FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-50-SYS
(This Policy Bulletin Replaces PB #11-30-SYS)

STATE ONLINE QUERY (SOLQ) SYSTEM

Date: May 31, 2011	Subtopic(s): Eligibility

🖥 This procedure can now be accessed on the FIAweb.

Revisions to the Original Policy Bulletin:

This policy bulletin is being revised to include the new SOLQ Referral (**FIA-1040 [E]**) form, which will be used to obtain clearances for Job Center and Non Cash Assistance Food Stamps (NCA FS) Center staff. The SOLQ Liaison will attach or list the results from the SOLQ inquiry on the form. In addition, the revised bulletin provides instructions for work performed by Job Center/NCA FS Center staff and the SOLQ Liaison. The new SOLQ Instructional Guide (**Attachment C**) provides instructions on how to access SOLQ and use the search feature.

Purpose:

The purpose of this policy bulletin is to provide staff at Job Centers and NCA FS Centers a general description of the SOLQ system. Detailed information is outlined in the SOLQ Reference Guide (**Attachment A**), the SOLQ Inquiry Screen Reason Choice Definitions Desk Aid (**Attachment B**) and (**Attachment C**). The **FIA-1040 (E)** is used to make a referral to the SOLQ Liaison to initiate a SOLQ query and indicate the results of the SOLQ query.

The SOLQ system allows authorized staff to:

- conduct real time inquiries with the Social Security Administration's (SSA) databases;
- obtain authoritative data on an individual's Social Security Retirement, Social Security Disability (SSD), Supplemental Security Income (SSI), and Medicare Parts A and B benefits; and
- validate a person's Social Security Number (SSN).

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: *(917) 639-0298*

Distribution: X

In addition, SOLQ provides detailed information that can be used in determining an applicant's eligibility for Cash Assistance (CA)/Medicaid (MA)/Food Stamps (FS), or for verifying a participant's continuing eligibility during recertification for CA/MA/FS.

Refer to PD #11-07-ELI for SSN validation in WMS.

Note: An SSN can be validated by the SOLQ system or by the Welfare Management System (WMS) validation process to verify identity.

Examples of information available on SOLQ are as follows:

Social Security related information

SSI eligibility, SSI/SSA denial, SSA verifier, and SSA appeals.

Income information

Resource information, unearned income, and concurrent state payment codes.

Case information

Living arrangement, Third Party Insurance, and status of individual Payee Code.

Revised

For security reasons, only designated staff will have access to SOLQ. Staff without SOLQ access must refer requests for verification to the designated SOLQ Liaison in his/her center via Form **FIA-1040 (E)**.

SOLQ Referrals

New

FIA-1040 (E) instructions for Job Center/NCA FS Center staff and SOLQ Liaison

Job Center or NCA FS Center staff must complete Form **FIA-1040 (E)** when it is determined during the course of the interview with the applicant/participant that he/she, or a member of his/her household is in receipt of Social Security benefits, but does not have verification of income.

The JOS/Worker must:

- Complete the top half of the **FIA-1040 (E)** which includes the SOLQ Liaison name and location, case information, and an explanation of why a SOLQ inquiry is necessary.
- Sign and date and include his/her telephone number;
- Forward the form to the SOLQ Liaison; after the SOLQ Liaison returns the form, scan and index the completed form and attachments.

Upon receipt of the SOLQ referral, the Liaison must:

- Access the SOLQ Exception Portal to verify that the SOLQ query is being performed for legitimate business purposes;
- Access SOLQ to initiate a query. Refer to **Attachment C** for details on accessing and using the search feature in SOLQ.
- Annotate the **FIA-1040 (E)** with the results of the SOLQ query, or attach the results to the form (examples of results are: SSN verified, case name spelled wrong, all case information matches, income verified, etc.);
- Sign, and enter date and telephone number, and return the form to the appropriate Staff member.

Effective Immediately

Related Item:

PD #11-07-ELI

Attachments:

Attachment A	State Online Query (SOLQ) Reference Guide
Attachment B	SOLQ Inquiry Screen Reason Choice Definitions Desk Aid
Attachment C	SOLQ Instructional Guide
FIA-1040 (E)	SOLQ Referral

⌨ Please use Print on Demand to obtain copies of forms.

Revised 19 Aug 09

New York State Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

State Online Query (SOLQ)

Reference Guide

Extracted from:

THE STATE VERIFICATION AND EXCHANGE SYSTEM (SVES)
and
STATE ONLINE QUERY (SOLQ) MANUAL
Revised July 2009

Prepared by the Office of Systems
Office of Earnings, Enumeration, and Administrative Systems (OEEAS)
Division of Technology Services and Exchanges (DTSE)
Data Exchange Branch (DEB)

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List of Recent Changes

Effective August 19, 2009

1.   All data fields listed in this Reference Guide are from the Social Security Administration SVES and SOLQ Manual but all fields may not be displayed on our SOLQ screens.

2.   Generally, the responses received from an SOLQ query are identical to the responses received from an SVES query. The exception is in the Title XVI response: *in SOLQ the Title XVI response* ***does not*** *provide any data in the* **40 QQ History field** residing at the end of the Title XVI response.

3.   In this Reference Guide, Title XVI fields are shaded to distinguish them from Title II fields.

4.   Addition of Identity Discrepancy Code and definition.

5.   Addition of LAF Code and definition.

6.   Addition of Payee Name and Mailing definition.

7.   Addition of Telephone Number definition

8.   Addition of 40 QQ History field definition. *SOLQ does not provide 40 QQ response.*

9.   New request and verification codes for State Children's Health Insurance Program (SCHIP) data requests are available via SVES. *SCHIP request processing will begin on January 1, 2010. SCHIP requests* ***cannot*** *be made via SOLQ.*

Effective March 15, 2007:

1.   Addition of the heading for the APPENDIX H – SDX and WMS DISTRICT CODES table.

2.   Addition of APPENDIX I – State/3rd Party Billing Code Values.

3.   Addition of HI Buy-In Code and definition.

4.   Addition of SMI Buy-In Code and definition.

SOLQ Field and Data Element Definitions

Note: In this table, Title XVI fields are shaded to distinguish them from Title II fields.

DATA ELEMENT	DEFINITION
Address	The residence address of the recipient.
Advance Payment Amount	Amount of the emergency payment made to the recipient. It is subtracted from the next scheduled payment. These data are not removed from the record. Format: $$$cc
Advance Payment Date	The date the emergency payment was made to the recipient. Format: MMDDCCYY
Advance Payment Indicator	Indicates whether or not advance payment data is present. Y Yes N No
Alien Date of Residency	The date the alien's residency began. Format: MMCCYY
Alien Indicator Code	Indicates if eligible/ineligible individual is in special alien status. 1 No status alleged 2 Valid status alleged, but not proven--N13 being processed A Proven U.S. born, U.S. citizen B Alleged U.S. born, U.S. citizen C U.S. Citizen born outside the U.S. (includes naturalized D Alleged U.S. citizen, continuous residence since 1/1/72 E Citizenship/alien status not proven; case denied for F Refugee Status - Sections 207 or 203 (A) (7) of the INA G Parole Status – Section 212(d) of the INA H Silva vs. Levi Alien I Indochinese refugee (obsolete) J Deferred action K Alien lawfully admitted to the U.S. for permanent residence L Asylum status, Section 208 of the INA M Resident of the Northern Mariana Islands (obsolete) N Identity and citizenship verified by Numident interface (Code was previously B) P Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence) Q Alleged U.S. born, U.S. citizen (allegation corroborated by a U.S. place of birth shown on the Numident) R Legal temporary resident – status granted as a result of the Immigration Reform and Control Act of 1986 S Legal permanent resident – status granted as a result of the Immigration Reform and Control Act of 1986 T Alien granted voluntary departure

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DATA ELEMENT	DEFINITION
	U Unknown V Systems override applied following interface edit (obsolete) W Alien granted stay of deportation X Cuban/Haitian entrant Y Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986 Z Alien on whose behalf an immediate relative petition has been approved * Unreadable transmission
Appeal Code	Level of appeal. A Appeals Council Review C Court Case H Hearing O Class Action R Reconsideration
Appeals Decision Code	Decision rendered on the appeal. AD Dismissed/Abandoned FA Favorable/SSA Appealed (Court Case only) FC Fully/Partially Favorable (Converted records only) FF Fully Favorable FN Favorable/SSA Not Appealed (Court Case only) OT Closed: Other PF Partially Favorable T1 Dismissed: Claimant Deceased UA Unfavorable/Appealed by Recipient (Court Case only) UF Unfavorable UN Unfavorable/Not Appealed by Recipient (Court Case only) WC Dismissed/Withdrawn (Converted Records only) WD Dismissed: Withdrawn 1D Dismissed: Cannot be Appealed 2D Dismissed: Filed by Improper Requestor 3D Dismissed: Filed Prematurely 4D Dismissed: Filed Late Without Good Cause
Appeals Decision Date	Date Appeals decision was rendered. Format: MMDDCCYY
Application Date	The date the claimant files the application for SSI benefits, or the date the individual is deemed to have filed the application. Conversion cases may show a date prior to 1/1/74. A second or subsequent effective application(s) would result in the creation of new SSR(s) with a corresponding application date(s). Format: MMDDCCYY

Black Lung Entitlement Code	D Death termination E Entitled N Nonpayment P Pending entitlement T Terminated (other than death)
Black Lung Payment Amount	Self-explanatory. Format: $$$$cc
Blind Work Expense (BWE) Exclusion	Amount of work expenses of a blind recipient for the month in the Earned Income Period field which may be excluded from earned income. Format: $$$$cc
Budget Month Flag	Budget month used for payment computation. 0 Payment based on factors in computation month 1 Payment based on factors 1 month before computation 2 Payment based on factors 2 months before computation month
Category of Assistance Code	State exchange categorical assistance code: A Aged B Blind C AFDC D Disabled F Food Stamps H Health Maintenance I Income Maintenance J AFDC/Family Services K Medicaid & Food Stamps N Title XIX Medicaid Eligibility P Child Support Enforcement S Statement of Consent U Unemployment Compensation
Claim Account Number (CAN) and BIC	Claim Account Number (positions 157-165) and Beneficiary Identification Code (positions 166-168). The Claim Account Number (CAN) and Beneficiary Identification Code (BIC) under which a Title II claim exists. The CAN portion of the 'claim number' is the SSN of the wage earner on whose record benefits are being paid. The complete list of BIC Code values are listed in **APPENDIX D - BIC Code Values**
Claim or Identification Number For Unearned Income	Claim or identification number under which each type of unearned income is being received. For Social Security (Type A), the format is a nine-digit SSN of the insured individual, a two-position left-justified Beneficiary Identification Code (BIC), and a space in position 12 of the field.

	For VA Compensation and Pension not based on need (Type C), the format is a nine-digit VA number, two alpha characters and a space in position 12 of the field.
	For Railroad Retirement (Type D), the format is a nine-digit Railroad Retirement Board (RRB) number, two alpha characters (the RRB beneficiary identification) and a space in position 12 of the field.
	For Military Retired Pay (Type L), the format is a nine-digit military ID number, a one-digit character, either alpha or numeric and a space in position 12 of the field.
	For Federal Civil Service Pension (Type M), the format is nine-digit civil service number, a one-position alpha character, a one-digit character, or a space in the eleventh position and a space in position 12 of the field.
	For income-in-kind (Type H), the claim/Identification Number field may contain an identifying legend entered by the DO (e.g., RENT-FREE, FREE-RENT).
Competency Code	Identifies the representative payee's status as to legal guardianship and/or the competency of the recipient. A Recipient is competent and the payee is the legal B Recipient is competent and there is no legal guardian C Recipient is competent and the legal guardian is someone D Recipient is competent and the payee is the legal E Recipient is incompetent and there is no legal guardian F Recipient is incompetent and the legal guardian is someone L Payee is a financial institution with whom the beneficiary has entered into a living trust agreement N There is no legal guardian O Someone other than the payee is the legal guardian Y Payee is the legal guardian
Concurrent State Payment Code	Distinguishes the optional State supplementation concurrent payment categories from the Federal payment categories reflected in the Recipient Type Code. Although all States will receive one of the codes listed below, only the States of California, Hawaii, Iowa, Massachusetts, Nevada and Wisconsin currently provide different optional payment levels in different categories. Beginning 2/79, alphas will be used instead of numbers to identify California recipients who are receiving an additional $10 State Supplementation payment in lieu of food stamps. Blank No supplementation paid 0 No supplementation paid 1 Paid in aged category (opt. supp) 2 Paid in blind category (opt. supp) 4 Paid in disability category (opt. supp) 8 One member of couple is paid in blind category (opt. supp) (California only) 9 Mandatory supplementation paid A California recipient is paid in aged category (opt. supp) and received an additional $10 payment in lieu of food stamps

	B California recipient is paid in blind category (opt. supp) and receives an additional $10 payment in lieu of food stamps D California recipient is paid in disabled category (opt. supp) and receives an additional $10 payment in lieu of food stamps
Conditional Payment	A code indicating whether or not a payment is or was subject to disposition of excess resources. When a payment is no longer conditional, the code "C" remains. C Conditional N Not Conditional Blank Not Applicable
Country of Origin	Codes corresponding to those listed in Federal Information Processing Standards (FIPS) publication 10-2.
Cross-Reference (XREF) BIC	The beneficiary identification code associated with the cross-reference entitlement number. The complete list of BIC Code values are listed in **APPENDIX D - BIC Code Values**
Cross-Reference (XREF) Entitlement Number	If the Cross Reference Code = C, the first position of the Cross Reference Entitlement Number is an alpha code as follows: A=Beneficiary's own Civil Service Number F=Beneficiary's survivor's Civil Service Number S=Beneficiary's spouse's Civil Service Number The last seven digits represent the Civil Service Number. For all other Cross Reference Codes, the Cross Reference Entitlement Number is a social security number.
Current Payment Amount	Amount certified in the Schedule Payment action for the current operating month as shown in the Schedule Payment Date. The check is actually paid in the month after the Schedule Payment Date. Format: $$$$cc
Current Pay Status Effective Date	The effective date of the last change to payment status code. Format: MMDDYY
Custody Code	Indicates who has physical custody of the recipient. AGY Social Agency CHD Natural, adoptive or stepchild (as payee for parent) ESP Essential person is payee FDM Federal mental institution FDO Federal non-mental institution FIN Financial Organization FTH Natural or adoptive father GPR Grandparent INP Legally incompetent, but no representative payee MTH Natural or adoptive mother NPM Nonprofit mental institution NPO Nonprofit non-mental institution

	OFF Public Official OTH Other PRM Proprietary mental institution PRO Proprietary non-mental institution PYE Payee has custody REL Other relative (includes in-laws) RPD The representative payee is being developed SEL Living by self SFT Stepfather SLM State/local mental institution SLO State/local non-mental institution SMT Stepmother SPO Spouse
Date of Appeal	Date of the most recent appeal action. Format: MMDDCCYY
Date of Birth	Date of birth (month, day, and year) of the recipient. Format: MMDDCCYY
Date of Current Entitlement	Date of entitlement to benefits for the current period of entitlement. Format: MMCCYY
Date of Death	Date of death of the recipient. Day of actual death will be shown when available. However, if the date of death is posted from a returned check, the day will reflect "01" or the date the returned check was processed. Format: MMDDCCYY
Date of Death Source Code	Source of the death notice. The code may change if the death is updated by a subsequent transmission. 0 Initialized value 1 SSA DO notification or manual adjustment 2 Electronic death registration notification 3 MBR notification 4 Treasury returned check notification 5 Returned check from Treasury with no death date shown. (Death date field will show date of transaction) 6 State notification
Date of Eligibility	Month and year of the application date, final onset date, or attainment of age 65, whichever is later. Format: MMCCYY
Date of Initial Entitlement	Date when beneficiary was originally entitled on this record. Format: MMCCYY
Date of Suspension or Termination	Date the event causing the suspension or termination occurred. Format: MMCCYY
Date of WTPY Response	The date the response was formatted by SSA.

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	Format: MMDDCCYY
Deemed Income Amount	Current month's amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag is zero or blank. Format: $$$$$cc
Deemed Income Amount Retrospective	This is the monthly amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank. Format: $$$$$cc
Deferred Payment Date	Reflects the month and year the first or next payment can be made. Format: MMCCYY
Denial Code	Reason an applicant was initially denied or SSI/SPP. See Payment Status Code values
Denial Date	Date the applicant was denied SSI benefits and/or State supplementation. Format: MMDDCCYY
Direct Deposit Indicator	This field will indicate if there is direct deposit data for benefits: C Checking E Electronic Benefits Transfer S Savings Blank None
Direct Deposit Indicator	Indicates direct deposit data. Y Direct deposit data is present N Direct deposit data is not present
Disability Onset Date	First date of onset of disability. Format: MMDDCCYY
Disability Payment Code	Indicates the status of SSI disability and blind cases. F Final determination allowance P Presumptive finding R Referred to State agency. Code indicates a) Final S State determination (conversion case only) allowance T Presumptive finding. State conversion record X No disability determination made (claim denied on basis Blank Not applicable. * Data transmitted in error <u>NOTE</u>: F or S only exist for disability allowance cases. The field is left as R, P or T for initial disability denials
District Office (DO) Code	The servicing SSA office code. See **APPENDIX G – DO CODES for SSA FIELD OFFICES in NYS**

Drug Addiction or Alcohol Identification Code	Identifies the determination of drug and/or alcoholic addiction. A Disabled individual is alcoholic B Disabled individual is drug addict and alcoholic D Disabled individual is drug addict N Individual is neither drug addict nor alcoholic (systems Q Individual may be addict or alcoholic (system generated) W Not a drug/alcohol condition X Alcoholism involved, not material to DIB Y Drug addiction involved, not material to DIB Z Alcoholism and addiction involved, not material to DIB Blank No code transmitted
Dual Entitlement BIC	The beneficiary identification code associated with the dual entitlement number. The complete list of BIC Code values are listed in **APPENDIX D - BIC Code Values**
Dual Entitlement Number	Other Claim Account Number (CAN) on which entitlement exists.
Dual Entitlement Status Code	For triple entitlement cases, dual entitlement status code is based on the primary (A) and auxiliary (B) claims. It is assumed that the survivor (D) benefit is in the payment status as the primary payment status. Blank Default value 0 Neither benefit in current payment status 1 Smaller benefit only in current payment status 2 Larger benefit only in current payment status 3 Both benefits eligible for current payment status 4 Primary is working on record on which auxiliary 5 Larger benefit is subject to full government S Dual entitlement suspended, technical entitlement exists T Dual entitlement terminated
Earned Income Exclusion (Plan for Self-support)	Monthly amount of income for blind or disabled recipients which may be excluded under an approved plan of self-support. Format: $$$$cc
Earned Income - Net Countable Amount	Current month's amount of earned income after all exclusions are applied, used in determining eligibility and, if the Budget Month Flag is zero, computing the payment. Format: $$$$cc
Earned Income - Net Self-Employment Estimate	Estimated net amount of self-employment income for the period shown in Earned Income Period field. Format $$$$cc
Earned Income - Retrospective Net Countable Amount	Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank. Format: $$$$cc

Earned Income - Wage Amount	Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period field. Format: $$$$cc
Error Condition Code	Error conditions caused by invalid or missing data. 101 CAN invalid or missing 102 SSN invalid or missing 103 Both CAN and SSN are invalid 110 CAN unverified 120 SSN unverified 201 Surname missing 202 Given name missing 300 Date of birth not possible, or letters invalid or missing 400 Non-alpha entry was entered in the Sex field 500 Input State Code requested a query for which they haven't been approved. No verification or other action will be taken 600 Query is for a public figure whose record may not be routinely queried Blank Input data is valid
Essential Person Indicator	A code indicates whether an essential person exists in the case and the relationship of the essential person to the eligible individual (applies only to cases converted from the State in December 1973). 0 None 1 Ineligible spouse is essential person 2 Living with father is essential person 3 Living with mother is essential person 4 Non-relative is in SSN of Eligible Spouse/Parent field 5 Non-relative is in SSN of Other Parent field A Ineligible spouse and at least one other person are essential B Living with father and at least one other person are C Living with mother and at least one other person are D There are at least two essential persons, one of whom is in SSN of Eligible Spouse/Parent field E There are at least two essential persons, one of whom is in SSN of Other Parent field F Living with parent is essential person (applicable in pipeline cases only)
Federal Eligibility Code	Identifies eligibility for Federal SSI payment in the current month. E Eligible N Not eligible Blank Not applicable
Federal Living Arrangement Code	Indicates the type of Federal living arrangement (for the current month) of the recipient for Title XVI purposes. A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution, living arrangement change in progress, or outside the U.S. * Initial claims surface edit

Federal Living Arrangement Code - Budget Month	Indicates Federal living arrangement in the budget month. A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution or outside the U.S. * Initial claims surface edit
Food Stamp Application	Indicates whether or not SSA personnel took an application for food stamps. Y Yes N No A SSA taking food stamp application in waiver state and shelter cost is at or above state standard. B SSA taking food stamp application in waiver state and shelter cost below state standard. Z Invalid character(s) transmitted Blank No input
Food Stamp Interview Date	Month and year of the initial Food Stamp data input. Format: MMDDYY
Food Stamp Recipient Status	Whether recipient current receives Food Stamps or has filed an application for Food Stamps in the past 60 days on which no decision has been made. Y Yes N No Z Invalid character(s) transmitted Blank No input
Given Name	Self-explanatory.
Head of Household Indicator	A field indicating whether or not the recipient is the head of the household for title XVI purposes at the time the SSR is established. In addition, it is also used to indicate that one member of a couple was determined eligible for SSI/SSP while a disability determination was pending for the other member. Y Head of household N Not head of household R Member of couple for which the disability determination is or was pending (obsolete) S Member of couple that is (or was) paid as an individual while disability was being determined for other member of the couple (obsolete) U Identifies month included in computation of (and offset of) underpayment to one member of eligible couple against overpayment to the other
Health Insurance (HI) Indicator	Indicates whether or not HI data is present. Y Yes N No
HI Buy-In Code	State/3rd Party Billing Code

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	The complete list of code values are listed in **APPENDIX I – THIRD PARTY BILLING CODE VALUES**
HI Buy-In Indicator	This code indicates whether there is a third party code for health insurance. Y Yes N No
HI Buy-In Start Date	First month of coverage for which third party paid HI premium. Format: MMCCYY
HI Buy-In Stop Date	Last month of coverage for which third party paid HI premium. Format: MMCCYY
HI Option Code	C No – cessation of disability D No – Part A coverage denied E Yes – automatic; no premium necessary F No - invalid enrollment terminated G Yes - good cause H No - not eligible for free Part A or did not enroll for premium Part A N Obsolete P Railroad Board has jurisdiction R No – refused free Part A coverage S No - no longer under renal disease provision T None – Part A terminated for nonpayment of premiums W No – withdrawal from premium Part A X No - Title II termination (Part B unchanged) Y Yes - Premiums are payable
HI Premium	Premium amount collectible. Format: $$$cc
HI Start Date	Self-explanatory. Format: MMCCYY
HI Stop Date	Self-explanatory. Format: MMCCYY
Identity Discrepancy Code	The input query data does not match the identifying data on the queried record. This data is provided for information purposes only on verified queries, it does not effect the response provided. The following are codes indicating the type of discrepancy. <u>Position 103</u> contains the code for <u>Title II</u> and <u>Position 104</u> contains the code for <u>Title XVI</u>. 2 Birth date does not match exactly 4 Given name does not match exactly 6 Given name and birth date do not match exactly 8 Surname does not match exactly A Surname and birth date do not match exactly

	C	Surname and given name do	not match exactly
	E	Surname, given name and exactly	birth date do not match
	Blank	Match	

	1	Ignore this code	
	3	Ignore this code	
	O	Ignore this code	
	F	Ignore this code	
Interim Assistance Reimbursement Status Code	Indicates the timing of SSA reimbursement of State interim assistance payment(s) or the reason for not effecting reimbursement. The assistance reimbursement status code may change (e.g., where reimbursement has been effected or attempted). 0 Essential person record, applicant did not authorize reimbursement, there is no Federal/State agreement for reimbursement 1 Total amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields is being or was sent to State/county 2 Part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/county 3 Reimbursement not being effected; applicant ineligible or retroactive payment not due (denial) 4 Reimbursement assistance case pending 5 Reimbursement check returned
Ledger Account File (LAF) Code	Reflects the Master Beneficiary Record (MBR) payment status for this beneficiary. The complete list of LAF Code values are listed in **APPENDIX E - LAF Code Values**
Larger Excess Monthly Benefit Amount	This reflects the excess amount payable on the Larger Excess Monthly Benefit Amount (LEMBA). In the case of triple entitlement, LEMBA in the first dual entitlement field is for the auxiliary (B) claim, and LEMBA in the second dual entitlement field is for the survivor (D) claim. Format: $$$$cc
Larger Full Monthly Benefit Amount	This reflects the Larger Full Monthly Benefit Amount (LFMBA) reduced for the family maximum. In the case of triple entitlement, LFMBA in the first dual entitlement field is for the auxiliary (B) claim, and LFMBA in the second dual entitlement field is for the survivor (D) claim. Format: $$$$cc
Last Redetermination Date	Completion date of the last Redetermination. Redetermination form has been received and all required actions are completed. Format: MMDDCCYY
Last Transaction Date	Date the transaction identified as Last Transaction Type field was applied to the SSR. Format: MMDDCCYY
Last Transaction Type	This field reflects only one reported event, although more than one

	reportable event may have occurred simultaneously. The Last Transaction Type and the Last Transaction Date are not always updated on spouse records and on actions occurring during various types of cleanup runs. The complete list of Transaction Type code values are listed in **APPENDIX F – Transaction Type Code Values**
Living Arrangement Code - Optional State Supplement	Indicates the type of current living arrangement for the recipient in those States which have elected Federal administration of their optional State supplement. Code Z will appear in this field where the recipient is not eligible for, or waives, optional supplementation. New York State Living Arrangement Codes A – *living alone* means living alone in the community or living in the community with others but customarily preparing food separately from all other household members. A spouse or parent/stepparent of a child/stepchild under 21 cannot be *living alone*. B – *living with others* means living in the community with at least one other person (other than a foster child or a spouse also on SSI) or a child (unless in certain *Congregate Care* facilities) F – *living in the household of another* is a subcategory of *living with others* and applies when SSA determines that the recipient is living in someone else's home and receiving free or subsidized food and shelter. C – *Congregate Care Level 1 (Family Care)* means living in a NYS-certified non-medical residential facility. Individuals must be placed into a Level 1 facility. D – *Congregate Care Level 2 (Residential Care)* means living in a NYS-certified non-medical residential facility. E – *Congregate Care Level 3 (Enhanced Residential Care)* means living in a NYS-certified non-medical residential facility. Z – Zero State supplementation or, when residing in a medical facility (federal "D" living arrangement code), receiving State administered SSPNA payments. See NYS's *SSI Benefit Levels Chart* for additional information.
Mandatory Eligibility Code	Identifies eligibility for mandatory State Supplementation payment in current month. E Eligible N Not eligible Blank Not applicable
Marital Status	Indicates the marital status of the recipient at the time the record is established. 1 Married and living with spouse (Ceremonial marriage, common law marriage, or de facto marriage) 3 Single, widowed or divorced 4 Married and separated
MBC Amount	The monthly Title II benefit due after any appropriate dollar rounding (considering a deductible of SMI premium) but prior to the actual collection of any obligation of the Beneficiary (including SMI premium).

	Amounts may appear after an individual dies. Therefore, States need to check the LAF Code and MBC Type to determine whether payment was issued. Format: $$$$cc
MBC Type	C Benefits paid N Benefits not paid E Benefits not paid, due to delayed/pending or suspense Blank Benefits not paid
Medicaid Effective Date	Date of the most current period of eligibility or referral for Medicaid (see Medicaid Eligibility Code). For interstate move from non-Federal Medicaid determination State, field will contain date for which residence in current State is established. For interstate move between two Federal Medicaid determination States, this date will not change unless eligibility factors cause a change in the Medicaid Eligibility Code field. Field is zero-filled if record is going to a non-Federal Medicaid determination State. In cases where a mandatory minimum State supplementary payment is applicable, Medicaid eligibility will always be established as of the first day of the month. Format: MMDDCCYY
Medicaid Eligibility Code	Indicates the recipient's Medicaid eligibility status. A Refused third party liability assignment-referred to State, Federal determination not possible B Deeming waived: child under a State home care plan C Federally administered Medicaid coverage should be continued regardless of payment status code (1619b) D Disabled adult child E Eligible per state determination (obsolete) G Goldberg-Kelly payment continuation I Ineligible per state determination (obsolete) P Drug Addiction and/or Alcoholism Q Medicaid Qualifying Trusts may exist R Referred to State for determination (1634 States), Federal determination not possible S State determination - not SSA responsibility W Widow(er) Y Eligible for Medicaid (1634 States) Blank Not applicable
Medicaid Test Indicator	Indicates whether State should consider an individual in payment status N01 or E01 to be an SSI recipient for the purpose of determining Medicaid eligibility. Codes A, B and F generate Medicaid Eligibility Code C. Codes C, D, E, G, H, J, K, L and M generate Medicaid Eligibility Code R. A Meets countable income test; no data entered for use and insufficiency of earnings test B Meets countable income test; also meets use and insufficiency of earnings tests C Meets countable income test; does not meet use test D Meets countable income test; does not meet insufficiency of earnings test

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	E Meets countable income test; does not meet use and insufficiency of earnings tests F Meets countable income test; use and insufficiency of earnings test decision pending G Does not meet countable income test; no data entered for use and insufficiency of earnings tests H Does not meet countable income test; meets use and insufficiency of earnings tests J Does not meet countable income test; does not meet use test K Does not meet countable income test; does not meet insufficiency of earnings tests L Does not meet countable income test; does not meet use or insufficiency of earnings test M Does not meet countable income test; use and insufficiency of earnings tests decisions pending N No prerequisite 1611 month available for 1619(b) eligibility (set by the system) P No prerequisite 1611 month available for 1619(b) eligibility (Set by field office input) Blank Tests for status for title XIX not applicable
Medicaid - Unpaid Medical Expense Indicator	Indicates whether the claimant incurred any medical expenses during the 3-month retroactive period which remain unpaid (not updated after initial posting). Y Unpaid bills do exist (1634 States only) N Unpaid bills do not exist (1634 States only) Blank Not applicable
Medicare Indicator	Y Medicare data is present N Medicare data is not present
Middle Initial	Self-explanatory
Month of Change	Represents the month in which one or more of the following items in the matrix changed: Medicaid Eligibility, Payment Status Code, Federal Living Arrangement Code, Living Arrangement Code-Optional Supplement, or State and County code of Jurisdiction. Format: MMCCYY
Monthly Benefit Credited (MBC) Date	Payment data credited date. MBC amount is paid in the month after this date. Format: MMCCYY
Net Monthly Benefit if Payable (MBP	Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.). Format: $$$$cc
Number of Cross-reference Account Number (XRAN) Occurrences	Self-explanatory. See the following three fields for the format of an entry. Up to 5 occurrences maximum.

Number of History Occurrences	Number of historical payment entries present on the response. See the following three fields for the format of an entry. Up to 8 occurrences maximum.
	See APPENDICES
	APPENDIX A - Glossary & Acronyms
	AFDC Aid to Families with Dependent Children
	AIME Average Indexed Monthly Earnings
	AMW Average Monthly Wage
	Applicant A person who has filed for assistance or benefits.
	ARMSMULT Automatic Reappraisal Military Service and Multiple Account Numbers
	BEER Beneficiary Earnings Exchange Record
	BENDATA State Beneficiary Data (BENDEX) File
	BENDEX Beneficiary and Earnings Data Exchange
	Beneficiary A person who is entitled to Social Security benefits.
	BOAN Beneficiary's Own Account Number
	CAN Claim Account Number
	CAPS Claims Automated Processing System (Note: the CAPS system has been replaced by the Modernized Claim System)
	CDB Childhood Disability Benefits
	Claimant A person on whose behalf an application is made.
	Claim Number A number used by SSA to identify an individual who is a claimant or a beneficiary
	Client A synonym for beneficiary or recipient.
	CO The Social Security Administration's Central Office (located in Woodlawn, Baltimore, Maryland)
	DIB Disability Insurance Benefits
	DO A Social Security District Office (same as FO)

	EIN	Employer Identification Number
	Eligible	For Title II, to meet all the requirements for receiving Social Security benefits, except for filing an application. For Title XVI, to receive SSI benefits.
	Entitled	To meet all the requirements for receiving Social Security benefits including the filing of an application and have the right to receive benefits.
	FO	A Social Security Field Office
	DHHS	Department of Health and Human Services
	HI	Health Insurance (Part A)
	HIB	Health Insurance Benefits
	HUD	Housing and Urban Development (Department of)
	IAR	Interim Assistance Reimbursement
	IMPACC	Immediate Payment Critical Case
	INA	Immigration and Naturalization Act
	IRS	Internal Revenue Service
	ICDB	Integrated Client Database
	IEVS	Income and Eligibility Verification System
	LAF	Ledger Account File (LAF Code is the Title II equivalent of Payment Status)
	MAFDUP	Master File Duplication Detection Operation
	MBA	Monthly Benefit Amount
	MBR	Master Beneficiary Record (Title II)
	MEF	Master Earnings File
	MQGE	Medicare Qualified Government Employment
	MSSICS	Modernized SSI Claims System
	OIO	Office of International Operations
	OPM	Office of Personnel Management

	OSSOM Operations Management	Office of Systems Security
	OTP	One-time payment
	Payment Status	The condition of a beneficiary's Social Security benefits, (i.e., suspended, current, or terminated).
	PIA	Primary Insurance Amount
	PIC	Payment Identification Code
	POMS	Program Operations Manual System
	Prouty	A special monthly payment may be made to certain people who have not worked long enough under Social Security to receive regular benefits. Men who were age 72 before 1972 and women who were age 72 before 1970 qualify for these benefits. However, the payment may be reduced by the amount of other government pensions received. Congress provided these payments in 1966 to provide some income for those people who had little or no opportunity to obtain Social Security coverage during their working years and for aged widows whose husbands had died without Social Security protection. The cost of the payments is met from general revenues.
	PSC	A Social Security Payment Center (also referred to as a PC or Payment Center)
	QC	Qualifying Credits
	QQ	Qualifying Quarters
	Recipient	A person who receives State public assistance and/or SSI payments.
	RO	A Social Security Regional Office
	RRB	Railroad Retirement Board
	RSI	Retirement & Survivors

		Insurance (Title II)
	SDX	State Data Exchange System
	SGA	Substantial Gainful Activity
	SMI	Supplemental Medical Insurance (Part B)
	SMIB	Supplemental Medical Insurance Benefits
	SSA	Social Security Administration
	SSI	Supplemental Security Income (Title XVI)
	SSR	Supplemental Security Record (Title XVI)
	SVES	State Verification and Exchange System
	Title II	SSA Retirement, Survivors, Disability and Health Insurance Benefits (RSI)
	Title XVI	Supplemental Security Income benefits (SSI)
	TP	Third Party
	SOLQ	State On-Line Query
	VA	Veterans Administration
	WTPY	Wire Third Party Query
	APPENDIX B - Title II (RSDI) Payment History Table for more information.	
Number of Lines of Address	The number of 22 position lines of address present. Up to 6 lines maximum.	
Onset Date of Disability/Blindness	The date of disability onset alleged by the applicant is retained on the SSR during the period in which the case is awaiting a medical determination, or in the case of a medical denial. After a final disability/blindness allowance, the date of onset displayed will be either: • date of disability onset established for Title II purposes in concurrent Title II/Title XVI allowance; or • date of onset established for Title XVI only medical allowances. This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset. Format: MMDDCCYY	
Optional State Eligibility Code	Identifies eligibility for State optional supplement payment in current month. E Eligible N Not eligible Blank Not applicable	
Other Date of Entitlement	The month and year of the other date of entitlement.	

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	Format: MMCCYY
Other Eligibility Year	This represents the other eligibility year. Format: CCYY
Other Name	Another name used by the recipient.
Other Office Code	1-8 Payment center that has jurisdiction A-H Payment center that has jurisdiction when wage earner is disabled
Other Primary Insurance Amount	This reflects the controlling Primary Insurance Amount (PIA) for payment on the other claim, whether average month wage or special minimum. Format: $$$$cc
Other Primary Insurance Amount Factor Code	This equals the primary insurance factor code values in the other account. A Special Age 72 (Prouty) – transitionally insured (as of 6/82 or later) B Average monthly wage C Special minimum E Death Primary Insurance Amount (PIA) average monthly wage F Death PIA special minimum G AMW life and death PIAs are equal H Life and death special minimum PIAs are equal K Prorated (totalized) PIA L Average indexed monthly earnings M Minimum PIA if greater than Average Indexed Monthly Earnings (AIME) N New start guarantee PIA O Old start guarantee PIA S Subsequent Disability Insurance Benefits (DIB) guarantee PIA V Modified old start windfall PIA Z Northern Mariana Islands (NMI) computation (for future use) 5 Modified new start windfall PIA 7 1990 new start 8 1990 old start
Other Primary Insurance Amount Factor Code Two	This represents the Primary Insurance Factor Code 2 in the other account. (For future use)
Other Retirement Insurance Amount	This will appear only if the controlling primary insurance amount (PIA) reflects the average monthly wage PIA for the other claim. Format: $$$$cc
Overpayment/Underpayment Indicator	SSI Monthly Assistance Amount reflects overpayment and/or underpayment. O Overpayment U Underpayment B Both overpayment and underpayment exist
Payee Name and Address Number of Lines	Reflects the total number of lines needed to show the full payee name and mailing address. Up to 6 lines maximum.

Payee Name and Mailing Address	The mailing address which will appear on the SSI check and other systems – generated correspondence to the individual and his/her representative payee. (Each line is 22 characters long).
Payee ZIP Code	This element is a 5 digit code for the payee's address, which is required for postal service handling.
Payee ZIP Code+ 4	If present on the SSR master file, the ZIP Code plus 4 portion of the payee's address.
Payment Combined Check Indicator	Y Combined check issued. Indicates Schedule Current Payment Amount. Includes payments for more than one beneficiary (e.g., several children with C BICs). Address information may have shown payments issued to "____ for Children of _____". Refer to Net Monthly Benefit If Payable for individual check amount. N Combined check not issued. Blank Not applicable
Payment Date (Title II)	Shows the current operating month in which the Schedule Current Payment Amount was processed. For example, it would be 8/97 for a Schedule Current Payment that was paid in 9/97. The Schedule Prior Payment Amount is paid in month of Schedule Payment Date. The Schedule Current Payment Amount is paid in month after Schedule Payment Date. Format: MMCCYY
Payment Date (Title XVI)	Reflects the date of payment of the SSI Gross Payable Amount (Current) and the State Supplement Gross Payable Amount (Current) data elements. The two payable amounts are subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month. Format: MMDDCCYY
Payment History (PHIST) Number of Occurrences	The number of historical payment entries (represented as five fields per entry) present on the response. Up to 8 occurrences maximum.
Payment Indicator	P Current month accrual amount paid by daily update operation R Current month accrual paid by monthly merge Blank Prior month accrual only
Payment Status Code (Current)	This is a three position alpha numeric display made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status. This refers to the most current SSI payment status code and applies to TITLE XVI only. Payment Status Codes are listed in POMS SM 01601.805This is a three position alpha numeric display made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement

payment, the second (the second and third positions) of which reflects the reason for the status.

The following descriptions, "C" through "T", apply to the first position of the code:

C   Indicates the recipient is eligible for SSI/State Supplement payments

E   Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation

H   Indicates a case in "hold" status, final disposition is pending

M   Indicates a case is under manual control. Case is known as "forced payment" although payment may not be involved

N   Indicates the applicant is not eligible for SSI/State Supplement payments or that a previously eligible recipient is no longer eligible

P   Provisional, possible reinstatement (obsolete)

S   Indicates recipient may still be eligible for SSI/State Supplement payments, but payment is being withheld

T   Indicates SSI/State Supplement eligibility is terminated

Specific Codes

C01-- Current Pay

E01-- Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation

E02 -- First month of eligibility for claims filed on or after 8/22/96. Claimant is eligible for a payment in that month but is NOT due a payment.

H10 -- Living Arrangement change is in progress

H20 -- Marital status change is in progress

H30 -- Resource change is in progress

H40 -- Student status change is in progress

H50 -- Head of household change is in progress

H60 -- Hold pending receipt of date of death

H70 -- Hold pending transmission of one-time payment data

H80 -- Early input

H90 -- Systems limitation involved. DO must manually compute and input payment amounts

M01 -- Force Payment - Recipient may be in payment or non- payment status

M02 -- Force Payment – Recipient may be in payment or non-payment status

N01 -- Non-pay - Countable Income exceeds Title XVI federal benefit rate

N02 -- Non-pay - Recipient is inmate of public institution

N03 -- Non-pay - Recipient is outside of the U.S.

N04 -- Non-pay - Recipient's non-excludable resources exceed Title XVI limitations

N05 -- Non-pay - Unable to determine if eligibility exists

N06 -- Non-pay - Recipient failed to file for other benefits

N07 -- Non-pay - Cessation of the recipient's disability

N08 -- Non-pay - Cessation of the recipient's blindness

N09 -- Non-pay - Recipient refused vocational rehabilitation without good cause

N10 -- Non-pay - Recipient refused treatment for drug addiction

	N11 -- Non-pay - Recipient refused treatment for alcoholism
	N12 -- Non-pay - Recipient voluntarily withdrew from program
	N13 -- Non-pay - Not a citizen or an eligible alien
	N14 -- Non-pay - Aged claim denied for age
	N15 -- Non-pay - Blind claim denied. Applicant not blind
	N16 -- Non-pay - Disability claim denied. Applicant not disabled.
	N17 -- Non-pay - Failure to pursue claim by the applicant
	N18 -- Non-pay - Failure to cooperate
	N19 -- Non-pay - Recipient has voluntarily terminated participation in the SSI program
	N20 -- Non-pay - Recipient fails to furnish a required report
	N22 -- Non-pay - Inmate of a penal institution
	N23 -- Non-pay - Not a U.S. resident
	N24 -- Non-pay - Convicted of felony of fraudulently misrepresenting residence in two or more States (Effective Through 11/99) Non-pay - Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. (Effective 12/99 until present)
	N25 -- Non-pay - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State law.
	N27 -- Non-pay - Disability terminated due to a substantial gainful activity
	N30 -- Non-pay - Slight impairment - medical consideration alone, no visual impairment
	N31 -- Non-pay - Capacity for substantial gainful activity - customary past work, no visual impairment
	N32 -- Non-pay - Capacity for substantial gainful activity - other work, no visual impairment
	N33 -- Non-pay - Engaging in substantial gainful activity despite impairment, no visual impairment
	N34 -- Non-pay - Before 3/9/91: Impairment no longer severe at time of adjudication and did not last 12 months, no visual impairment Effective 3/9/91: Child under age 18, impairment(s) disabling for a period of less than 12 months
	N35 -- Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment
	N36 -- Non-pay - Insufficient or no medical data furnished
	N37 -- Non-pay - Failure or refusal to submit to consultative examination
	N38 -- Non-pay - Applicant does not want to continue development of the claim
	N39 -- Non-pay - Applicant willfully fails to follow prescribed treatment
	N40 -- Non-pay - Impairments(s) does not meet or equal listing (disabled child under age 18 only), no visual impairment
	N41 -- Non-pay - Slight impairment - medical condition alone, visual impairment
	N42 -- Non-pay - Capacity for substantial gainful activity - customary work, visual impairment
	N43 -- Non-pay - Capacity for substantial gainful activity other work, visual impairment
	N44 -- Non- pay - Before 3/9/91: Engaging in SGA despite impairment, visual impairment Effective 3/9/91: Child under 18. Impairment not severe
	N45 -- Non-pay - Impairment no longer severe at time of adjudication and

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did not last twelve months, visual impairment, or denial of child's claim

N46 -- Non-pay - Impairment is severe at time of adjudication but no expected to last twelve months, visual impairment

N47 -- Non-pay - Insufficient, or no, medical evidence furnished, visual impairment

N48 -- Non-pay - Failure, or refusal, to submit to consultative examination, visual impairment

N49 -- Non-pay - Applicant does not want to continue development of the claim, visual impairment

N50 -- Non-pay - Applicant willfully fails to follow prescribed treatment, visual impairment

N51 -- Non- pay - Before 3/9/91: Impairment does not meet or equal listing (disabled child under age 18 only), visual impairment Effective 3/9/91: Child under 18. Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity, visual impairment

N52 -- Non-pay - Deleted from the State rolls before 1/73 payment

N53 -- Non-pay - Deleted from the State rolls after 1/73 payment

N54 -- Non-pay - DO unable to locate applicant

P01 -- Possible reinstatement pending development by SGA (obsolete)

S01 -- Suspended - Suspension of payments due to report of death by Treasury, potential automated death case

S04 -- Suspended - System is awaiting disability determination (system generated)

S05 -- Suspended - Substantial gainful activity decision pending

S06 -- Suspended - Recipient's address unknown

S07 -- Suspended - Returned check for other than death, address, payee change, or death of representative payee

S08 -- Suspended - Representative payee development pending

S09 -- Suspended - Temporary Institutionalization Suspense (systems-generated)

S10 -- Suspended - Recipient has a bank account and refuses to receive payments via direct deposit

S20 -- Suspended - Potential Rollback case or disability decision made prior to July 1973

S21 -- Suspended - The recipient is presumptively disabled or blind and has received six months payments (systems-generated)

S90 -- Suspended - PR1 change in process because SSR was established under the incorrect SSN (this condition is extremely rare)

S91 -- Suspended - PR1 change in process because SSR was established under the incorrect SSN (this condition is extremely rare)

T01 -- Terminated - Death of the recipient

T20 -- Terminated - received payment under two different account numbers

T22 -- Terminated - received payment under two different accounts, termination resulted from electronic screening

T30 -- Terminated - Manual termination (payment previously made). Change in record composition requires termination of existing record

T31 -- Terminated - System generated termination (payment previously made or refund on record)

T32 -- Terminated – Automated systems termination of a paid record that has exceeded certain size limitation

T33 -- Terminated – Manual termination (through MSSICS)

	T50 -- Terminated - Manual termination (no previous payment made) T51 -- Terminated - System generated termination (no previous payment made) * Data transmitted in error
Person's Own Social Security Number (SSN)	Social security number of the recipient.
Payment Date (PHIST)	Date on which payment or recovery was made. Format: MMDDCCYY
Payment Payflag 1 (PHIST)	Indicates type of payment and whether it was returned. 0 No payment made 1 Recurring payment dated the first of the month 2 Regular daily payment (underpayment) 3 Supplemental payment dated the first of the month 4 One time payment 5 Advance payment or overpayment recovered (amount recovered shown in check amount column 6 Nonreceipt indicator for recurring payment (overlays code 1) 7 Nonreceipt indicator for regular daily payment (underpayment)(overlays code 2) 8 Nonreceipt indicator for special supplemental payment (overlays code 3) 9 Replacement check issued as a result of nonreceipt claim for original check with the same date, and code 6 or 8. For checks issued prior to 11-01-86, both the original check and substitute have been cashed. For checks issued after 11-01-86, both the original and substitute checks have been cashed if Pay Flag 3 = blank or U. A Recurring payment returned by FO and Treasury B Regular daily payment (underpayment) returned by FO and Treasury C Special supplemental payment returned by FO and Treasury D OTP returned by FO and Treasury J Recurring payment returned by FO only K Regular daily payment (underpayment) returned by FO only L Special supplemental payment returned by FO only M OTP returned by FO only S Regular daily payment (underpayment) returned by Treasury only T Special supplemental payment returned by Treasury only U OTP returned by Treasury only V Recovery action voided / Recurring payment returned by Treasury only
Payment Payflag 2 (PHIST)	This is the period for which an underpayment or OPT was made, or for which an underpayment was withheld to collect an overpayment or advance payment or special payment. E Total of type 2 underpayment check F Force payment N Force payment not involved or total of type 4 OTP check S Stopped payment, force payment to zero T Record termination U Formerly used to designate

		an OTP quarterly query
Prior Payment Amount		Accumulated payment certified in the Schedule Payment action for all months through the Prior Month Accrual (PMA) date. (PMA date is always one month prior to the Schedule Payment Date.) Zeros will be shown if an actual payment has not been made. The accrual month is the month preceding the current operating month. For example, the accrual month would be 8/97 if the Schedule Payment Date is 9/97. An 8/97 Schedule Prior Payment Amount check would actually have been received in 9/97. Format: $$$$$cc
Proof of Age Indicator	A B C F N P Q	Alleged Birth/Baptismal Convincing evidence Formerly established by SSA Not proven Proven Established other than B or C
Race Code		This code indicates the race, if applicable, of the recipient.
	A B H I N O U W	Asian Black Hispanic North American Indian Negro Other Not determined White
Railroad Indicator	A T S	Active claim Terminated claim Currently Suspended
Record Establishment Date		Indicates the date of establishment for the SSI record of the recipient. For a record re-accreted after T30 termination, the date will be the date of reestablishment. Format: MMDDCCYY
Record Source Code		A code indicating the source of the record.
	C D N P Blank	Initial State conversion case Identifies conversion records which may or may not have been properly identified as State deletions (may currently be eligible) District Office new claim District Office pipeline record District Office new claim
Record Type		Indicates the content of the response:
	1 2 3 4	Response is the standard response only Response contains Title II data Response contains Title XVI data Response contains Title II data and Title XVI data

Rep Payee Selection Date	Date the current payee was selected for the individual and/or spouse. Format: MMDDCCYY
Representative (Rep) Payee Indicator	Y There is a representative payee N There is not a representative payee
Residence Address	Address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, the field will be blank.
Residence Address-Number of Lines	Indicates the number of lines used for the address at which the applicant lives. This number of lines cannot exceed five (maximum). (Each line is 22 characters long)
Residence ZIP Code	ZIP Code of the recipient's address if the residence address is different from the mailing address. Otherwise, the field is blank.
Residence ZIP Code +4	This data element reflects the ZIP Code plus 4, if present on the SSI master file, for the residence address of the individual.
Resource Code - House	Indicates whether the recipient owns a house. A Possession of a home - principal place of residence not to be disposed of F Unverified (obsolete) J Possession of a home - principal place of residence to be disposed of S Equity in property T Home and equity in property Z None Blank Not determined * Initial claims exception
Resource Code - Insurance	Indicates whether the recipient has insurance. If so, indicates whether individual must dispose of insurance. C Face value over $1,500 H Unverified resource L Agreement to dispose Z None Blank Not determined
Resource Code - Other	Indicates whether the recipient owns other resources. If so, indicates whether individual must dispose of other resources. E Over limit N Agreement to dispose Z None Blank Not determined
Resource Code - Property	This code indicates whether or not the recipient owns income producing property. If so, the code indicates whether or not the individual must dispose of the property. D Income producing property

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	M Agreement to dispose O Under/over limit Z None Blank Not determined
Resource Code - Vehicle	Indicates whether the recipient owns a vehicle. If so, indicates whether individual must dispose of vehicle. B Vehicle either over or under limit K Agreement to dispose G Unverified resource Z None Blank Not determined
Rollback Code	This indicator applies to State-converted disability cases and indicates if the recipient received State payments prior to 7/1/73 or is subject to Title XVI disability criteria. 1 Potential rollback 2 State payment before 7/73 3 No disability payment prior to 7/73 (State DDS determination needed) 4 Meets Title XVI criteria 5 Not disabled (Title XVI criteria), reviewed and denied by State DDS 6 Final disability allowance determination not input 7 Final disability denial determination not input Blank Not applicable
Sex Code	Indicates the sex of the recipient. F Female M Male U Unknown
Smaller Actuarially Reduced Monthly Benefit Amount	This field reflects the Smaller Monthly Benefit Amount reduced for maximum and age (SAMBA). In the case of triple entitlement, SAMBA in the first dual entitlement field is for the primary (A) claim, and SAMBA in the second dual entitlement field is blank. Format: $$$$cc
Smaller Full Monthly Benefit Amount	This field contains the Smaller Full Monthly Benefit Amount (SFMBA) reduced for the family maximum. In the case of triple entitlement, SFMBA in the first dual entitlement field is for the primary (A) claim, and SFMBA in the second dual entitlement field is blank. Format: $$$$cc
SMI Buy-In Code	State/3rd Party Billing Code The complete list of code values are listed in **APPENDIX I – THIRD PARTY BILLING CODE VALUES**
SMI Buy-In Indicator	This code indicates whether there is a third party code for SMI. Y Yes N No

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SMI Buy-In Start Date	Effective start date of buy-in eligibility. Format: MMCCYY
SMI Buy-In Stop Date	Effective stop date of buy-in eligibility. Format: MMCCYY
SMI Option Code	C No (cessation of disability) D No (Part B coverage denied) F No (invalid enrollment terminated) G Yes (good cause) N No (Puerto Rican beneficiary not entitled; also dually/technically entitled beneficiary not entitled to SMI) P Railroad Board has jurisdiction R No (refused Part B coverage) S No (no longer renal disease provision) T No (Part B terminated for nonpayment of premiums) W No (withdrawal from coverage) Y Yes (has Part B coverage)
SMI Premium	Supplemental premium amount collectible. Format: $$$cc
SMI Start Date	First month of coverage. Format: MMCCYY
SMI Stop Date	First month of non-coverage. Format: MMCCYY
Special Needs Code	Indicates whether the State grant amount includes an allowance for special needs (This information is for other than Essential Person). Y Special needs included in the State benefit amount N Special needs not included in the State benefit amount
SSI Gross Payable Amount	The Federal amount the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in **APPENDIX C - Title XVI (SSI) Payment History** . Format: $$$cc
SSI Monthly Assistance Amount	Self-explanatory. Format: $$$$$cc
SSN Correction Indicator	Indicates the status of pseudo SSN (900 series) or invalid SSN assigned to the recipient. A A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last 9 positions of the SSN-List of Multiple SSN's field is being initially transmitted to the State

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	B Valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in one of the slots of the SSN - List of Multiple SSNs field
SSN-List of Multiple SSNs	Identifies additional social security numbers used by the individual. Space is available to record up to five multiple SSNs for an individual.
SSN-Multiple SSN Indicator	Indicates the number of additional SSNs used by the individual (in the following SSN-List of Multiple SSNs field). Up to 5 SSN occurrences maximum.
State Agency Code	The State agency code (must be the 2-position State number preceded by the numeric agency code; normally zero).
State and County Code of Jurisdiction (Current)	Indicates the State and county that are responsible for any mandatory or optional supplementation payment. Represents the State and County of residence for recipient unless another State and County have jurisdiction.
State and County Code of Reimbursement	Reflects the State/county code corresponding to the agency with which the SSI/SSP applicant signed an agreement for reimbursement of interim assistance payments. This field will be zero-filled in the following situations: • record is for an essential person • an applicant who may not have authorized (or timely authorized) reimbursement to the State • or where there is no Federal/State agreement for reimbursement
State Code and Conversion	State from which the individual was converted to the Federal program.
State Communication Code	The State Communication Code as input by the State.
State Gross Payable Amount (Current)	The amount of Federally-administered supplementation the recipient is entitled to receive (before adjustments for overpayments) on Payment This payable amount is subject to change until the Treasury File is created. After the Treasury File **is** created, the payment date and current payable amount figures will be updated for the current computation month. Format: $$$$$cc
State Supplement Amount	Self-explanatory. Format: $$$$$cc
Student Indicator	Indicates whether a recipient under age 22 is a student. Y Student N Not a student
Supplemental Medical Insurance (SMI) Indicator	Indicates whether or not SMI data is present. If SMI Option Code contains Y, G, C, S, T, or W, then this code will be a Y. Otherwise, this code will be set to N. Y Yes N No
Surname	The surname input by the State.

Telephone Number	Recipients telephone number.
Third Party Insurance Indicator	Indicates whether there could be third parity liability for health care expenses (Not updated after initial posting). A Third party liability does exist but applicant refuses to assign rights N Third party liability does not exist (1634 State only) Q Medicaid qualifying trust may exist R Failure to cooperate in providing third party Y Third party liability does exist (1634 State only) and applicant agrees to assign rights Blank Not applicable
Title II Status	Indicates presence of a Title II record: Blank SSA's Client Record Index (CRI) is unable to obtain information as to the existence of a record; or, the request was for Prisoner data and CRI was not checked C SSA's Client Record Index indicates that there is a record, but SVES could not locate it D SSA has a record, but there is a name or DOB discrepancy between SSA's and the State's record. Data is returned if requested Y A Title II record exists N A Title II record does not exist
Title XVI Status	Indicates presence of a Title XVI record: Blank SSA's Client Record Index (CRI) is unable to obtain information as to the existence of a record; or, the request was for Prisoner data and CRI was not checked C There may be a record, however SSA's Index system was unable to find it D SSA has a record, but the name or DOB on the State's record is discrepant with SSA's information. Data is returned if requested Y A Title XVI record exists N A Title XVI record does not exist
Type of Dual Entitlement	This reflects the type of dual entitlement on the Master Beneficiary Record (MBR). 1 Primary/Auxiliary (or Survivor) 2 Survivor/Auxiliary 3 Insured/Prouty 4 Triple entitlement
Type of Payee Code	This code indicates the individual who receives the check. AGY Social agency CHD Natural, adoptive or stepchild (as payee for parent) ESP Essential person is payee FDM Federal mental institution FDO Federal non-mental institution FIN Financial organization FTH Natural or adoptive father GPR Grandparent

	INP Legally incompetent, but no representative payee has been selected MTH Natural or adoptive mother NPM Nonprofit mental institution NPO Nonprofit non-mental institution OFF Public official OTH Other PRM Proprietary mental institution PRO Proprietary non-mental institution PYE Recipient previously had payee, but is now receiving direct payments REL Other relative (includes in-laws) RPD The representative payee is being developed SEL Beneficiary is own payee SFT Stepfather SLM State/local mental institution SLO State/local non-mental institution SMT Stepmother SPO Spouse Blank Beneficiary is own payee
Type of Recipient	Indicates the type of recipient or other individual, involved in the record. If a recipient is initially disabled, this code will not change at age 65. AI Age individual AS Aged spouse BI Blind individual BC Blind child BS Blind spouse DC Disabled child DI Disabled individual DS Disabled spouse EP Essential person XF Ineligible father XM Ineligible mother XP Ineligible person XS Ineligible spouse
Unearned Income Verification Code	Indicates whether or not the unearned income allegations of the recipient have been verified. 0 Number and income have not been verified 1 Number has been verified, amount has not been verified 2 Number and income amount have been verified 3 VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month 4 Same as "3" above, except the overlaid amount was not the same as the amount shown for the prior month 5 For type A, same as "3" above except verification code was "2" before the MBR interface. If type X, Federal countable MIL transmitted by FO in conjunction with T30/T50 procedures. 6 For type A, one-time payment from the MBR in which there was no pre- existing entry on the SSR before the interface. If type X, special Federal countable MIL systems generated. Special MIL established by the system which does not consider N frequency code for Title II payments received in the first quarter of 1974. When this code is present, the 01/74

	MIL is frozen and the system will not recalculate for 01/74. 7 Federal countable MIL— systems generated. This is the standard type X income. 8 State countable MIL or income transmitted by FO (applicable to Vermont only) 9 State countable MIL or income (code 8) adjusted by the system (applicable to Vermont only) I Identification number and amount verified, and that Title II being paid in installments because of DAA provisions
Unearned Income Start Date	Indicates the date when the unearned income started if the payment is monthly, or when received if a one-time payment. Format: MMCCYY
Unearned Income Stop Date	Reflects the effective date of termination of unearned income. In a situation where the unearned income amount changes, this will be the last date the previous rate, or one-time payment, was received. Format: MMCCYY
Unearned Income Amount	For unearned income other than Social Security benefits (type A), the money will always be greater than zero (0). For A, the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits). For suffixes other than "T" or "M", the money amount may be zero (0) if the unearned income frequency code is "C", "N", or "T". This generally occurs because the recipient is dually entitled but receives only one (1) Title II check. Both claim/identification numbers appear in the record, but with a positive money amount for the primary claim number and a zero (0) money amount for the second claim number. This field contains money amounts that do not represent income to the recipient (i.e., MIL amounts, deeming allocations, and blind countable income for conversion cases). Format: $$$$cc

Unearned Income Frequency	Indicates whether or not unearned income is being received, or was received.
	
	C Continuous monthly payment or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status
	N One-time payment
	R Used in conjunction with
	      type "A" income to indicate
	      recent Retirement, Survivors, and Disability Insurance
	      filing, or with type "D"
	      income to indicate potential
	      eligibility to a RRB benefit
	T Termination of continuous monthly payment
	U Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to a RRB annuity has not been determined
	Blank Initialized value

Unearned Income - Net	Reflects the current month's amount of unearned income after all

Countable Amount	exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual. Format: $$$$cc
Unearned Income - Number of Occurrences	This data element reflects the number of entries for the seven unearned income data elements. Up to 9 occurrences maximum.

Unearned Income Retrospective Net Countable Amount	Reflects the money amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank. Format: $$$$cc
Unearned Income Type Code	Indicates the particular kind of unearned income the recipient is, or was, receiving. A Social Security - Title II B Black Lung C VA compensation (not based on need) D RRB E VA pension (based on need) F Assistance based on need and not excluded from unearned income G Retroactive Title II benefits posted as if paid when due, used in Title XVI offset computation H In-kind support and maintenance I Ineligible child allocation (not income) J Value of one-third (1/3) reduction for Living Arrangement code B K Blind countable income (conversion cases) L Military retired pay M Federal Civil Service pension N Support payments received from absent parent O Income based on need from private sources P Employment-related pension (State or local government retirement, private pension) Q Worker's Compensation R Rents, interest, dividends, royalties S Other T Alaska Longevity bonus U Concurrent and Title II only attorney's fees allocated over months where Type A, G or W unearned income is present V Manually computed deemed income W Retroactive Title II benefits posted as if paid when due, used in the Title II offset computation X Minimum income level amount (not income) Y Special need reduction (applies to a Federal countable minimum income level) (not income) Z State countable income Blank Initialized value
Verification Code	Indicates SSN verification or the reason for non-verification. Blank Records failing initial edit checks and not making it as far as the verification process V SSN is verified X SSN is verified, NUMIDENT indicates individual is deceased. The Date of Death on the NUMIDENT will be displayed in the Verified SSN Data field (positions 109-153 of the Type 1 response)

	1 SSN is not in file 3 Surname matched, but DOB did not match NUMIDENT. The DOB on the NUMIDENT will be displayed in the Verified SSN Data field (positions 109-153 of the Type I response) 5 Name does not match (e.g., SSN submitted for John Smith belongs to Pam Jones); DOB was checked. F SSN is verified (surname ignored because no match on surname +/- 1 letter difference) M SSN verified via MBR or SSR rather than NUMIDENT (overlays value of 1') P SSN verified via MBR or SSR rather than NUMIDENT (overlays value of '3') R SSN verified via MBR or SSR rather than NUMIDENT (overlays value of '5') Z Verification code for records in which State submitted a CAN (claim account number) instead of an SSN. SSA found the CAN on the MBR, but did not verify the SSN with the NUMIDENT * The input SSN was not verified. SSA located and verified the SSN shown in the Verified SSN Data field (positions 109-153 of the Type I response). Requested data is provided using the SSN SSA verified & Multiple SSNs are provided in Verified SSN data field, up to five. This response will immediately follow a response with an alpha verification code in about 1% of the cases. The multiple SSNs are ones which were previously issued to individuals. Benefits may or may not have been paid on the multiple SSNs. . Same as Blank Low-values Same as blank.
Verification SSN Data	Data that accompanies the Verification Code field: If the Verification Code is *, then this field will contain the SSN located by SSA which differs from the SSN submitted by the State. If the Verification Code is 3 or P, then the date of birth will be shown. If the Verification Code is X, then the NUMIDENT date of death will be shown. The dates will be displayed as MM/DD/CCYY (ten positions). This date is taken from the NUMIDENT file. If the Verification Code is &, then this field will show the multiple SSNs which were previously issued to an individual. Benefits may or may not have been paid on the multiple SSNs. The WTPY response with an "&" verification code will immediately follow a WTPY response with an alpha verification code in about 1% of the cases.
Welfare Agency Code	State exchange welfare code.
Welfare ID Number.	The welfare number input by the State.
ZIP Code	The zip code of the residence address.
ZIP + 4	The additional 4 positions of the zip code where the 9-digit zip code is used.
40 QQ History	This field contains 100 indicators; each indicator contains either a Y(es) or N(o). Each indicator represents one Qualifying Quarter. These indicators represent the Qualifying Quarters starting from January 1997 and ending December 2021; 25 years worth of data.

APPENDICES

APPENDIX A - Glossary & Acronyms

AFDC	Aid to Families with Dependent Children
AIME	Average Indexed Monthly Earnings
AMW	Average Monthly Wage
Applicant	A person who has filed for assistance or benefits.
ARMSMULT	Automatic Reappraisal Military Service and Multiple Account Numbers
BEER	Beneficiary Earnings Exchange Record
BENDATA	State Beneficiary Data (BENDEX) File
BENDEX	Beneficiary and Earnings Data Exchange
Beneficiary	A person who is entitled to Social Security benefits.
BOAN	Beneficiary's Own Account Number
CAN	Claim Account Number
CAPS	Claims Automated Processing System (Note: the CAPS system has been replaced by the Modernized Claim System)
CDB	Childhood Disability Benefits
Claimant	A person on whose behalf an application is made.
Claim Number	A number used by SSA to identify an individual who is a claimant or a beneficiary
Client	A synonym for beneficiary or recipient.
CO	The Social Security Administration's Central Office (located in Woodlawn, Baltimore, Maryland)
DIB	Disability Insurance Benefits
DO	A Social Security District Office (same as FO)
EIN	Employer Identification Number
Eligible	For Title II, to meet all the requirements for receiving Social Security benefits, except for filing an application. For Title XVI, to receive SSI benefits.
Entitled	To meet all the requirements for receiving Social Security benefits including the filing of an application and have the right to receive benefits.
FO	A Social Security Field Office
DHHS	Department of Health and Human Services
HI	Health Insurance (Part A)
HIB	Health Insurance Benefits
HUD	Housing and Urban Development (Department of)
IAR	Interim Assistance Reimbursement
IMPACC	Immediate Payment Critical Case
INA	Immigration and Naturalization Act
IRS	Internal Revenue Service
ICDB	Integrated Client Database

IEVS	Income and Eligibility Verification System
LAF	Ledger Account File (LAF Code is the Title II equivalent of Payment Status)
MAFDUP	Master File Duplication Detection Operation
MBA	Monthly Benefit Amount
MBR	Master Beneficiary Record (Title II)
MEF	Master Earnings File
MQGE	Medicare Qualified Government Employment
MSSICS	Modernized SSI Claims System
OIO	Office of International Operations
OPM	Office of Personnel Management
OSSOM	Office of Systems Security Operations Management
OTP	One-time payment
Payment Status	The condition of a beneficiary's Social Security benefits, (i.e., suspended, current, or terminated).
PIA	Primary Insurance Amount
PIC	Payment Identification Code
POMS	Program Operations Manual System
Prouty	A special monthly payment may be made to certain people who have not worked long enough under Social Security to receive regular benefits. Men who were age 72 before 1972 and women who were age 72 before 1970 qualify for these benefits. However, the payment may be reduced by the amount of other government pensions received. Congress provided these payments in 1966 to provide some income for those people who had little or no opportunity to obtain Social Security coverage during their working years and for aged widows whose husbands had died without Social Security protection. The cost of the payments is met from general revenues.
PSC	A Social Security Payment Center (also referred to as a PC or Payment Center)
QC	Qualifying Credits
QQ	Qualifying Quarters
Recipient	A person who receives State public assistance and/or SSI payments.
RO	A Social Security Regional Office
RRB	Railroad Retirement Board
RSI	Retirement & Survivors Insurance (Title II)
SDX	State Data Exchange System
SGA	Substantial Gainful Activity
SMI	Supplemental Medical Insurance (Part B)
SMIB	Supplemental Medical Insurance Benefits
SSA	Social Security Administration
SSI	Supplemental Security Income (Title XVI)
SSR	Supplemental Security Record (Title XVI)
SVES	State Verification and Exchange System

Title II	SSA Retirement, Survivors, Disability and Health Insurance Benefits (RSI)
Title XVI	Supplemental Security Income benefits (SSI)
TP	Third Party
SOLQ	State On-Line Query
VA	Veterans Administration
WTPY	Wire Third Party Query

APPENDIX B - Title II (RSDI) Payment History Table

The last 8 *occurrences* of payment history data may be displayed to provide historical payment information. The pertinent data elements (positions 585-688 of the Type II record) are Monthly Benefit Credited (MBC) Date, MBC Amount, and MBC Type.

It is important to use all of the pertinent data elements in the matrix and provide definitions so that the entries will be properly interpreted. For example, some of the codes indicate that amounts were not due or that all or part of a monthly benefit was credited toward an overpayment recovery rather than issued to the individual. Also, it is essential to understand the meaning of *occurrence*. Each occurrence of data indicates a change in entitlement amount or reflects that benefits were not due. *Therefore, the 8 historical entries show the last 8 changes in benefit amount, not the last 8 months.* For example, an individual whose payment just changes once a year because of the cost-of-living adjustment would have only one occurrence of entitlement history per year.

In situations where the individual has been in current payment status, or in full suspense, AND there has been no retroactive change in his/her benefit amount, the history is also a payment history. However, in many cases where there have been adjustments to the record, this history does not accurately reflect the actual payments made. It does reflect what the individual was entitled to receive for those months.

The table on the following page shows an example of how to interpret Title II entitlement history entries and how to determine the entitlement amounts in specific months.

MBC Type: C	MBC Date: 04/97	MBC Amount: $435.00
MBC Type: C	MBC Date: 03/97	MBC Amount: $535.00
MBC Type: C	MBC Date: 01/97	MBC Amount: $321.00
MBC Type: C	MBC Date: 12/96	MBC Amount: $320.80
MBC Type: C	MBC Date: 08/96	MBC Amount: $519.50
MBC Type: C	MBC Date: 12/95	MBC Amount: $520.00
MBC Type: C	MBC Date: 12/94	MBC Amount: $507.00
MBC Type: C	MBC Date: 12/93	MBC Amount: $493.00

The preceding table indicates that the individual received the following payments:

Benefit Amount	Payment Month(s)
$435.00	05/97 through date of query (8/1/97)
$535.00	04/97
$321.00	02/97 - 03/97
$320.80	01/97
$519.50	09/96 - 12/96
$520.00	01/96 - 08/96
$507.00	01/95 - 12/95
$493.00	01/94 - 12/94

APPENDIX C - Title XVI (SSI) Payment History Fields

The last 8 occurrences of payment history data may be displayed to provide historical payment information. The pertinent data elements (found in positions 1101-1292 of the Title XVI record) are PHIST Payment Date, SSI Monthly Assistance Amount, State Supplement Amount, PHIST Payment Flag 1, and PHIST Payment Flag 2.

It is important to use all pertinent data elements in the matrix and provide definitions so that entries will be properly interpreted. For example, some codes indicate that amounts were not paid or that all or part of a check was credited toward an overpayment recovery rather than issued to the individual. Also, it is essential to understand the meaning of *occurrence.* Each occurrence of data indicates a change in payment amount. *Therefore, the 8 historical entries show the last 8 changes in payment amount, not the last 8 months.* For example, an individual whose payment just changes once a year because of the cost-of-living adjustment would have only one *occurrence* of payment history per year.

The table on the following page shows an example of how to interpret Title XVI payment history entries and how to determine the payment amounts in specific months.

Payment Date	Monthly Amount	State Supplement Amount	Payment Flag 1	Payment Flag 2
08/01/1996	$0.00	$0.00	1	N
01/01/1996	$470.00	$0.00	1	N
08/01/1995	$458.00	$0.00	1	N
07/01/1995	$38.31	$0.00	5	N
07/01/1995	$419.69	$0.00	1	N
04/01/1995	$45.80	$0.00	5	N
04/01/1995	$412.20	$0.00	1	N
01/01/1995	$434.70	$0.00	1	N

The Title XVI Payment History Table indicates that the individual received the following payments:

Payment Amount | Payment Month(s)

$0.00 — 08/96 No SSI payments have been made from 8/96 through date of query (8/1/97).

$470.00 — 1/96 - 7/96

$458.00 — 8/95 - 12/95

$419.69 — 7/95 ($38.31 was withheld for an overpayment recovery in 7/95 as indicated by code 5 in payment flag 1.)

$412.20 — 4/95 - 6/95 ($45.80 was withheld for an overpayment recovery from 4/95 - 6/95 as indicated by code 5 in payment flag 1.)

$434.70 — 1/95 - 3/95

APPENDIX D - BIC Code Values

 & Combined A and B beneficiary in the same payment
A Primary claimant
B Aged wife, age 62 or over (1st claimant)
B1 Aged husband, age 62 or over (1st claimant)
B2 Young wife, with a child in her care (1st claimant)
B3 Aged wife (2nd claimant)
B4 Aged husband (2nd claimant)
B5 Young wife (2nd claimant)
B6 Divorced wife, age 62 or over (1st claimant)
B7 Young wife (3rd claimant)
B8 Aged wife (3rd claimant)
B9 Divorced wife (2nd claimant)
BA Aged wife (4th claimant)
BD Aged wife (5th claimant)
BG Aged husband (3rd claimant)
BH Aged husband (4th claimant)
BJ Aged husband (5th claimant)
BK Young wife (4th claimant)
BL Young wife (5th claimant)
BN Divorced wife (3rd claimant)
BP Divorced wife (4th claimant)
BQ Divorced wife (5th claimant)
BR Divorced husband, age 62 or older 1st claimant)
BT Divorced husband (2nd claimant)
BW Young husband (2nd claimant)
BY Young husband, with a child in his care (1st claimant)
C1-C9 Child (includes minor, student or disabled child)
CA-CK Child (includes minor, student or disabled child)
D Aged widow, age 60 or over (1st claimant)
D1 Aged widower, age 60 or over (1st claimant)
D2 Aged widow (2nd claimant)
D3 Aged widower (2nd claimant)
D4 Widow (remarried after attainment of age 60) (1st claimant)
D5 Widower (remarried after attainment of age 60) (1st claimant)
D6 Surviving divorced wife, age 60 or over (1st claimant)
D7 Surviving divorced wife (2nd claimant)
D8 Aged widow (3rd claimant)
D9 Remarried widow (2nd claimant)
DA Remarried widow (3rd claimant)
DC Surviving divorced husband, age 60 or over (1st claimant)
DD Aged widow (4th claimant)
DG Aged widow (5th claimant)
DH Aged widower (3rd claimant)
DJ Aged widower (4th claimant)

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DK   Aged widower (5th claimant)
DL   Remarried widow (4th claimant)
DM   Surviving divorced husband (2nd claimant)
DN   Remarried widow (5th claimant)
DP   Remarried widower (2nd claimant)
DQ   Remarried widower (3rd claimant)
DR   Remarried widower (4th claimant)
DS   Surviving divorced husband (3rd claimant)
DT   Remarried widower (5th claimant)
DV   Surviving divorced wife (3rd claimant)
DW   Surviving divorced wife (4th claimant)
DX   Surviving divorced husband (4th claimant)
DY   Surviving divorced wife (5th claimant)
DZ   Surviving divorced husband (5th claimant)
E   Mother (widow) (1st claimant)
E1   Surviving divorced mother (1st claimant)
E2   Mother (widow) (2nd claimant)
E3   Surviving divorced mother (2nd claimant)
E4   Father (widower) (1st claimant)
E5   Surviving divorced father (widower) (1st claimant)
E6   Father (widower) (2nd claimant)
E7   Mother (widow) (3rd claimant)
E8   Mother (widow) (4th claimant)
E9   Surviving divorced father (widower) (1st claimant)
EA   Mother (widow) (5th claimant)
EB   Surviving divorced mother (3rd claimant)
EC   Surviving divorced mother (4th claimant)
ED   Surviving divorced mother (5th claimant)
EF   Father (widower) (3rd claimant)
EG   Father (widower) (4th claimant)
EH   Father (widower) (5th claimant)
EJ   Surviving divorced father (3rd claimant)
EK   Surviving divorced father (4th claimant)
EM   Surviving divorced father (5th claimant)
F1   Parent (father)
F2   Parent (mother)
F3   Parent (stepfather)
F4   Parent (stepmother)
F5   Parent (adopting father)
F6   Parent (adopting mother)
F7   Parent (2nd alleged father)
F8   Parent (2nd alleged mother)
J1   Primary Prouty entitled to HIB (less than 3 qualifying quarters (QQs)) (General Fund)
J2   Primary Prouty entitled to HIB over 2 QQs) (Retirement and Survivors Insurance (RSI) Trust Fund)

J3	Primary Prouty not entitled to HIB (less than 3 QQs) (General Fund)
J4	Primary Prouty not entitled to HIB (over 2 QQs) (RSI Trust Fund)
K1	Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (1st claimant)
K2	Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (1st claimant)
K3	Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (1st claimant)
K4	Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (1st claimant)
K5	Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (2nd claimant)
K6	Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (2nd claimant)
K7	Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (2nd claimant)
K8	Prouty wife not entitled to HIB (less than 3 QQs) (RSI Trust Fund) (2nd claimant)
K9	Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (3rd claimant)
KA	Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (3rd claimant)
KB	Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (3rd claimant)
KC	Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (3rd claimant)
KD	Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (4th claimant)
KE	Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (4th claimant)
KF	Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (4th claimant)
KG	Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (4th claimant)
KH	Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (5th claimant)
KJ	Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (5th claimant)
KL	Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (5th claimant)
KM	Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (5th claimant)
M	Uninsured beneficiary (not qualified for automatic HIB)
M1	Uninsured beneficiary (qualified for automatic HIB but requests only SMIB)
O	Combined A and B beneficiary in the same payment
T	*Fully insured beneficiaries who have elected entitlement only to HIB (usually but not always along with SMIB)
	*Uninsured beneficiary or renal disease beneficiary only
	*Deemed insured (hospital insurance only)
TA	Medicare Qualified Government Employment (MQGE) primary beneficiary
TB	MQGE aged spouse (1st claimant)
TC	MQGE childhood disability benefits (CDB) (1st claimant)
TD	MQGE aged widow(er) (1st claimant)
TE	MQGE young widow(er) (1st claimant)
TF	MQGE parent (male)
TG	MQGE aged spouse (2nd claimant)
TH	MQGE aged spouse (3rd claimant)
TJ	MQGE aged spouse (4th claimant)
TK	MQGE aged spouse (5th claimant)
TL	MQGE aged widow(er) (2nd claimant)
TM	MQGE aged widow(er) (3rd claimant)
TN	MQGE aged widow(er) (4th claimant)
TP	MQGE aged widow(er) (5th claimant)
TQ	MQGE parent (female)
TR	MQGE young widow(er) (2nd claimant)

TS	MQGE young widow(er) (3rd claimant)
TT	MQGE young widow(er) (4th claimant)
TU	MQGE young widow(er) (5th claimant)
TV	MQGE disabled widow(er) (1st claimant)
TW	MQGE disabled widow(er) (1st claimant)
TX	MQGE disabled widow(er) (2nd claimant)
TY	MQGE disabled widow(er) (3rd claimant)
TZ	MQGE disabled widow(er) (4th claimant)
T2	MQGE (CDB) (2ND claimant)
T3	MQGE (CDB) (3rd claimant)
T4	MQGE (CDB) (4th claimant)
T5	MQGE (CDB) (5th claimant)
T6	MQGE (CDB) (6th claimant)
T7	MQGE (CDB) (7th claimant)
T8	MQGE (CDB) (8th claimant)
T9	MQGE (CDB) (9th claimant)
W	Disabled widow, age 50 or over (1st claimant)
W1	Disabled widower, age 50 or over (1st claimant)
W2	Disabled widow (2nd claimant)
W3	Disabled widower (2nd claimant)
W4	Disabled widow (3rd claimant)
W5	Disabled widower (3rd claimant)
W6	Disabled surviving divorced wife (1st claimant)
W7	Disabled surviving divorced wife (2nd claimant)
W8	Disabled surviving divorced wife (3rd claimant)
W9	Disabled widow (4th claimant)
WB	Disabled widower (4th claimant)
WC	Disabled surviving divorced wife (4th claimant)
WF	Disabled widow (5th claimant)
WG	Disabled widower (5th claimant)
WJ	Disabled surviving divorced wife (5th claimant)
WR	Disabled surviving divorced husband (1st claimant)
WT	Disabled surviving divorced husband (2nd claimant)

NOTE: Some BICs may be displayed as a three-position code (e.g., B01, C03 etc.)

APPENDIX E - LAF Code Values

NOTE: Applies to TITLE II only

A   Withdrawal for adjustment
AA   Adjusted to split PICs in Advance File Status
AC   PIA correction (no recomputation)
AD   Adjusted for dual entitlement
AE   Withdrawn for recomputation under Section 142 (Japanese Internment credits)
AF   Transferred to another program service center or OIO. This code is no longer valid since implementation of national MBR. Adjusted to cancel worker's compensation offset.
AJ   Worker's compensation offset/ public disability benefits cancellation
AM   Withdrawn from HIB-only status
AP   Withdrawn for change of PIC or post-entitlement action adjusted simultaneous entitlement
AR   Withdrawal of a beneficiary from LAF S or T to place in current payment status
AS   Adjusted for simultaneous entitlement
AW   Withdrawn to impose worker's compensation offset/public disability benefits
A(&) Withdrawn from suspense or deferred status to be placed in current payment status
A(-)   Withdrawn from current payment status to be placed in suspense or deferred status
A0   Withdrawn to adjust reduction factor
A1   Withdrawn for recomputation under Section 229 (non-contributory military credits after 1956)
A2   Withdrawn for 1965 or 1968 recomputation
A3   Withdrawn for recomputation under Sections 217 and 229 (non-contributory military credits before and after 1956)
A4   Withdrawn for disability offset recomputation
A5   Withdrawn for recomputation not separately defined
A6   Withdrawn to recalculate PIA to include disability freeze
A7   Withdrawn for recomputation under Section 217 (non-contributory military credits before 1957)
A8   Record transferred from OIO to another program service center. This code is no longer valid since implementation of national MBR.
A9   Withdrawn for adjustment action not separately defined
B   Abatement status
C   Current payment status (except railroad payment)
D   Deferred payment status
DP   Deferred because of receipt of public assistance
DW   Deferred because of worker's compensation/public disability benefit offset
D1   Deferred because of foreign work test
D2   Deferred because of annual retirement test
D3   Deferred as an auxiliary because the primary beneficiary is LAF-D2
D4   Deferred because no child-in-care

D5   Deferred as an auxiliary because the primary beneficiary is in LAF-D1
D6   Deferred to recover overpayments not separately defined
D9   Deferred for reasons not separately defined
E   Current payment certified to the RRB
F   Advanced Filing for Current Payment through RRB
J   Advance File Current Pay Case
K   Advanced Filing for Deferred Payment
L   Advanced Filing for Conditional Payment
N   Disallowed claim
ND   Denied claim
P   Delayed claim (adjudication pending)
PB   Delayed claim - beneficiary's claim not finally adjudicated
PF   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PH   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PJ   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PK   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PL   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PM   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PP   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
PT   Claim has been terminated from delayed claims status
PW   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
P0-P9   Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
R   Kill Credit
Sx   Conditional/Suspended statuses
SB   Benefits due but not paid (less than $1.00)
SD   Technical Dual Entitlement – beneficiary is entitled on another claim or disability family maximum provision has reduced the MBA to zero
SF   Prouty beneficiary fails to meet residency requirement

SH   Prouty beneficiary receiving government pension
SJ   Alien suspension
SK   Deportation
SL   Beneficiary is in a barred payment country
SM   Refused old age insurance benefits to get Medicare-only coverage (prior to 1/81)
SP   Prouty beneficiary receiving public assistance
SS   Post-secondary student summer suspension
SW   Worker's compensation/public disability benefit offset
S0   Pending determination of continuing disability
S1   Beneficiary worked outside the United States (U.S.)
S2   Beneficiary worked inside the U.S.
S3   Primary beneficiary worked in the U.S.
S4   Failure to have child-in-care
S5   Primary beneficiary worked outside the U.S.
S6   Development of a better (correct) address for mail or direct deposit, as appropriate
S7   Prisoner suspension, suspension due to extended trial work period (EPE SGA); or suspension for refusing vocational rehabilitation (VR) services.
S8   Payee is being determined
S9   Miscellaneous suspension
Tx   Terminated statuses
TA   Advance filing claim terminated before maturity
TB   Mother's/Father's benefits terminated because beneficiary is entitled to disabled widow(er)s benefits
TC   Disabled widow attained age 62 and is not entitled as an aged widow
TJ   Advance filed claim terminated after maturity
TL   Termination of post-secondary student
TP   Terminated for change of PIC on post-entitlement actions
TX   DIB attained age 65 (also used for auxiliary beneficiaries)
T(&)   Claim was withdrawn
T(-)   Disability benefits terminated because of conversion to retirement benefits upon attainment of age 65
T0   Benefits payable by some other agency
T1   Death of beneficiary
T2   Auxiliary terminated due to death of primary beneficiary (converted to survivor's benefits)
T3   Beneficiary divorced, married, or remarried
T4   Child beneficiary terminated because of attainment of age 18 or 19 and is not disabled; mother/father terminated based on last child's attainment of age 16
T5   Entitled to other benefits
T6   Child beneficiary is no longer attending school on full-time basis and is between ages 18 and 19, or a disabled child is no longer under a disability. Termination of a mother/father because of death or marriage of the last remaining child entitled to receive benefits
T7   Child terminated because of adoption, mother/father terminated because last entitled child adopted

T8   Primary DIB no longer disabled; mother/ father terminated because child no longer disabled

T9   Terminated for reasons not separately defined

U   Active Uninsured Status

W   Withdrawal before entitlement

Xx   Adjusted/Suspended/Terminated/Un-insured statuses

XD   Withdrawal for adjustment

XF   Entitlement transferred to another program service center or OIO

XK   Beneficiary deported

XR   Withdrawn from SMIB

X(+)   SMI withdrawn; beneficiary entitled only to SMI

X0   Claim transferred to RRB

X1   Death of beneficiary

X5   Beneficiary entitled to other benefits

X7   Health insurance benefits (HIB)/ Supplemental Medical Insurance Benefits (SMIB) terminated

X8   Payee being developed

X9   Entitlement has been interrupted for reasons not separately defined

APPENDIX F – Transaction Type Code Values

NOTE: Applies to TITLE XVI (SSI) only

A1   Eligible Individual name change
AD   Address
AT   State
AY   City
BA   Dedicated account balance
BC   Direct Deposit
CC   Folder Involvement action - 8028 receipt by FO
CF   Conserved Funds
CG   Case characteristics
CH   Returned check
CM   Multi-categories
CO   Overpayment decision
CP   Refund amount (obsolete)
CR   Cross program recovery
CS   Decision SGA
DA   Diary code and date
DD   Direct deposit change
DH   Death (obsolete)
DL   Deletion
DM   Deemed income or, if date is 8/74, a special diary selection
DN   Date of Overpayment Notice (obsolete)
DO   Date of Disability Onset
DT   Drug/Alcohol
DY   Selected for Diary action
D1   Death notice from DO
D3   Death notice from MBR interface
D4   Death notice from Treasury Notification process
D5   Death (Treasury)/no Date of Death on report
EL   Elapsed month (obsolete)
EN   Earned Income
EP   Advance Payment
EW   Extended period of eligibility (obsolete)
FD   Special $50 payment (obsolete)
FI   12/73 Federal Countable Income
FL   12/73 Federal Living Arrangement
FS   Food stamps
FV   Foreign Language Notice
GA   Grant Amount
GC   Goldberg-Kelly Notice Date
GF   Adverse action

GJ   Protected payment level
GM   Minimum benefit level
IC   Initial claims accretion
IF   MBR or SSR interface replay
IR   IRS interface select
JA   Legal Guardian Agency
JB   Legal Guardian Consular Code
JC   Legal Guardian Foreign Country
JD   Legal Guardian Foreign Postal Zone
JM   Legal Guardian Mailing Address
JN   Legal Guardian Name
JP   Legal Guardian Telephone Number
JW   Legal Guardian Foreign Telephone Number
JZ   Legal Guardian ZIP Code
KE   Authorized Representative out-of-pocket expenses (obsolete)
KM   Authorized Representative Mailing Address (obsolete)
KN   Authorized Representative Name (obsolete)
KP   Authorized Representative Telephone Number (obsolete)
KQ   Authorized Representative Agreement Involved Claims (obsolete)
KR   Authorized Representative Approving Office Code (obsolete)
KS   Authorized Representative Fee Status (obsolete)
KT   Authorized Representative Type (obsolete)
KX   Authorized Representative Telephone Extension (obsolete)
KZ   Authorized Representative ZIP Code (obsolete)
LA   Federal Living Arrangement
LT   Last transaction
M   Cross-reference SSN
MA   Title II A- payment
MB   MBR reply post-entitlement, change other than death
MC   IRS data
MD   Medical data
MG   Medical recovery
MI   Title II IMPACC
MM   Misused money
MP   Manual payment
MS   IRS data
NC   Non-receipt or Double Check negotiated (Treasury)
ND   Date of Overpayment Notice
NM   Accounting done
NP   Notice suppression
NU   Numident reply
OL   MSSICS 4.4 transaction (miscellaneous transaction)
ON   Automated One-Time payment
OS   Operational supplemental code (obsolete)
PC   SF-1184 or deletion of a returned check
PL   Appeals request (obsolete)

PN   Payee's name
PR   Prior error input
PS   Payment status
R1-R5 Remarks
RA   Residence address
RB   Rollback
RC   Returned check for other than death (Treasury)
RD   Resource disposal
RE   Resources
RF   1619(b) redetermination selection
RG   Redetermination diary update
RI   Limited issue redetermination selection
RK   Zebley redetermination needs developed
RL   Additional development redetermination selected (obsolete)
RM   Remarks (obsolete)
RP   Representative Payee
RQ   Non-selectable Unemployment Compensation case
RR   Remittance register refund
RS   Data Operation Center redetermination second request
RT   Selected for redetermination
RU   Redetermination listing selection (obsolete)
RV   Deletion of pending redetermination data, record went into non-pay
RW   Redetermination established on start date record
RX   Redetermination transfer (high response record)
RY   Redetermination transfer from Data Operations Center to District Office
RZ   Redetermination input
SB   Suspend billing
SC   State/County of conversion
SE   Summary Earnings Record Earned Income
SI   Title XIX status
ST   State and county code
SZ   Special action code
TL   Telephone number
TP   Type of claim
TR   Transmission router
TS   Manual payment (obsolete)
TW   Trial work (obsolete)
UC   Un-negotiated check (Credit)
UD   Un-negotiated check (Debit)
UF   Limited Payability
UG   Limited Payability
UH   Limited Payability
UL   Limited Payability
UM   Unearned income
US   Manual Payment (obsolete)
VA   Veterans Administration interface

VB	Railroad Retirement Board interface
VC	Federal Civil Service interface
W	Welfare number
WA	Waiver
WI	Windfall offset data
W75	Field Office Code, special Central Office transactions
XI	Mass address or EIN rep-payee change
XD	Representative Payee System Direct Deposit
ZC	ZIP Code (residence address)
ZH	Interview limitation (obsolete)
ZP	ZIP Code (mailing address)
Z4	IRS interface reply

APPENDIX G – DO CODES for SSA FIELD OFFICES in NYS

DO Code	SSA Field Office Name (NYS offices Only)	Field6
100	NY MIDTOWN NY	212-3995320
101	SYRACUSE NY	315-4790049
102	ALBANY NY	518-4314051
103	BUFFALO NY	716-5514640
104	BINGHAMTON NY	607-7732884
105	SCHENECTADY NY	518-3821001
106	BROOKLYN BORO HALL NY	718-3307601
107	KINGSTON NY	845-3382589
108	ROCHESTER NY	585-2323890
109	NY DOWNTOWN NY	212-2645372
110	UTICA NY	315-7977614
111	JAMESTOWN NY	716-4849945
112	BRONX SOUTH BRONX NY	718-5376300
113	YONKERS NY	914-7090625
114	ELMIRA NY	607-7342961
115	NIAGARA FALLS NY	716-2831066
116	OGDENSBURG NY	315-3931417
117	NY UPTOWN NY	212-8606161
118	NEWBURGH NY	845-5657041
119	REGO PARK, NY	718-8966591
120	JAMAICA NY	718-5576226
121	STATEN ISLAND NY	718-9826066
122	GLOVERSVILLE NY	518-7258665
123	OSWEGO NY	315-3423558
124	ASTORIA NY	718-5459299
125	PLATTSBURGH NY	518-5625421
126	QUEENSBURY NY	518-8120182
127	BROOKLYN FLATBUSH NY	718-8592260
128	NEW ROCHELLE NY	914-6366915
129	WATERTOWN NY	315-7885839
130	TROY NY	518-2711900
131	AUBURN NY	315-2527598
132	BRONX NORTH BRONX NY	718-3675822
133	POUGHKEEPSIE NY	845-4523584
134	NY WASHINGTON HTS NY	212-9232570

135	BROOKLYN BUSHWICK NY	718-9639410
136	PATCHOGUE NY	631-2891421
137	BROOKLYN AVE X NY	718-6277240
138	MINEOLA NY	516-7472234
139	CYPRESS HILLS	718-8273858
140	CORNING NY	607-9363743
141	GENEVA NY	315-7890809
142	OLEAN NY	716-3721021
143	BATAVIA NY	585-3432501
144	MELVILLE NY	631-4230457
145	AMHERST NY	716-8335155
146	ONEONTA NY	607-4330171
147	NY EAST BRONX NY	718-2399572
148	WHITE PLAINS NY	914-6822714
149	WEST NYACK NY	845-6240030
150	FLUSHING NY	718-4601126
151	FREEPORT NY	516-7713123
152	ITHACA NY	607-2563651
153	HUDSON NY	518-8282098
154	MONTICELLO NY	845-7941293
156	NY EAST HARLEM NY	212-8318960
157	BROOKLYN BED STUY NY	718-8573907
158	BRONX HUNTS POINT NY	718-5427172
159	CHINATOWN NY	212-2264111
160	BEDFORD HEIGHTS NY	718-7735341
161	BROOK BAY RIDGE	718-9723971
162	FAR ROCKAWAY NY	718-8680848
163	RIVERHEAD NY	631-7275173
164	ROME NY	315-3391751
179	BAYCHESTER NY	718-3258163
381	EAST NEW YORK FO	718-4857070
999	LONG BEACH NY	516-8890746
A28	KINGS PLAZA NY	718-9511005
A95	BEDFORD HEIGHTS (old code)	
B93	PEEKSKILL NY	914-7390948
B95	EAST VILLAGE	212-6141908
B96	WEST SENECA NY	716-6753021
B97	W BABYLON NY	631-6695102

B98	CHEEKTOWAGA NY	716-6853345
C01	LONG ISLAND CITY	718-3923814
C05	GRAND CENTRAL UN NY	212-5994765
C72	DUNKIRK NY	716-3668211
C74	WILLIAMSBURG NY	718-2187914
C75	HERKIMER NY	315-7977614
C77	WEST FARMS NY	718-9912208
C78	MT VERNON NY	914-6639306
D57	CANARSIE NY	718-2728310
D58	HYLAN BLVD NY	718-5562529
E22	GLENDALE NY	718-4171601
E23	BRONX HUB NY	718-5851723
E25	BRONX RIVER PKWY	718-3243441
E72	GREECE NY	585-2252053

APPENDIX H – SDX and WMS DISTRICT CODES

County	SDX CODE	WMS CODE
Albany	000	01
Allegany	010	02
Broome	030	03
Cattaraugus	040	04
Cayuga	050	05
Chautauqua	060	06
Chemung	070	07
Chenango	080	08
Clinton	090	09
Columbia	200	10
Cortland	210	11
Delaware	220	12
Dutchess	230	13
Erie	240	14
Essex	260	15
Franklin	270	16
Fulton	280	17
Genesee	290	18
Greene	300	19
Hamilton	310	20
Herkimer	320	21
Jefferson	330	22
Lewis	340	23
Livingston	350	24
Madison	360	25
Monroe	370	26
Montgomery	380	27
Nassau	400	28
Niagara	500	29
Oneida	510	30
Onondaga	520	31
Ontario	530	32
Orange	540	33

COUNTY	SDX CODE	WMS CODE
Orleans	550	34
Oswego	560	35
Otsego	570	36
Putnam	580	37
Rensselaer	600	38
Rockland	620	39
St. Lawrence	630	40
Saratoga	640	41
Schenectady	650	42
Schoharie	660	43
Schuyler	670	44
Seneca	680	45
Steuben	690	46
Suffolk	700	47
Sullivan	710	48
Tioga	720	49
Tompkins	730	50
Ulster	740	51
Warren	750	52
Washington	760	53
Wayne	770	54
Westchester	800	55
Wyoming	900	56
Yates	910	57
Bronx	020	66
Kings (Brooklyn)	331	66
New York (Manhattan)	420	66
Queens	590	66
Richmond	610	66
OMRDD	990	98
OMH	991	97

APPENDIX I – THIRD PARTY BILLING CODE VALUES

STATE CODES

Part A (HI) Code	Part B (SMI) Code	State/Agency
S01	010	Alabama
S02	020	Alaska
S03	030	Arizona
S04	040	Arkansas
S05	050	California
S06	060	Colorado
S07	070	Connecticut
S08	080	Delaware, Public Assistance
S09	090	District of Columbia
S10	100	Florida
S11	110	Georgia
S12	120	Hawaii
S13	130	Idaho
S14	140	Illinois
S15	150	Indiana
S16	160	Iowa
S17	170	Kansas
S18	180	Kentucky
S19	190	Louisiana
S20	200	Maine
S21	210	Maryland

Part A (HI) Code	Part B (SMI) Code	State/Agency
S22	220	Massachusetts
S23	230	Michigan
S24	240	Minnesota
S25	250	Mississippi
S26	260	Missouri
S27	270	Montana
S28	280	Nebraska
S29	290	Nevada
S30	300	New Hampshire
S31	310	New Jersey
S32	320	New Mexico
S33	330	New York
S34	340	North Carolina
S35	350	North Dakota
S36	360	Ohio
S37	370	Oklahoma
S38	380	Oregon
S39	390	Pennsylvania
S41	410	Rhode Island
S42	420	South Carolina
S43	430	South Dakota
S44	440	Tennessee
S45	450	Texas

ATTACHMENT A

Part A (HI) Code	Part B (SMI) Code	State/Agency
S46	460	Utah
S47	470	Vermont
N/A	480	Virgin Islands
S49	490	Virginia
S50	500	Washington
S51	510	West Virginia
S52	520	Wisconsin
S53	530	Wyoming
N/A	640	Northern Mariana Islands
N/A	650	Guam
N/A	700	U.S. Civil Service Commission
Z99		Conditional Part A Enrollment

PART A and B FORMAL GROUP PAYERS

Part A (HI) Groups Code	Associated Groups	Part B (SMI) Groups Code
X51	City of Dallas, Dallas, TX	(A51)
X52	California Province of the Society of Jesus, Los Gatos, CA	(B52)
X54	Vincentian Fathers of Western Province, Earth City, MO	(B54)
X55	Veterans Home of California, Yountville, CA	(K55)
X64	Sisters of St. Joseph of Carondelet, Los Angeles CA	(B64)
X67	Franciscan Friars of California, Oakland, CA	(A67)
X70	Daughters of Mary of the Immaculate Conception, New Britain, CT	(A70)
X72	Society of the Divine Savior, Milwaukee, WI	(A72)
X73	Richmond California Unified School District	N/A
X74	Missionary Servants of the Most Holy Trinity, Silver Spring, MD	(A74)
X75	Glenmary Home Missioners, Cincinnati, OH	(A75)
X77	American IHM Province, Inc., Arlington, VA	(A77)
X78	Dominicans Province of St. Albert the Great, Chicago IL	(K78)
X81	Order of St. Benedict, Latrobe, PA	(K81)
X82	Massachusetts Group Insurance Commission, Boston, MA	N/A

Part A (HI) Groups Code	Associated Groups	Part B (SMI) Groups Code
X83	Marianists of Ohio, Inc., Dayton, OH	(A83)
X84	Marianist Province, Baltimore, MD	(A84)
X87	California State Teachers' Retirement System, Sacramento, CA	(A87)
X91	Chicago Public School Teachers, Chicago IL	(J81)

PART B ONLY FORMAL GROUP PAYERS

Part B (SMI) Groups Code	Associated Groups
A51	City of Dallas, Dallas, TX
A67	Franciscan Friars of California, Oakland CA
A70	Daughters of Mary of the Immaculate Conception, New Britain CT
A72	Society of the Divine Savior, Milwaukee, WI
A74	Missionary Servants of the Most Holy Trinity, Silver Spring MD
A75	Glenmary Home Missioners, Cincinnati, OH
A77	American IHM Province Inc., Arlington, VA
A83	Marianists of Ohio, Inc., Dayton, OH
A84	Marianist Province, Baltimore, MD
A87	California State Teacher's Retirement System, Sacramento, CA
B52	California Province of the Society of Jesus, Los Gatos CA
B53	Franciscan Sisters of Allegany NY, St. Bonaventure, NY
B54	Vincentian Fathers of Western Province, Earth City, MO
B64	Sisters of Saint Joseph of Carondelet, Los Angeles CA
B67	Carmelite Sisters, Alhambra, CA
B70	Public Employees Retirement Association of Colorado, Denver CO
B75	Patton State Hospital, Patton, CA
B77	Oregon State Hospital, Salem, OR
J72	Los Angeles County Employees Retirement Association, Pasadena, CA
J73	City of Springfield MA
J81	Public School Teachers Pension and Retirement of Chicago, Chicago, IL
J83	Ohio Public Employees Retirement System, Columbus OH

Part B (SMI) Groups Code	Associated Groups
J84	School Employees Retirement System, Columbus OH
J85	State Teachers Retirement System of Ohio, Columbus OH
J94	Los Angeles Department of Water and Power, CA
K55	Veterans Home of California, Yountville, CA
K64	Franciscan Sisters of the Sacred Heart, Frankfort, IL
K68	Tennessee Dept. of Health Renal Disease Program, Nashville, TN
K72	Northwest Kidney Center, Seattle, WA
K78	Dominicans Province of St. Albert, Chicago, IL
K81	Order of St. Benedict, Latrobe, PA

DESK AID

SOLQ INQUIRY SCREEN REASON CHOICE DEFINITIONS

ANNUAL SOCIAL SECURITY COLA VERIFICATION
- Self-Explanatory

APPLICATION
- Must fill in the *Case Number/Name* field before performing inquiry
- Only use an Application-Registration number if case number is not available
- Verify SSN and SSI benefit

CLIENT INVESTIGATION / CLIENT INQUIRY
- Active / Existing Cases
- When making an inquiry for the purpose of adding a household member , be sure to identify case by filling in the *Case Number/Name* field
- Fraud / Investigation Unit purposes
- Medicare Part A and B
- When recipient reports a change voluntarily or as a result of a district request
- If information is required for agency conference or fair hearing

CLIENT INVESTIGATION / RELATIVE INQUIRY
- Legally/Financially Responsible Relative – Must fill in the *Case Number/Name* field to identify /explain relationship
- Chronic Care / Long Term Care Determinations
- Related individuals needing inquiries may not appear on the APP-TAD or 3209 if not applying for assistance will appear on Exception reports

COURT CASE
- *Case Number/Name* field must be completed to identify which case relates to litigants. ex: P123456 / Joe Jackson court case

MEDICARE BUY-IN
- Medicare Part A and B
- Verify Medicare Health Insurance Claim Number (HICN)

REDETERMINATION
- Existing / Active cases
- Recertification determinations will use this choice
- When calculating/recalculating a MA Spend down budget
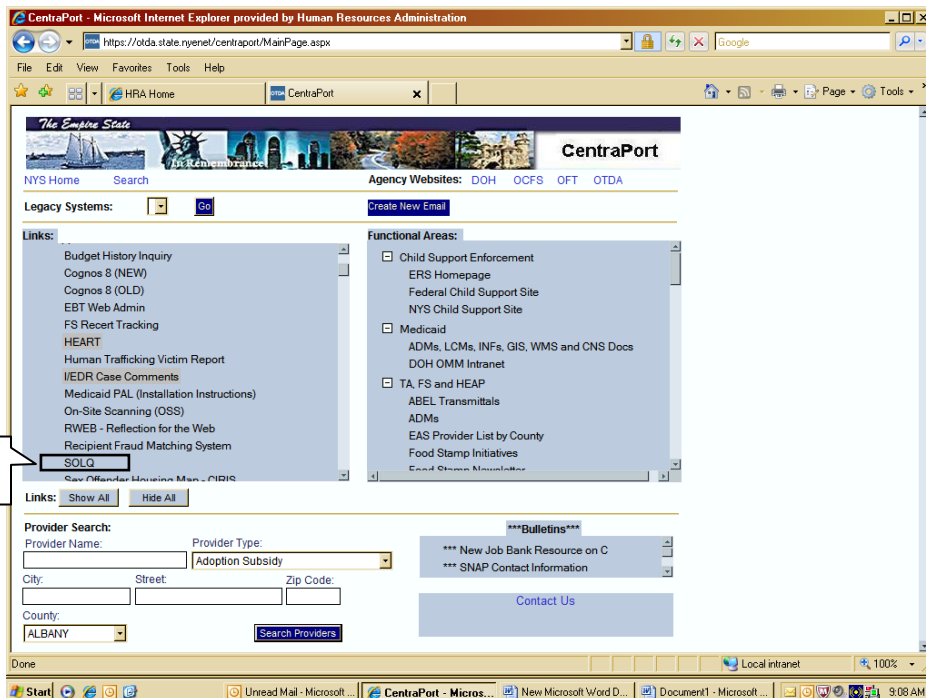- If client requests a re-determination of their case

Attachment C – SOLQ Instructional Guide

Accessing SOLQ

- Click on the **CENTRAPORT Link** on your desktop, and the first **CentraPort** screen appears.
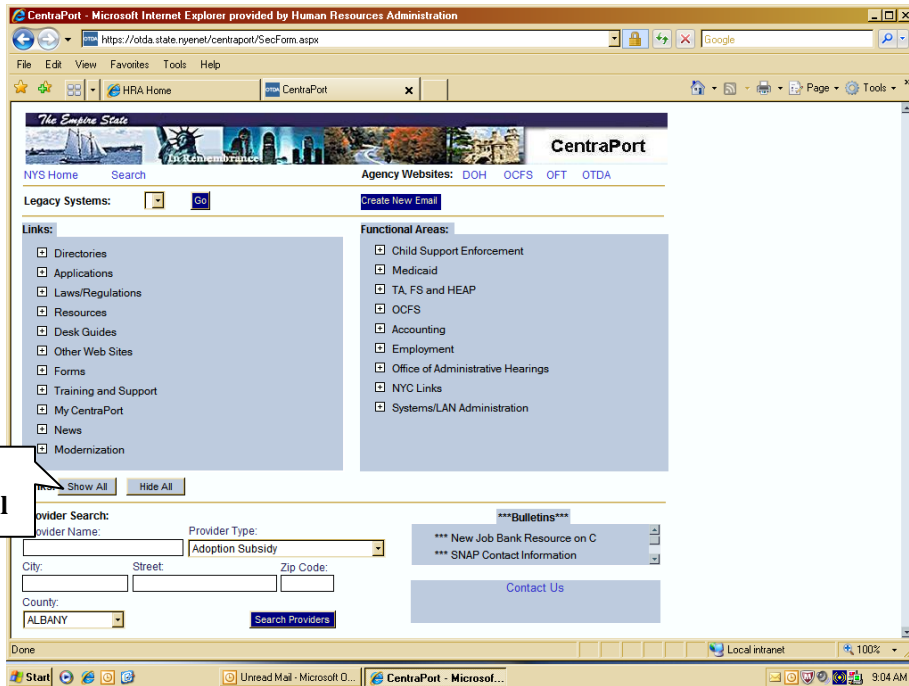
- Click on **Show All** and the next **CentraPort** screen appears.

- Click on **SOLQ** and the **CentraPort** search screen appears.

Searching SOLQ

- Enter the household member's SSN in the **Social Security Number** field, and enter his/her Last Name/First Name/Middle Initial and Date of Birth in the respective fields, or;
- Enter his/her Last Name/First Name/Middle Initial and Date of Birth in the respective fields;

  - The **Claim Account Number** field is optional. The CAN portion of the 'claim number' is the SSN of the wage earner on whose record benefits are being paid.
  - The **BIC** (Beneficiary Identification Code) field is optional. There are multiple BIC values, such as **A** (primary claimant) or **D9** (remarried widow) under which a Title II claim exists.

- Enter the Job Center Number, the Case Number and the reason for the query in the **Location ID/Case Number/Reason Elaboration** field.
- Select a reason from the **Reason** field drop-down (such as eligibility, child support)
- Click **Begin Search**.

NYC Human Resources Administration | Family Independence
Department of
Social Services | Administration

State Online Query System (SOLQ) Referral

Forward original to: **SOLQ Liaison**

SOLQ Liason: _____

Location: _____

☐ Application ☐ Recertification ☐ Other Contact ☐ Periodic Reporting

One Clearance per Referral

We are requesting a SOLQ clearance on the following individual:

Case Number	Social Security Number
Case Name	**Date of Birth**
First Name of Household Member	**Last Name of Household Member**

Enter an explanation below of why an inquiry into SOLQ is justified for the above named household member:

_____

_____

_____

Worker's Signature	Date	Telephone Number

The SOLQ Liaison's results of the SOLQ inquiry are as follows:

_____

_____

_____

_____

_____

SOLQ Liaison's Signature	Date	Telephone Number