



Medicare-Medicaid Coordination Office

State Buy-in File: Troubleshooting Code 21XX Series Accretion Rejections

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CMS is working to modernize the Medicare Savings Program (MSP) to improve quality, reduce costs, and improve the customer experience for people who are dually eligible for Medicare and Medicaid. Through this effort, we are working to improve data exchanges between the states, CMS, and SSA to facilitate state payment of Medicare premiums (also known as state buy-in). By reducing system rejections, we can reduce delays in coverage and access to care for beneficiaries while also reducing administrative burden for state and federal agencies. This tip sheet for states includes guidance and resources to avoid and troubleshoot those that occur.

Medicaid programs help pay for Medicare premiums and, in some cases, Medicare cost sharing, for certain low-income adults over age 65 and people with disabilities. All states, D.C., and some U.S. territories have entered into Part B state buy-in agreements with CMS to pay Part B premiums for those receiving Supplemental Security Income (SSI) and other cash assistance, those enrolled in the Medicare Savings Programs (MSPs), and certain other Medicaid coverage groups. Most states have expanded their buy-in agreements to include the payment of Part A premiums for Qualified Medicare Beneficiaries (QMBs).

State buy-in agreements simplify the process for states to assist low-income residents with Medicare expenses. Buy-in agreements permit states to directly enroll eligible individuals in Medicare Part A and/or B at any time of the year, without regard for Medicare enrollment periods, and to pay premiums on their behalf, with any late enrollment penalties waived. For an individual who is determined eligible for Medicare by SSA, but not enrolled, state buy-in works to enroll the individual in Medicare Part A or Part B and to direct the federal government to bill the state for the enrollee's premiums. For an individual who is already enrolled in Medicare, state buy-in directs the federal government to bill the state for the beneficiary's Medicare premiums and stop collecting the premiums through deductions from the beneficiary's monthly Social Security, Railroad Retirement Board (RRB), or Office of Personnel Management (OPM) benefits, or through CMS direct billing.¹

Data Exchange. State buy-in of Medicare premiums for dually eligible individuals operates through an established data exchange process between the states, CMS, and SSA. States depend on the successful transmission of accretion, deletion, and change records to effectively update states' rolls for their MSPs. In turn, CMS will update all records through the CMS Third Party System (TPS) and return a response file to inform the state about the disposition of each record.

¹ CMS sends a [Medicare Premium Bill \(CMS-500\)](#) for Medicare Parts A and B premiums to beneficiaries who do not receive a Social Security benefit or OPM or RRB annuity.

CMS returns a rejection notification when a state’s request fails to update through TPS processing.

TPS notifies states of an accretion rejection using the code 21XX Rejection Series. The code 21 is followed by the two-digit numeric accretion code, i.e., 61, 63, 75, or 84. Each code 21XX record contains an alphabetic sub-code that further defines the rejection, i.e., A, B, C, D or E.

The chart below describes each sub-code rejection and how to correct each, as well as other data sources to use to correct them. On a longer-term basis, a state can use this information to modify its processes, e.g., to check these sources up front to prevent the rejections.

We look forward to partnering with individual states to reduce accretion rejections.

Buy-in Error Code 21XX Sub-code A

Sub-code A	What does it mean?	How to correct
Part A/Part B	<p>The Health Insurance Claim Number or Medicare Beneficiary Identifier (HICN/MBI) in the state’s accretion record does not match CMS data.</p> <p>The HICN/MBI may be absent from the EDB, it may contain blanks, alphabetic characters, or other non-numeric characters in positions that should be numeric, or it does not include an alphabetic beneficiary identification code (BIC).</p>	<p>Look up the HICN/MBI in the CMS or SSA data system (see Appendix A). Resubmit the record with the correct HICN/MBI.</p>

Buy-in Error Code 21XX Sub-code B

Sub-code B	What does it mean?	How to correct
Part A/Part B	<p>The state accretion record contains the same HICN/MBI as an EDB record, but required personal characteristics do not match.</p> <p>Note: CMS data may differ from SSA data since CMS sometimes shortens the beneficiary’s first name to the first initial.</p>	<p>Research in EDB and resubmit the record with data to match what is in EDB, using the following guide:</p> <p><u>Name</u></p> <ul style="list-style-type: none"> • Surname (last name) mismatches: CMS requires an exact match on

Sub-code B	What does it mean?	How to correct
		<p>the first 6 characters. If the name as recorded in EDB is incorrect, the state or the beneficiary should contact SSA to correct. SSA will then automatically update CMS' systems. This should be a rare occurrence.</p> <ul style="list-style-type: none"> • Given (first) name mismatches: CMS requires an exact match on the first 3 characters. If this 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. • Suffix: 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. • Special instructions that apply to all 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. <p><u>Date of Birth</u></p> <ul style="list-style-type: none"> • Month and Year of Birth Mismatch: CMS requires an exact match on the four-position year and two-position month. Review the state's record to ensure that DOB in the accretion record matches the corresponding data in federal systems. If there is a discrepancy, correct and resubmit the record.

Buy-in Error Code 21XX Sub-code C

Sub-code C	What does it mean?	How to correct
Part A	1. The beneficiary may be entitled to Premium-free Part A.	<p>1. Check SSA systems to see if the beneficiary is entitled to Premium-free Part A. If so, the beneficiary is not eligible for Part A buy-in. Do not resubmit this record.</p> <p>If the beneficiary is not entitled to Premium-free Part A, go to 2a or 2b below.</p>
	2. CMS records do not show Premium-Part A entitlement or conditional Part A enrollment (code Z99), causing CMS to reject the buy-in enrollment.	<p>2a. <u>Part A Buy-in states</u>: states can accrete beneficiaries to Part A buy-in without sending the individual to SSA to file for conditional Part A if the beneficiary is already enrolled in Part B. If CMS rejects the accretion request, submit it to statebuy-in@cms.hhs.gov for manual processing.</p> <p>2b. <u>Part A Group Payer states</u>: if a code Z99 does not appear in SSA systems, refer the individual to SSA to file for conditional Part A during the General Enrollment Period (January through March with coverage effective July 1). Once the individual is enrolled in conditional Part A, the state can resubmit the Part A buy-in record.</p>
Part B	CMS rejected the record because it contains a Buy-in Eligibility Code (BIEC) for an MSP group (i.e., P for QMB; L for SLMB; or U for QI) in position 71 of the input record. The CMS system may not process records with these three BIECs (if no Part A entitlement on record). In this case, states should use the workaround described in the next column.	<p>Resubmit the Part B accretion request, leaving the BIEC blank. If your state system requires a BIEC value, use a code other than P, L, or U to avoid triggering a rejection.</p> <p>Use the code 99 procedures to update the BIEC after 5-7 business days. If the code 99 rejects, wait 3 business days and resubmit the request.</p>

Buy-in Error Code 21XX Sub-code D

Sub-code D	What does it mean?	How to correct
Part A	For a QMB-eligible individual, CMS has no record of Part B buy-in, which is a prerequisite for Part A buy-in.	<p>If the state has not yet submitted a Part B accretion record for the beneficiary, submit the Part B buy-in record and then resubmit the Part A buy-in accretion.</p> <p>If CMS rejected a state Part B buy-in accretion request for the beneficiary, correct the Part B buy-in error. Once you verify that Part B buy-in is present in CMS systems, resubmit the Part A buy-in accretion.</p>
Part B	CMS data indicate the individual may be eligible for QDWI (i.e., CMS data show they have a disability but lost Premium-free Part A and Social Security disability benefits because they returned to work). States may pay the Part A premium for QDWIs, but may not pay the Part B premium.	<p>Do not resubmit the Part B buy-in request if the state agrees the individual is a QDWI.</p> <p>If the state believes the individual is not a QDWI, submit the accretion request to statebuy-in@cms.hhs.gov for assistance.</p>

Buy-in Error Code 21XX Sub-code E

Sub-code E	What does it mean?	How to correct
Part A	For a QMB-eligible individual, CMS does not yet have Part A or Part B entitlement history or the CMS system shows a closed period (i.e., both start and termination dates appear) of Medicare Part A entitlement. CMS systems may reject such requests in some instances.	Submit the accretion request to statebuy-in@cms.hhs.gov for manual processing.

Sub-code E	What does it mean?	How to correct
Part B	<p>CMS does not yet have Part B entitlement history or the CMS system shows a closed period (i.e., both start and termination dates appear) of Medicare Part B entitlement. CMS systems may reject such requests in some instances.</p>	<p>Submit the accretion request to statebuy-in@cms.hhs.gov for manual processing.</p>

Appendix A - Overview of CMS/SSA Resources for Corrections

States have a number of options to query an individual's HICN/MBI and Medicare entitlement status in CMS or SSA systems, or SSI status in SSA systems, in order to help the state avoid data mismatches or to correct and resubmit the buy-in accretion. These resources, available to states at no cost, include:

- 1. Territories & States Beneficiary Query (TBQ) File:** The TBQ File supports a query process that includes Medicare Parts A, B, C, and D eligibility and enrollment data on the queried beneficiaries. States and territories may query CMS daily for Medicare beneficiary eligibility determinations. For additional information about your state's TBQ File, please visit the [CMS TBQ page](#).
- 2. Enrollment Database (EDB) File:** The EDB File supports a query process that includes Medicare Parts A and B eligibility and enrollment data on the queried beneficiaries. States and territories may query CMS daily for Medicare beneficiary eligibility determination. Please note that CMS is not expanding access to new states; CMS will provide new states with access to the TBQ.² For additional questions about your EDB File, please contact [SDRC](#).
- 3. Medicare Advantage Prescription Drug System User Interface (MARx UI):** The MARx UI system provides individual beneficiary look-up where users can find real-time data about a beneficiary who is enrolled in a Medicare Advantage and/or Prescription Drug plan, either currently, in the past, or in the future. Data fields include demographic data, Medicare Parts A and Part B Entitlement, Non-Entitlement, Enrollment, and Disenrollment codes, Low-Income Subsidy (LIS) status, and detailed health plan enrollment information at a beneficiary level. For information about accessing and using the MARx UI system, please see the [MAPD State User Guide](#). Please note that data are only available for individuals enrolled in a MA plan; if they are not, the end-user will not find them in MARx and will need to check a different CMS system. For help, contact the MAPD Help Desk at mapdhelp@cms.hhs.gov or 1-800-927-8069; for more information about the MAPD Help Desk, visit their website at <http://go.cms.gov/mapdhelpdesk>.
- 4. Medicare Prescription Drug, Improvement, and Modernization Act (MMA) File Exchange:**³ The MMA File Exchange is the state's data exchange with CMS in which the state provides current information on updated full-benefit dually eligible and partial-benefit dually eligible beneficiary status⁴ and CMS provides a response file with Medicare A, B, C, and D enrollment and eligibility information. This is an operational exchange, but states may find information on the CMS response file useful for researching and

² CMS. (2019). *Data Disclosures and Data Use Agreements: States*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/States.html>.

³ The "MMA file" is named after the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and is also referred to as the "State Phased-down file."

⁴ Partial-benefit dually eligible beneficiaries are those who get Medicaid help with Medicare premiums, and often for cost-sharing, but not for Medicaid services and supplies.

trouble-shooting rejected records. For information about the MMA File Exchange, please visit the [CMS MMA page](#).

Information about the MMA File Exchange, TBQ File, and/or EDB File, can also be found at [Understanding CMS Data: An Overview of EDB, MMA, and TBQ Files](#) on the State Data Resource Center (SDRC)⁵ website.

For technical help with the MMA File Exchange, MARx UI, TBQ File, and/or EDB File, please contact the [MAPD Help Desk](#) or reference the [MAPD State User Guide](#).

For questions regarding your CMS data agreement, status of exchanges and queries for your state/territory, or understanding the data in these files, please contact [SDRC](#).

Table 1 provides further detail on the information provided in each file to help states identify Medicare eligibility within their population.

Table 1. CMS Files That Provide Data on Medicare Eligibility

File Element	MMA	EDB	TBQ	MARx UI
Beneficiary Name	Yes	Yes	Yes	Yes
Beneficiary Address	No	Mailing	Mailing and residence	Yes
Date of Birth	Yes	Yes	Yes	Yes
Health Insurance Claim Number (HICN), Medicare Beneficiary Identifier (MBI), SSN	HICN, MBI, SSN	HICN, MBI, SSN	HICN, MBI, SSN	MBI only Note: CMS has created an MBI Plan lookup tool in MARx that provides authorized users the ability to obtain an individual beneficiary’s MBI. ⁶
Part A	Yes	Yes	Yes	Yes
Part B	Yes	Yes	Yes	Yes

⁵ In 2011, CMS established the State Data Resource Center (SDRC) to provide states with support, assistance, and guidance on how to request, access, and use Medicare data provided by CMS to support their dually eligible beneficiaries. The SDRC team consists of data experts who provide states with information and resources to help support their use of Medicare data for Medicare–Medicaid care coordination and program integrity purposes. States can locate SDRC resources on the SDRC website (<http://www.StateDataResourceCenter.com>), submit questions by phone at (877) 657-9889, or by email at SDRC@Econometricalnc.com.

⁶ Please see the HPMS memo of May 19, 2020, on “Medicare Beneficiary Identifier (MBI) Plan Lookup Tool, available at: <https://www.cms.gov/files/document/mbi-lookup-tool.pdf>.

File Element	MMA	EDB	TBQ	MARx UI
Part C	Yes	No	Yes	Yes
Part D	Yes	No	Yes	Yes
Date of Disability	No	Yes	No	Yes
Dual-Eligibility Status	QMBs, SLMBs, QIs, and other full-benefit dually eligible beneficiaries. ⁷	No	QMBs, SLMBs, QIs, and other full-benefit dually eligible beneficiaries.	QMBs, SLMBs, QIs, and other full-benefit dually eligible beneficiaries.

Table 2: SSA-State Data Exchanges

In addition to querying CMS data systems for correct HICN/MBI information, states can also query SSA systems. These queries include SSN verification and Title II (Old Age, Survivors, and Disability Insurance (OASDI)) and Title XVI (SSI) benefit information, which may be used to support states’ buy-in operations. The table below identifies the relevant SSA data exchanges, in the event a state prefers to leverage them.

Data Exchange	Type	Description	Manual/Data Elements
State Verification & Exchange System (SVES)	Batch query	SVES draws upon BENDEX, SDX, prisoner data, and 40 qualifying quarters data.	SVES/SOLQ Manual
State Online Query (SOLQ)	Individual query	Online version of SVES which allows states real-time access to SSA’s SSN verification service and retrieval of OASDI or SSI data.	See above.
State Data Exchange (SDX)	Batch query	Eligibility data for the basic federal SSI payment or a federally-administered state supplement. It provides a	SDX record data elements

⁷ State Medicaid agencies identify dually eligible beneficiaries in the state via the MMA File Exchange. Retrieved from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/StateMMAFile.html>.

Data Exchange	Type	Description	Manual/Data Elements
		method of identifying people who may be eligible for state buy-in.	
Beneficiary & Earnings Data Exchange (BENDEX)	Batch query	OASDI benefit payment status, SSI payment status, and Medicare enrollment dates. Data retrieved from Master Beneficiary Record (MBR).	BENDEX data elements