
<i>5</i>	<i>Sex Code</i>	<i>1</i>	<i>53</i>	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M," female = "F").</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
6	<i>Date of Birth</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD. A date such as November 1, 1939 will be displayed as 19391101. The date of birth will match the date of birth on the EDB.</i>
7	<i>Beneficiary's Social Security Number</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The SSN will be extracted from the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
8	<i>Filler or Buy-in Eligibility Code</i>	2	71-72	<i>Alphabetic/Blank</i>	<i>When the transaction code in position 77-78 is "30," position 71 will be blank. For states receiving daily files, when the transaction reply code is not "30," position 71 will be 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.</i>
9	<i>Agency Code</i>	3	73-75	<i>Numeric</i>	<i>A three-position numeric code assigned to the state which has jurisdiction over the account.</i>
10	<i>Record Identification Code</i>	1	76	<i>Alphabetic</i>	<i>"D" constant. The "D" identifies this record as a date change record or, for states receiving daily response files, when the transaction reply code is not "30," a reply record.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
11	Transaction Code	4	77-80	Numeric	A two- or four-position numeric code. When CMS must adjust the effective date of an incoming accretion transaction to a later date to conform to the Medicare entitlement date, the first two positions contain the value of "30." The last two positions will contain the same transaction code as was present on the state input record. For these daily exchange states, the two- or four-position transaction code may also convey that CMS processed a debit or credit billing action, received from another source, on behalf of the state.
12	Transaction Sub-Code	1	81	Alphabetic	A one-position alphabetic code that further defines the transaction code.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
13	Billing Period Start Date (CCYYMM)	6	82-87	Numeric	A six-position numeric date field. When the transaction reply code is "30," this field contains the accretion transaction effective date submitted by the state, the date which CMS adjusts to a later date. The resulting adjusted date is reflected on an accompanying billing record. For those states receiving daily files, when the transaction reply code is not "30," this field contains the beginning date (year and month) used in calculating the refund or premium amount for this transaction reply. For debits, the billing period start date also represents the applied transaction effective date. For credits, the transaction effective date is equivalent to the billing period start date minus one month. NOTE: the billing period start and stop dates are inclusive dates.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
14	<i>Filler or Billing Period Stop Date (CCYYMM)</i>	6	88-93	<i>Numeric</i>	<i>When the transaction reply code is "30," this field will be blank. For those states receiving daily files, when the transaction reply code is not "30," this field will be a six-position numeric field that contains the last date (year and month) used in calculating the refund or premium amount for this transaction. NOTE: the billing period start date and the billing period stop date are inclusive dates.</i>
15	<i>Code 1728 Accretion State Agency Code</i>	3	94-96	<i>Numeric</i>	<i>When the transaction reply code is "30," this field will be blank. For those states receiving daily files, when the transaction reply code is not "30," this field will be a three-position numeric state agency code provided in all code 1728 deletion replies identifying the accreting state which now claims buy-in jurisdiction for this beneficiary. Otherwise, this field will remain blank.</i>
16	<i>Filler</i>	11	97-107		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
17	<i>Filler or Reduced Monthly Premium Amount</i>	6	108-113	<i>Numeric-Signed</i>	<i>When the transaction reply code is "30," this field will be blank. For those states receiving daily files, when the transaction reply code is not "30," this will be a six-position numeric-signed field with leading zeroes. This field specifies the amount of the monthly premium reduction to be applied under the provisions of section 1854(f)(1) of the Social Security Act. This will be the amount of the reduction, not the new premium rate.</i>
18	<i>Filler</i>	5	114-118		<i>Positions reserved for future use.</i>
19	<i>Reply Date (CCYYMMDD)</i>	8	119-126	<i>Numeric</i>	<i>An eight-position numeric field. This is the date on which CMS created the RIC-D record.</i>
20	<i>Zip Code of Residence</i>	9	127-135	<i>Numeric</i>	<i>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.</i>
21	<i>County Code of Residence</i>	3	136-138	<i>Numeric</i>	<i>A three-position numeric code developed from the EDB. The field may be blank.</i>
22	<i>Filler</i>	2	139-140		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
23	Agency Client Identification Code	20	141-160	Alpha-numeric	The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice.

3.5.8 - Personal Characteristics Change Record (RIC-E)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

This reply record is designed to demonstrate that the information provided by the state differs in some fashion to the information stored on the EDB. Thus, state record information is displayed as provided in the first set of field values, and CMS EDB information is displayed in the second set of field values.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	Medicare Number from State Record	12	1-12	Alpha-numeric	The Medicare number will consist of a nine-position numeric value followed by an alpha-numeric BIC. Positions 11 and 12 may be blank. If the beneficiary is entitled under a RRB claim number, this field may consist of an 11-position alpha-numeric pseudo HICN. The value in this field will be the value submitted by the state on the incoming transaction.
2	Surname from State Record	24	13-36	Alpha-numeric	A maximum of 24 alpha-numeric characters. The value in this field will be the value submitted by the state on the incoming transaction.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
3	<i>Given Name from State Record</i>	15	37-51	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The value in this field will be the value submitted by the state on the incoming transaction.</i>
4	<i>Middle Initial from State Record</i>	1	52	<i>Alphabetic</i>	<i>An alphabetic character. The value in this field will be the value submitted by the state on the incoming transaction.</i>
5	<i>Sex Code from State Record</i>	1	53	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M," female = "F"). The value in this field will be the value submitted by the state on the incoming transaction.</i>
6	<i>Date of Birth from State Record</i>	8	54-61	<i>Numeric</i>	<i>An eight-position numeric field, CCYYMMDD (e.g., November 1, 2019 will be displayed as 20191101). The value in this field will be the value submitted by the state on the incoming transaction.</i>
7	<i>Beneficiary's Social Security Number from State Record</i>	9	62-70	<i>Numeric</i>	<i>A nine-position numeric field. The value in this field will be the value submitted by the state on the incoming transaction.</i>
8	<i>Filler</i>	2	71-72		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
9	<i>Agency Code</i>	3	73-75	<i>Alpha-numeric or Numeric</i>	<i>A three-position alpha-numeric or numeric code assigned to the state which has jurisdiction over the account.</i>
10	<i>Record Identification Code "E"</i>	1	76	<i>Alphabetic</i>	<i>"E" constant. The "E" identifies this record as a personal characteristics change record.</i>
11	<i>Filler</i>	5	77-81	<i>Numeric</i>	<i>Positions reserved for future use.</i>
12	<i>Surname from CMS Records</i>	24	82-105	<i>Alpha-Numeric</i>	<i>A twenty-four-position alpha-numeric field that will convey the beneficiary's surname exactly as it is appears on the EDB. Any unused positions will be blank.</i>
13	<i>Given Name from CMS Records</i>	15	106-120	<i>Alphabetic</i>	<i>A fifteen-position alphabetic field that will convey the beneficiary's given name exactly as it appears on the EDB. Any unused positions will be blank.</i>
14	<i>Middle Initial from CMS Records</i>	1	121	<i>Alphabetic</i>	<i>A one-position alphabetic field that will convey the beneficiary's middle initial exactly as it appears on the EDB.</i>
15	<i>Sex Code from CMS Records</i>	1	122	<i>Alphabetic</i>	<i>A one-position alphabetic code (male = "M," female = "F") which will convey the beneficiary's sex code as it appears on the EDB.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
16	<i>Date of Birth from CMS Records (CCYYMMDD)</i>	8	123-130	Numeric	<i>An eight-position numeric field that will convey the beneficiary's date of birth exactly as it appears on the EDB.</i>
17	<i>Beneficiary's Social Security Number from CMS Records</i>	9	131-139	Numeric	<i>A nine-position numeric field that will convey the beneficiary's own SSN exactly as it appears on the EDB. This field may be blank if the EDB does not currently have the beneficiary's SSN.</i>
18	<i>Filler</i>	1	140		<i>Position reserved for future use.</i>
19	<i>Agency Client Identification Number from State Record</i>	20	141-160	Alpha-numeric	<i>The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice. The value in this field will be the value submitted by the state on the incoming transaction.</i>

3.5.9 - State Agency Reject Record (RIC-F)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

This reply record is designed to indicate that an action submitted by the state could not be processed. This may be because the beneficiary record could not be located on the EDB. In any event, CMS could not process the request as presented. Thus, CMS returns the primary field values exactly as they were submitted on the state input file.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
<i>1</i>	<i>Medicare Number from State Record</i>	<i>12</i>	<i>1-12</i>	<i>Alpha-numeric</i>	<i>The Medicare number will consist of a nine-position numeric value followed by an alpha-numeric BIC. Positions 11 and 12 may be blank. If the beneficiary is entitled under a RRB number, this field may consist of an eleven-position alpha-numeric pseudo HICN. The value in this field will be the value submitted by the state on the incoming transaction.</i>
<i>2</i>	<i>Surname from State Record</i>	<i>24</i>	<i>13-36</i>	<i>Alpha-numeric</i>	<i>A maximum of 24 alpha-numeric characters. The value in this field will be the value submitted by the state on the incoming transaction.</i>
<i>3</i>	<i>Given Name from State Record</i>	<i>15</i>	<i>37-51</i>	<i>Alphabetic</i>	<i>A maximum of 15 alphabetic characters. The value in this field will be the value submitted by the state on the incoming transaction.</i>
<i>4</i>	<i>Middle Initial from State Record</i>	<i>1</i>	<i>52</i>	<i>Alphabetic</i>	<i>An alphabetic character. The value in this field will be the value submitted by the state on the incoming transaction.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
5	<i>Sex Code from State record</i>	1	53	Alphabetic	<i>A one position alphabetic code (male = "M," female = "F")</i>
6	<i>Date of Birth from State record</i>	8	54-61	Numeric	<i>An eight-position numeric field, CCYYMMDD (e.g., November 1, 1939 will be displayed as 19391101). The value in this field will be the value submitted by the state on the incoming transaction.</i>
7	<i>Beneficiary's Social Security Number from State Record</i>	9	62-70	Numeric	<i>A nine-position numeric field. The value in this field will be the value submitted by the state on the incoming transaction.</i>
8	<i>Buy-in Eligibility Code from State Record</i>	2	71-72	Alphabetic/Blank	<i>Applicable to Part B buy-in only. Position 71 is a one-position alphabetic code that describes the reason the beneficiary is eligible for buy-in. The value in this field will be the value submitted by the state on the incoming transaction. An additional field (position 72) has been allocated for expansion.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
9	Agency Code	3	73-75	Alpha-numeric or Numeric	A three-position alpha-numeric or numeric code assigned to the state which has jurisdiction over the account.
10	Record Identification Code	1	76	Alphabetic	“F” constant. The “F” identifies this record as a state agency reject record.
11	Transaction Code	4	77-80	Numeric	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.
12	Transaction Sub-Code	1	81	Alphabetic	A one-position alphabetic code that further defines the transaction code.
13	Transaction Effective Date from State Record (CCYMMM)	6	82-87	Numeric	A six-position numeric field that contains the transaction effective date (year and month) from the state input record.

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
14	<i>Code 75 Stop Date from State Record (CCYYMM)</i>	6	88-93	Numeric	<i>A six-position numeric field that contains the date (year and month) of the last month for which the state claimed jurisdiction within a proposed closed period of buy-in coverage, taken from the state input record. Important: This field is used exclusively with transaction code 75. For all other RIC-F replies, this field should be blank.</i>
15	<i>Filler</i>	3	94-96		<i>Positions reserved for future use.</i>
16	<i>Additional Date (CCYYMM)</i>	6	97-102	Numeric	<i>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 reply to the state; for example, the beneficiary date of death as it appears on the EDB. The date will be a six-position numeric field.</i>
17	<i>Filler</i>	16	103-118		<i>Positions reserved for future use.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
18	<i>Reply Date (CCYYMMDD)</i>	8	119-126	Numeric	<i>An eight-position numeric field. This is the date on which CMS created the RIC-F record.</i>
19	<i>Filler</i>	14	127-140		<i>Positions reserved for future use.</i>
20	<i>Agency Client Identification Number from state Record</i>	20	141-160	Alpha-numeric	<i>The beneficiary's client (or Medicaid) identification number or any other identifier of the state's choice. The value in this field will be the value submitted by the state on the incoming transaction.</i>

3.5.10 - CMS/TPS Buy-in Exchange Trailer Record

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
1	<i>Total RIC-A Records</i>	7	1-7	Numeric	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-A SSI Alert type records included in this CMS response file.</i>
2	<i>Filler</i>	1	8		<i>Position reserved for future use.</i>
3	<i>Total RIC-B Records</i>	7	9-15	Numeric	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-B Billing type records included in this CMS response file.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
4	<i>Filler</i>	1	16		<i>Position reserved for future use.</i>
5	<i>Total RIC-C Records</i>	7	17-23	<i>Numeric</i>	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-C Claim Number Change type records included in this CMS response file.</i>
6	<i>Filler</i>	1	24		<i>Position reserved for future use.</i>
7	<i>Total RIC-D Records</i>	7	25-31	<i>Numeric</i>	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-D Reply or Date Change type records included in this CMS response file.</i>
8	<i>Filler</i>	1	32		<i>Position reserved for future use.</i>
9	<i>Total RIC-E Records</i>	7	33-39	<i>Numeric</i>	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-E Personal Characteristics Change type records included in this CMS response file.</i>
10	<i>Filler</i>	1	40		<i>Position reserved for future use.</i>
11	<i>Total RIC-F Records</i>	7	41-47	<i>Numeric</i>	<i>A seven-position numeric value, zero-filled to the left, representing the total number of RIC-F Rejection type records included in this CMS response file.</i>

<i>Item</i>	<i>Field</i>	<i>Size</i>	<i>Position</i>	<i>Format</i>	<i>Description</i>
12	Filler	25	48-72		Positions reserved for future use.
13	Agency Code	3	73-75	Alpha-numeric or Numeric	The three-position alpha-numeric or numeric code of the state which has jurisdiction over the account associated with this file.
14	Record Identification Code	1	76	Alphabetic	"T" constant. The "T" identifies this record as the trailer record.
15	Filler	5	77-81		Positions reserved for future use.
16	Bill Month (CCYYMM)	6	82-87	Numeric	A six-position numeric field that designates the billing file (year and month) for which the reply is associated.
17	Filler	1	88		Position reserved for future use.
18	Total Number of Transaction Records on File	7	89-95	Numeric	A seven-position numeric value, zero-filled to the left, representing the total number of transaction records, RICs A through F, included within this CMS daily or monthly response file.
19	Filler	65	96-160		Positions reserved for future use.

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
R4SPMP	08/21/2020	New State Payment of Medicare Premiums, (SPMP)	09/08/2020	N/A
R1SBI3	10/01/2003	Initial Release of Chapter	N/A	N/A