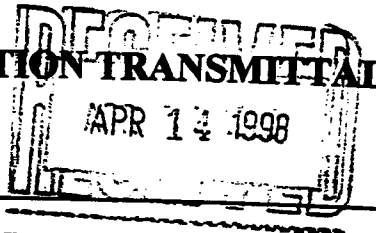




Department of Human Resources
311 W. Saratoga St.
Baltimore, MD 21201-3521

FIA ACTION TRANSMITTAL



Issuance Date: April 7, 1998

Effective Date: IMMEDIATELY

Control Number: FIA/OPR 98-44

OBSOLETES 98-13

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY/INVESTMENT SUPERVISORS/ELIGIBILITY STAFF**

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

RE: NEW HIRE REGISTRY SYSTEM

PROGRAMS AFFECTED: ALL

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

SUMMARY:

Effective July 1, 1997, new federal and state laws require employers to report specific information on new employees to the Department of Labor, Licensing, and Regulation within 20 days of the first day of work for the employee. A private vendor has been hired to collect this information and then forward an electronic new hire database file to DHR. FIA is requiring that this list of new hires be compared to the current FIA recipient files for potential matches.

The New Hires Registry file will match on a daily basis against individuals in an active, pending, spend down, or suspended status using their social security numbers. If a match is found, an alert will be generated to the case manager informing them of the potential new hire information. This information will include the individual's name and social security number, employer's name and address, and first day of work. In addition, the alert will also include the salary, pay frequency, and availability of medical benefits if this optional information is provided by the employer. Currently, if an individual on CARES or a case on AIMS has earned income already reported, an alert will not be generated. This matching criteria will be changed in the future after the current process has been evaluated.

Effective March 20, 1998, New Hire alerts will be generated on the individual (IRN)IRN level instead of the AU level. In addition, changes in the disposition codes are effective the same day. To prepare for these changes, all outstanding New Hire alerts should be dispositioned by close of business on March 19, 1998 with one of the current disposition codes. During overnight batch on March 19, 1998, CARES will auto-disposition all New Hire alerts that have not been dispositioned. A disposition code of '7' will automatically be entered for these alerts and a report will be provided to each local department and FIA's Bureau of Continuous Improvement (BCI) to review.

ACTION REQUIRED:

When the case manager receives a "New Hire Individual Match Alert," and if the employment information has not already been reported to the agency by the individual, the case manager must:

- Send a manual 1052 – "Request for Information" letter along with a 491 – "Report of Change" form, and
- Send an employer verification form to the head of household informing them that employment information has been received and allowing 10 days to return the requested information.
- When the case manager receives the requested information from the individual, or receives no response by the due date, or if the information is already known to the agency, then the case manager must disposition the alert using the appropriate "New Hire Alert Disposition Code" (See attachment "A").

AIMS:

All alerts generated by AIMS prior to conversion, should continue to be processed as follows:

A paper "New Hire Individual Match Alert" (Attachment "B") is generated and sent to the worker of record. A "Potential New Hire Match - District Office Summary Report" (Attachment "C") will be sent monthly to the Baltimore City DSS listing the previous month's matches. Once the appropriate action is taken on the case:

- Write the disposition code (see Attachment "A" – alerts generated prior to March 20, 1998) on the form.
- Place a photocopy in the case record (the alert can be retired at the next recertification).
- Forward the original to the local New Hire Coordinator.
- The local New Hire Coordinator will write the disposition code beside the individual's name on the monthly "Potential New Hire Match - District Office Summary Report" and send the completed monthly report within 10 days from receipt to:

Yolanda Holmes
Bureau of Continuous Improvement
311 W. Saratoga St.
Baltimore, MD 21201
Phone: (410) 767- 8238

CARES:

When the New Hire registry reveals a potential match on CARES:

- The system generates alert code "990" (Potential New Hire Match) to the worker of record.
 - ▶ The first tier of the alert will indicate the individual's name. This can be accessed from option "D" (Alerts) on the CARES Main Menu and then option "B" (Priority Detail List).
 - ▶ The second tier of the alert will list the individual's name and social security number, employer's name and address, and first day of work. In addition, the alert will also include the salary, pay frequency, and availability of medical benefits if this optional information is provided by the employer. This can be accessed by entering "Y" to the left of the alert and pressing the PF13 key.

- ▶ The alert should be dispositioned from the ALPR (first tier) screen by entering the correct disposition code (see Attachment "A") to the right of the alert and pressing "Enter."
- ▶ Once an alert is dispositioned, the case manager cannot retrieve it and enter a new disposition code. However, the alert can still be viewed by pressing PF23 from the customer's ADDR screen.
- A "New Hire Match Report" (Attachment "D") will be sent monthly to each LDSS and the FIA Bureau of Continuous Improvement (BCI) listing the previous month's matches per case manager. This report should be used for supervisory review and tracking purposes.
- A "New Hire Match Report - District Office Summary" (Attachment "E") will be sent to each LDSS and BCI listing each case manager's number of matches and disposition codes. This report should be used for supervisory review and tracking purposes.
- A "New Hire Match Report - Statewide Summary" (Attachment "F") will be sent to BCI listing each district office's total number of matches and disposition codes. This report will be used for analysis and tracking purposes.
- The following additional New Hire reports will be generated effective May 1, 1998:
 - ▶ "New Hire Outstanding Alerts" report – lists all undispositioned alerts and indicates how many days the alert is overdue (Attachment "G"). Alerts undispositioned after 30 days will "drop off" if all associated AUs are either in a closed or denied status.
 - ▶ "New Hire Disposition" report – lists all alerts dispositioned after the month the alert was generated and if overdue, the number of days overdue (Attachment "H").

ACTION DUE DATE:

The case manager must notify the individual or head of household within 10 days of the alert being generated. As soon as action is taken on the case, an alert disposition code must be entered. Supervisors will review their unit's alerts on a regular basis to ensure the alerts are being processed timely.

CORRECTIVE ACTION INFORMATION:

It is anticipated that this initiative will have a significant effect on our error rate. Earned income cases have traditionally been an issue. It is therefore vital that this information be acted upon immediately to offset agency errors.

ACTION REQUIRED OF: All Local Departments of Social Services

Please direct inquiries to Joyce Westbrook, Division of Program and Systems Support at 410-767-8735.

cc: FIA Management Staff	DHR Help Desk	DHMH
DHR Executive Staff	CTF	Constituent Services

NEW HIRE ALERT DISPOSITION CODES
(prior to March 20, 1998)

- 1 - Completed Timely - No Change, Employment Already Reported
- 2 - Completed Timely - Over Scale, Case Closed
- 3 - No Action Taken - Case Denied, Closed
- 4 - Completed Timely - Increased Earnings
- 5 - Completed Timely - Decreased Earnings
- 6 - Not Completed Timely - Resulted in Overpayment
- 7 - Not Completed Timely - Case Fell Off System

NEW HIRE ALERT DISPOSITION CODES
(effective March 20, 1998)

- 1 - No change due to New Hire Employment - already reported
(includes cases closed/denied as a result of employment reported prior to New Hire alert)
- 2 - Case closed/denied as a result of New Hire information
- 3 - Case closed/denied for reason other than New Hire
- 4 - Benefits decreased as a result of New Hire information
- 5 - Benefits increased as a result of New Hire information
- 6 - No change as a result of New Hire - Income excluded (i.e. student earnings)
- 7 - Incorrect match

MARYLAND DEPARTMENT OF HUMAN RESOURCES

POTENTIAL NEW HIRE MATCH

INDIVIDUAL ALERT

LDSS: 31

HOMELESS UNIT

RUN DATE: 08/13/

AS OF DATE: 07/3

CUSTOMER NAME

RANGER

DAN

SOCIAL SECURITY NUMBER

123-45-6789

CASE NUMBER

30999999

EMPLOYER NAME

UNCLE BOB'S FARM

EMPLOYER ADDRESS

12 MOO COW LANE

HAYVILLE

MD. 20000

START DATE

07/01/1997

PAY FREQUENCY

H

SALARY

\$

4.75

MEDICAL BENEFITS

N

DISPOSITION CODE:

POTENTIAL NEW HIRE MATCH

RUN DATE: 08/14/97

DISTRICT OFFICE SUMMARY REPORT

AS OF DATE: 08/31/97

LDBB: 4J MOUNT CLARE

CUSTOMER NAME

EMPLOYER NAME

EMPLOYER ADDRESS

CASE NUMBER

SSN

START DATE

PAY FREQ

BALARY

MEDICAL BENEFITS

RANGER DAN
UNCLE BOB'S FARM

19 MOO COW LANE

30999999 123-45-5789

07/01/1997 H

4.75

N

HAYVILLE

MD 20000-0000

ENTERING REQUIRED INFORMATION TO IDENTIFY THE RESPONSE TO BE VIEWED

- 1. Enter the SSN for the response to be viewed in the SSN field. If the request was done using / BIC, enter the CAN in the SSN field. Tab to Option =>. Type I and press <ENTER>. Response Screen 1 will display.

It may be that the response has not yet been received from SSA because of a systems problem. In this case, check for the response the next day. If the response is not available the next day, advise the DHR Help Desk that there may be a systems problem. Non-DSS users should advise the appropriate designated person for technical problems.

- 2. To view a response for another SSN or CAN/BIC after display of the RECORD NOT FOUND message, replace the currently displayed SSN or CAN/BIC with the SSN or CAN/BIC for the response to be viewed. Tab to OPTION =>. Type I, delete and press <ENTER>. Response Screen 1 will display.

OR: Use Alt + F1 to clear the screen, type SVS0, press <ENTER>, choose OPTION #2 and repeat the above procedure.

OR: Use the SVS5 procedure.

- 3. To view a response for another SSN or CAN/BIC after reviewing the response for the SSN or CAN/BIC currently displayed, if you are on:

Screen 1: Replace the currently displayed SSN or CAN/BIC with the SSN or CAN/BIC for the next response to be viewed and press <ENTER>. No change is required to the data fields that display information for the response currently displayed. Response Screen 1 will display.

Screens 2-6: Use Alt + F1 to clear the screen, type SVS0, press <ENTER>, choose OPTION #2 and then repeat the above procedure in paragraph 1.

Screen 7: Type N after OPTION and press <ENTER>. Repeat the procedure described above in paragraph 1.

OR: Use the SVS5 procedure.

IX. HOW TO INTERPRET An SVES RESPONSE

HOW TO VIEW RESPONSES

When a response is returned from SSA, the number of response screens that display information will depend on the information returned. (See RECORD CODE data field on p. 18.)

To view the next response screen, type **N** directly following **OPTION =>** and press **<ENTER>**. Con this procedure until all desired information has been viewed. To view the previous response screen, **P** directly following **OPTION =>** and press **<ENTER>**.

RESPONSE SCREEN 1

Response Screen 1 contains information submitted in the SVES request and information received from SSA in response to the request:

SVEM9061	STATE OF MARYLAND	TODAY'S DATE:
	SVES RESPONSE - SCREEN NUMBER 1	RESPONSE DATE:
SOCIAL SECURITY NO:	CAN:	
NAME:	FIRST	MI
DATE OF BIRTH:		
SEX:		
STATE AGENCY CODE:		
RECORD CODE:		
ERROR CONDITION:		
SSN VERIFICATION CODE:		
VERIFIED SSNS		
CASE NUMBER / CLIENT ID:		
WORKER LOGON ID:		
OPTION => "I" = INQUIRE RESPONSE; N = NEXT PAGE; "P" = PREVIOUS PAGE "D" = DELETE REQUEST CLEAR TO EXIT		

TODAY'S DATE: Current date

RESPONSE DATE: Date the SVES response was received back from SSA.

SSN, CAN, NAME, DATE OF BIRTH, SEX will display exactly as entered on the SVES request.

STATE AGENCY CODE: State which submitted the SVES request. Maryland is 021

RECORD CODE: Type of information provided in the SVES response from SSA. Only the Resp Screens identified will display information.

- 1: No Title II (SSA) or Title XVI (SSI) information (Screen 1)
- 2: Title II information only (Screens 1-4)
- 3: Title XVI information only (Screens 1, 5-7)
- 4: Both Title II and Title XVI information (Screens 1-7)

ERROR CONDITION: Discrepancy caused by invalid or missing data sent in the SVES request to SSA. For any Error Condition other than 600, resubmit the SVES request with correct data. Certain ERROR CONDITIONS and SSN VERIFICATION CODES are usually used together. In these case Verification Codes are indicated.

- 101: CAN invalid or missing
- 102: SSN invalid or missing
- 110: CAN not verified.....VERIFICATION CODES 1,3, or 5
- 120: SSN not verified.....VERIFICATION CODES 1,3, or 5
- 201: Last Name invalid or missing.....VERIFICATION CODE 5
- 202: First Name invalid or missing.....VERIFICATION CODE 5
- 300: Date of Birth invalid or missing.....VERIFICATION CODE 3
- 600: Request is for a public figure whose record is not available for routine request

SSN VERIFICATION CODE: Code used to indicate whether the requested SSN was verified. If SSN was verified, the source of the verification is given. If a CAN rather than an SSN was submitted verified SSN will be displayed on Response Screen 2 in PERSONS OWN SSN data field. If the SSN not verified, the reason for nonverification should appear.

Three SSA data bases are used for verification. The NUMIDENT data base is the primary method of verification. If NUMIDENT can not verify the requested SSN, then Title II and Title XVI data base used as secondary methods of SSN verification (See Codes M,P,R).

- V: VERIFIED by NUMIDENT
- M: VERIFIED by Title II or Title XVI. SSN not found NUMIDENT.
- P: VERIFIED by Title II or Title XVI. Date of Birth did not match NUMIDENT.

NOTE 1: SSA will return a date of birth from NUMIDENT in the VERIFIED SSNS data field. This date is not verified.

NOTE 2: Verify that the response information returned by SSA is for the person requested. Reason: If the verified SSN belongs to an individual other than the person identified by Last Name, First Name, and Date of Birth, SSA may return information on this individual rather than the person identified.

NOTE 3: SSA may not return Title XVI information for a P VERIFICATION CODE.

R: VERIFIED by Title II or Title XVI. Last and First Name did not match NUMIDENT
NOTE: Verify that the response information returned by SSA is for the person requested. If not, resubmit the request using the correct SSN. This is because if the verified SSN belongs to an individual other than the person identified by Last Name, First Name, and Date of Birth, SSA may return information on this individual rather than the person identified.

F: VERIFIED by NUMIDENT. Last Name did not match NUMIDENT.

1: NOT VERIFIED. SSN not found in SSA data bases.

3: NOT VERIFIED. Last Name, First Name matched, but Date of Birth did not match SSA data bases.

NOTE: SSA will return a date of birth from NUMIDENT in the VERIFIED SSNS data field. This date is not verified.

5: NOT VERIFIED. Last and First Name did not match SSA data bases. Date of Birth not checked.

Z: NOT VERIFIED. This code appears when a CAN/BIC is submitted instead of an SSN. CAN was not verified, and therefore the SSN was not verified.

NOTE: Verify that the response information returned by SSA is for the person requested. If not, resubmit the request using the person's SSN.

***:** NOT VERIFIED. SSA located and verified another SSN which is displayed in the VERIFIED SSNS data field.

&: MORE THAN ONE SSN VERIFIED. Additional verified SSNs are displayed in the VERIFIED SSNS data field.

VERIFIED SSNS: If the requested SSN was incorrect because of a slight error, e.g., a single digit incorrect or two digits transposed, SSA may provide the correct SSN in this data field, if the requested SSN does not actually belong to another individual. In this case, the SSN VERIFICATION CODE data field will display *. Submit a request using this SSN.

If the requested SSN was incorrect and actually belongs to another individual, the SSN Verification Code data field may display 5, and SSA will not provide the correct SSN.

If more than one SSN is verified for the individual, the SSN Verification Code data field will display P and additional verified SSNs will display in this data field. Requests for these additional numbers should be submitted.

If the SSN Verification Code displays P or 3, the VERIFIED SSNS data field will display the birth date from NUMIDENT.

CASE NO/CLIENT ID: Case number sent to SSA as part of the SVES request.

WORKER LOGONID: The Log-On ID of the person who initiated the SVES request, unless a CAN/BIC was submitted.

RESPONSE SCREEN 2

Response Screen 2 contains Title II information, if SSA provided Title II information in response to the SVES request. **TODAY'S DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

SVEM9062	STATE OF MARYLAND	TODAY'S DATE:
	SVES RESPONSE - SCREEN NUMBER 2	RESPONSE DATE:
NAME:	SSN:	CAN:
		DOB:
TITLE II CAN:	STATE/COUNTY CODE:	ZIP:
ADDRESS:		
FIRST NAME:	MI:	DIRECT DEPOSIT:
LAST NAME:		DEFERRED PAY DATE:
DATE OF BIRTH:		SCHEDULE PAY INDICATOR:
		PAY DATE: CURRENT PAY:
SEX: PROOF OF AGE:		CHECK INDICATOR: PRIOR PAY:
LAF CODE:		RAILROAD RETIREMENT INDICATOR:
INITIAL ENTITLEMENT DATE:		PERSONS OWN SSN:
CURRENT ENTITLEMENT DATE:		DATE OF DEATH:
SUSPENSE/TERMINATE DATE:		DISABILITY ONSET DATE:
NET MONTHLY BENEFIT:		
OPTION =>	-	"N" = NEXT PAGE, "P" = PREVIOUS PAGE

TITLE II CAN: CAN under which a Title II claim exists.

STATE/COUNTY CODE: Five digit code used to identify the state and city/county in which, according to SSA records, the recipient resides. The first two digits identify the state. The next three digits identify the city/county. This field will be the same as the state and city/county residence of the Title II recipient. The 21 designates Maryland:

21000 Allegany	21110 Garrett	21220 Wicomico
21010 Anne Arundel	21120 Harford	21230 Worcester
21020 Baltimore Co.	21130 Howard	
21030 Baltimore City	21140 Kent	
21040 Calvert	21150 Montgomery	
21050 Caroline	21160 Prince George's	
21060 Carroll	21170 Queen Anne's	
21070 Cecil	21180 St. Mary's	
21080 Charles	21190 Somerset	
21090	21200	

ZIP: Recipient's zip code.

ADDRESS: Mailing address of the recipient.

FIRST NAME, MI, LAST NAME: Name of the recipient.

DATE OF BIRTH: Date of birth of the recipient according to SSA Title II records.

SEX: Sex of the recipient.

M: Male

F: Female

U: Unknown

PROOF OF AGE: Method by which age was verified.

A: Alleged

B: Verified by Birth/Baptismal Certificate

C: Verified by Convincing Evidence

E: Previously Verified by SSA

Q: Verified by method other than B or C

LAF CODE (LEDGER ACCOUNT FILE): Payment status code of the recipient.

F: Advanced filing for current payment through Railroad Retirement

J: Advanced filing for current payment not through Railroad Retirement

N: Disallowed claim

PT: Terminated from a pending or delayed claim. Not the same as a denial or disallowance.

A: Withdrawal for adjustment

AD: Adjusted for dual entitlement

AS: Adjusted for simultaneous entitlement

A9: All other adjustment actions

B: Abatement status

C: Current payment status (except Railroad Retirement)

D: Deferred Payment Status

DP: Deferred because of Public Assistance

DW: Deferred for Workers Compensation Offset

D1: Deferred for foreign work test

D2: Deferred for annual retirement test

D3: Deferred as an auxiliary of a beneficiary whose status is deferred for annual retirement test
(LAF=D2)

D4: Deferred for no child-in-care

D5: Deferred as an auxiliary of a beneficiary whose status is deferred for foreign work test (LAF=D

D6: Deferred to cover overpayments not covered by any of the above reasons

D9: Miscellaneous deferral not provided with a specific

- E: Current payment through Railroad Retirement Board
- K: Advanced filing for deferred payment. Low order position same as LAF=D.
- L: Advanced filing for conditional payment. Low order position same as LAF=S.
- ND: Denied claim
- P: Pending claim. No beneficiary in this claim is in a LAF other than B, N, P, T, U or X. Low position same as LAF=S. Used with delayed claims to show that upon denial adjudication the beneficiary is to be placed in LAF=S with the same subscript. For example, LAF=P2 would indicate that upon adjudication the LAF will become S2.
- PB: Delayed claim. Another beneficiary in this claim has a LAF other than B, N, P, T, U or X
- S: Conditional payment status
- SB: Benefits due but not paid (usually less than \$1.00)
- SD: Technical entitlement
- SF: Prouty beneficiary fails to meet residency requirements
- SH: Prouty beneficiary receiving government pension
- SJ: Alien suspension
- SK: Deportation
- SL: Barred payment country
- SM: Refused old age insurance benefits
- SP: Prouty beneficiary receiving public assistance
- SS: Nonpayment to post secondary students during school months
- SW: WC Offset
- S0: Pending determination of continuing disability
- S1: Worked outside the U.S.
- S2: Worked inside the U.S.
- S3: Insured person worked in the U.S.
- S4: Failure to have child-in-care
- S5: Insured person worked outside the U.S.
- S6: For better address
- S7: Refused vocational rehabilitation services
- S8: Payee not determined
- S9: All other reasons
- T: Terminated Status
- TA: Advanced filing claim terminated before maturity
- TB: Mother, Father terminated. Entitled to disabled widow(er) benefits
- TC: Disabled widow or widower attained age 65
- TL: Termination of student (post secondary) benefits due to legislative changes in student requirements
- TP: Terminated for change of payment identification code (PIC) on post entitlement actions
- TR: Claim withdrawn
- TX: DIB attained age 65 (also used for auxiliary beneficiaries)
- T0: Benefits payable by some other agency
- T1: Death of beneficiary
- T2: Dependent terminated due to death of a primary beneficiary
- T3: Divorce, marriage, remarriage
- T4: Attainment of age 18 or 22 and not disabled. Mother/father terminated based on last

child's attainment of age 18

- T5: Entitled to other benefits equal or larger
- T6: Termination of mother/father due to death, disability, or school attendance.
- T7: Adoption of child. Mother terminated. Last entitled child adopted. Valid only if date of suspension or termination (DOST) is earlier than 10/72
- T8: DIB no longer disabled. Mother/father terminated, child no longer disabled
- T9: All other reasons
- U: Active title XVIII status only
- W: Withdrawal before entitlement
- X: Title XVIII adjustment or termination status
- XD: Withdrawal for adjustment
- X8: Payee not determined
- XK: Deportation
- XR: Withdrawn from supplement medical insurance benefits (SMIB)
- X0: Claim transferred to Railroad Retirement
- X1: Death of beneficiary
- X5: Entitled to other benefits
- X7: Health Insurance benefits (HIB)/SMIB terminated
- X9: All other reasons

INITIAL ENTITLEMENT DATE: Date initial entitlement to Title II began.

CURRENT ENTITLEMENT DATE: Date current entitlement to Title II began.

SUSPENSE/TERMINATE DATE: Date suspension or termination of Title II occurred.

NET MONTHLY BENEFIT: Benefit amount payable after deduction of the beneficiary's obligations e.g., Medicare Part B premium, or overpayment adjustment.

DIRECT DEPOSIT: Type of account to which payment is deposited. If blank, no direct deposit is made.

- C: Checking account
- S: Savings account

DEFERRED PAY DATE: Date first or next scheduled payment is to be made.

SCHEDULE PAY IND (INDICATOR): How scheduled payments are made.

- P: Prior month accrual paid by daily update
- R: Current month accrual paid by monthly merge
- B: Prior month accrual only

PAY DATE: Date prior month accrual is made.

CURRENT PAY: Amount paid by current month accrual

CHECK INDICATOR: Y or N indicates whether the scheduled payment or the scheduled prior payment was included in the regular monthly check.

PRIOR PAY: Regular monthly amount paid by scheduled check.

RAILROAD RETIREMENT INDICATOR: Status of Railroad Retirement claim.

A: Active claim

T: Terminated claim

PERSONS OWN SSN: Recipient's SSN.

DATE OF DEATH: Recipient's date of death.

DIS (DISABILITY) ONSET DATE: Onset date of disability.

RESPONSE SCREEN 3

Response Screen 3 contains Medicare Part A, Medicare Part B, and Black Lung information, if SSA provided this information in response to the SVES request. **TODAY'S DATE** and **RESPONSE DATE** will be pre-filled; **NAME**, **SSN(CAN)**, and **DATE OF BIRTH** will be pre-filled with the information submitted in the request.

NOTE: If Medicare Part A and Part B information is provided, the **TITLE II CAN** displayed on Response Screen 2 is the Medicare Number.

SVEM9063	STATE OF MARYLAND	TODAY'S DATE:
	SVES RESPONSE - SCREEN NUMBER 3	RESPONSE DATE:
NAME:	SSN:	CAN:
		DOB:
MEDICARE PART B	MEDICARE PART A	BUY-IN
INDICATOR:	INDICATOR	INDICATOR:
OPTION CODE:	OPTION CODE:	PAY CODE:
START DATE:	START DATE:	START:
STOP DATE:	STOP DATE:	STOP:
PREMIUM:	PREMIUM:	
BUY-IN	WELFARE AGENCY CODE:	
INDICATOR:	ASSISTANCE CODE:	
PAY CODE:	BLACK LUNG	
START DATE:	ENTITLEMENT CODE:	
STOP DATE:	ENTITLEMENT AMOUNT:	
DUAL ENTITLEMENT NO:	BIC:	
OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE		

MEDICARE B INDICATOR: Y or N indicates whether beneficiary has Medicare Part B Supplemental Medical Insurance.

OPTION CODE: Status of Medicare Part B. If beneficiary does not have Medicare Part B, the reason given.

- C:** No. Cessation
- D:** No. Denied
- F:** No. Invalid enrollment
- G:** Yes. Good Cause
- N:** No. No response
- P:** Yes. Railroad Retirement has jurisdiction

R: No. Refused
 S: No. No longer under renal disease provision
 T: No. Terminated for nonpayment of premiums
 W: No. Withdrawal
 Y: Yes

START DATE: Date current entitlement to Medicare Part B began.

STOP DATE: Date entitlement to Medicare Part B ended.

PREMIUM: Current Medicare Part B premium. This amount is deducted from the benefit amount beneficiary is responsible for payment of the premium.

BUY-IN INDICATOR: Y or N indicates whether a third party is responsible for payment of the Medicare Part B premium.

PAY CODE: Third party responsible for payment of the Medicare Part B premium:

700: Premiums deducted from Civil Service Annuity

A01: Group payer for Part B	130: Idaho	350: North Dakota
R99: (Private)	140: Illinois	360: Ohio
S01: Group payer for Part A	150: Indiana	370: Oklahoma
Z99: Zebley case	60: Iowa	380: Oregon
010: State buy-in	22A: Massachusetts (Blind)	390: Pennsylvania
010: Alabama	170: Kansas	400: *Puerto Rico
020: Alaska	180: Kentucky	410: Rhode Island
030: Arizona	190: *Louisiana	420: South Carolina
040: Arkansas	200: Maine	430: South Dakota
050: California	210: Maryland	440: Tennessee
060: Colorado	220: Massachusetts (DPW)	450: Texas
070: Connecticut	230: Michigan	460: Utah
08A: Delaware (Blind)	240: Minnesota	470: Vermont
080: Delaware (DPW)	250: Mississippi	480: Virgin Islands
090: District of Columbia	260: Missouri	490: Virginia
100: Florida	270: Montana	500: Washington
10A: Florida Cuban Refugees	280: Nebraska	510: West Virginia
110: Georgia	290: Nevada	520: Wisconsin
120: Hawaii	300: New Hampshire	530: *Wyoming
	310: New Jersey	630: *Commonwealth of the Northern Marianna Isl.
	320: New Mexico	640: *American Samoa
	330: New York	650: Guam
	340: North Carolina	

* Indicates State has no current buy-in agreement.

START: Date third party first paid Medicare Part B premium.

STOP: Date third party last paid Medicare Part B premium.

DUAL ENTITLEMENT NO, BIC: Other CAN/BIC under which beneficiary is entitled to Title I benefits. If a dual entitlement CAN/BIC is returned, submit a follow-up SVES request using that CAN/BIC. **NOTE:** Another CAN/BIC under which the beneficiary is entitled to Title II benefits or show up as a CROSS REFERENCE ACCOUNT NUMBER on Response Screen 4.

MEDICARE A INDICATOR: Y or N indicates whether beneficiary has Medicare Part A Health Insurance.

OPTION CODE: Status of Medicare Part A. If beneficiary does not have Medicare Part A, the reason given.

C: No. Cessation
D: No. Denied
E: Yes. Automatic
F: No. Invalid enrollment
G: Yes Good cause
H: No. Not eligible or did not enroll
P: Yes. Railroad Retirement has jurisdiction
R: No. Refused
S: No. No longer under renal disease provision
T: No. Terminated for nonpayment of premiums
W: No. Withdrawal
X: No. Title II termination
Y: Supplemental Insurance (Part B) premium is payable

START DATE: Date current entitlement to Medicare Part A began.

STOP DATE: MMY entitment to Medicare Part A ended.

PREMIUM: Current Medicare Part A premium.

BUY-IN INDICATOR: Y or N indicates whether a third party is responsible for payment of the Medicare Part A premium.

PAY CODE: Third party responsible for payment of the Medicare Part A premium. See PAY CODE pp. 25-26.

START: Date third party first paid Medicare Part A premium.

STOP: Date third party last paid Medicare Part A premium.