THE STATE VERIFICATION AND EXCHANGE SYSTEM (SVES)

and

STATE ONLINE QUERY (SOLQ)

MANUAL

Office of Systems
Office of IT Programmatic Business Support (OITPBS)
Division of Business Intelligence, Analytics, & Exchange (DBIAE)
Data Exchange and Verifications Branch (DEVB)

Revised April 2020

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1. PURPOSE/SCOPE

The purpose of this manual is to describe the State Verification and Exchange System (SVES) and the State On-Line Query (SOLQ).

This manual provides the *technical* guidelines to be used by States for verifying social security numbers and obtaining Title II and/or Title XVI information (a.k.a. Wire Third Party Query data) used to establish eligibility as required by various Federal policies in the administration of federally-funded state-administered income and/or health maintenance programs.

The manual also provides the guidelines to be used by the States for requesting data from other SSA data exchange applications including Beneficiary and Earnings and Data Exchange (BENDEX)/ Beneficiary Earnings Exchange Record (BEER) records, State Data Exchange System(SDX) records, Prisoner data records, and 40 Qualifying Quarter data records. In addition, the manual provides information about how States can obtain citizenship data to administer Health Care programs.

The intent of this manual is to:

- Describe and provide a technical overview of the SVES and SOLQ systems.
- Describe the SSN verification process.
- Describe the input and output to/from SVES and SOLQ including detailed record layouts, field definitions, and code values.
- Describe the various options for requesting Verification/Title II/Title XVI data from SVES/SOLQ.
- Describe how to interpret the various verification return codes on the output responses from SVES/SOLQ.
- Define the source of the fields returned by SVES/SOLQ (intended for SSA internal staff only).
- Describe the limitations of SVES/SOLQ.
- Describe the various options for requesting data via SVES from other SSA data exchange applications (e.g., BENDEX/BEER, SDX, etc.).

This manual is *not* intended to:

- Define all processes, calculations, and/or logic used in determining the values of fields returned by SVES/SOLQ. SVES/SOLQ merely gathers data from the target databases (NUMIDENT, MBR, and SSR) based on the request type and returns the data, as is, that resides on those databases. Generally, there is no logic within SVES/SOLQ applied in determining the values returned except in isolated cases, for example, where multiple values may be converted to a simple 'Y'(es) or 'N'(o). Questions from States pertaining to the formulation of field values

should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.

- Suggest to, or instruct, the States as to how they should use and/or process the data that they receive via SVES/SOLQ requests. Laws and procedures vary from state-to-state; two states receiving the exact same data may use (or not use) that data in very different manners.
- Describe in detail all information related to other data exchange applications to which SVES provides interface (e.g., BENDEX/BEER, SDX, etc.). These applications are not supported by the SSA branch that supports SVES/SOLQ (the Data Exchange Branch) but by other SSA components. In most cases, these applications have their own separate manuals/documentation. Additionally, there has been no attempt to "data match" the source of fields returned by SVES/SOLQ to those returned by the other data exchange applications. Again, questions from States pertaining to these applications, resolving discrepancies between field values that are returned by the other data exchange applications and SVES/SOLQ, and/or obtaining non-SVES/SOLQ documentation should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.
- Act as a repository for constant, up-to-date lists of all codes returned in various fields. Every attempt was made to verify and include all codes at the time this version of the manual was created. In all cases, the various codes (and their values' descriptions) that are in this manual were copied directly from other sources (e.g., POMS, SSA Data Dictionaries, etc.). Code values may change over time and any questions from States regarding codes and the meaning of their values should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.

This manual is intended for the following audiences:

- States' Technical Staff supporting data exchange with SSA via SVES/SOLQ.
- SSA Regional Data Exchange Coordinators.

2. SVES – GENERAL

2A. SVES OVERVIEW - GENERAL

SSA's State Verification and Exchange System provides authorized State partners with a standardized method of SSN verification, Title II & Title XVI benefit information, and uniform data response. Under current processes, SSA maintains individual data bases for both the Title II (OASDI) and Title XVI (SSI) programs, as well as separate data bases for social security number identification (NUMIDENT) and earnings information (Master Earnings File - MEF). Since these databases do not always contain the same names, dates of birth, and sex codes for specific individuals, data requested from any of these files may, and often does, conflict with data for the same individual on the other files. Additionally, matching criteria established in the various data exchanges are not uniform, causing different responses to the same query, depending on the database queried. SVES provides a *single* method of query which results in:

- Standard SSN verification procedure, and
- The ability for a State to accomplish a variety of transactions by use of a single input in most cases.

The SVES is a batch query system that utilizes SSA's File Transfer Management System to receive and transmit files. States (and in some cases, Federal agencies) transmit files containing requests to SSA. SVES filters the files and routes those requests to the proper applications for processing. The appropriate response files are then transmitted back to the State.

SVES performs two types of processing: "native" and "non-native". The "native" processing creates response files directly out of the SVES containing verification and Wire Third Party Query (Title II & 16) data. The "non-native" type of processing is indirect; SVES passes requests to other SSA data exchange applications which triggers those applications to create data in their indigenous output files.

In "native" SVES, States can make 4 different types of requests for data:

- Type 1 – SSN verification data only
- Type 2 – SSN verification and Title II data
- Type 3 – SSN verification and Title XVI data
- Type 4 – SSN verification, Title II, and Title XVI data

The basic output record layouts for the four types are as follows:

- Type 1

Verification (1-156)

- Type 2

Verification (1-156)	Title II (157-839)

- Type 3

Verification (1-156)	Title XVI (157-1468)

- Type 4

Verification (1-156)	Title II (157-839)	Title XVI (840-2151)

SVES also allows the States to request data from other SSA data exchange applications. SVES verifies the request data and then passes the requests to the target applications, via interfaces, to "trigger" those applications to create data in their output files. Through SVES, a State may also accomplish any or all of the following "non-native" query/transaction events:

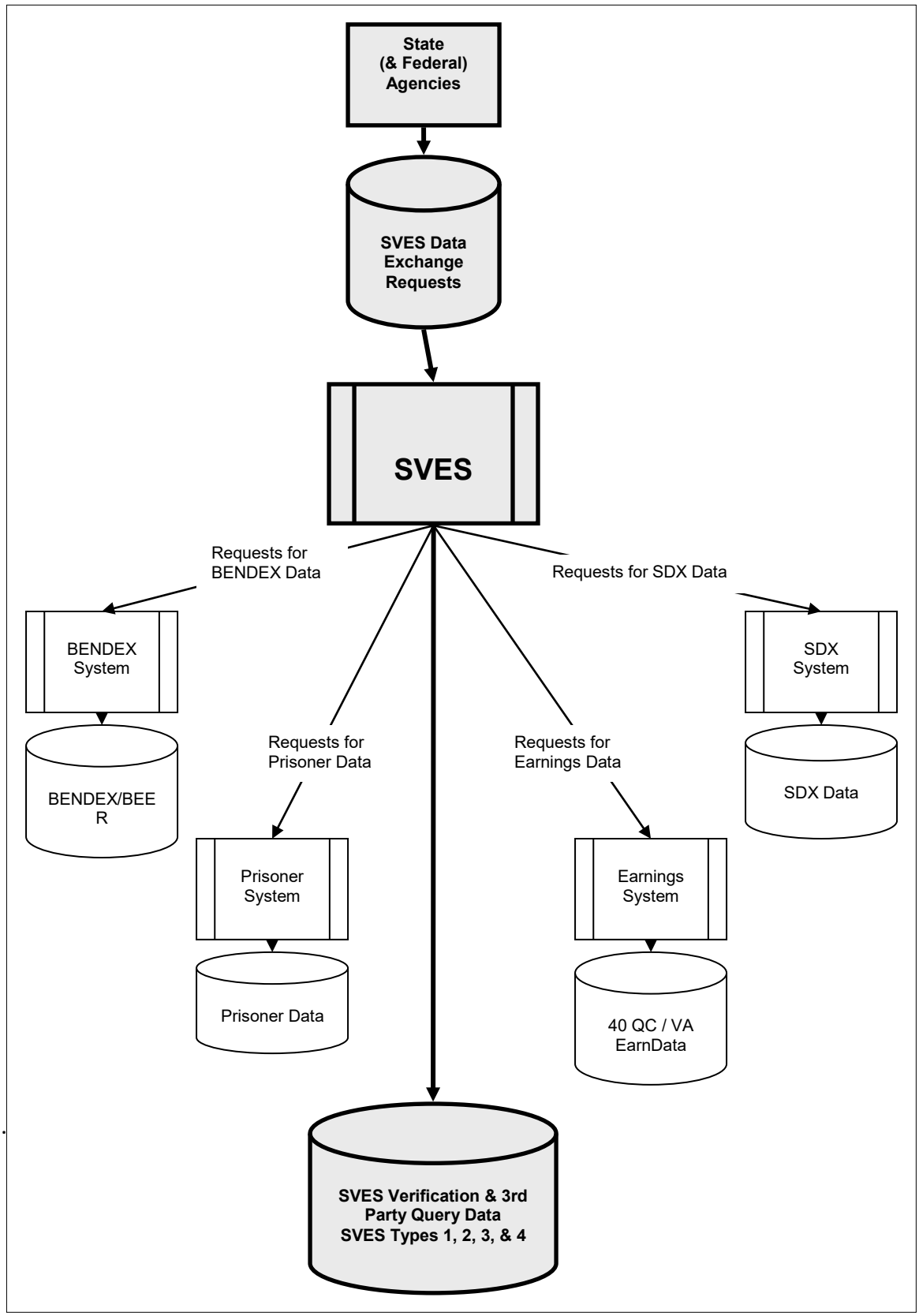
- Beneficiary and Earnings Data Exchange (BENDEX) and Beneficiary Earnings Exchange Record (BEER accretion/deletion)
- State Data Exchange (SDX) Transactions
- 40 Qualifying Quarters
- Prisoner Record queries
- VA EARN queries

SVES also provides Citizenship related data. This information is not provided as a separate file but as a subset of the standard Type I Verification Request.

Normally, SVES runs Monday through Friday and "native" SVES request files are delivered to the States overnight. Requests through SVES to the "non-native" systems result in the following delivery schedules:

- BENDEX/BEER – Monday through Friday
- SDX – 5-6 times a week
- 40 Qualifying Quarters – Monday through Friday (overnight)
- Prisoner data – Monday through Friday (overnight)
- VA EARN data – On request

The following page contains a high-level flowchart illustrating the SVES and its


State
(& Federal)
Agencies
SVES Data
Exchange
Requests
SVES
Requests for
BENDEX Data
Requests for SDX Data
BENDEX
System
SDX
System
BENDEX/BEE
R
SDX Data
Requests for
Prisoner Data
Requests for
Earnings Data
Prisoner
System
Earnings
System
Prisoner Data
40 QC / VA
EarnData
SVES Verification & 3rd
Party Query Data
SVES Types 1, 2, 3, & 4

interfaces.

2B. SVES INPUT – GENERAL

Input to SVES is daily, or at whatever interval is most advantageous to a particular State. Inputs may contain any combination of verification/exchange transactions (transactions do not need to be segregated into specific types i.e., BENDEX accretions only, verification only, etc.). There is no restriction to duplicate input records. A separate response will be provided for each request made. Also, multiple inputs are permissible when two or more desired transactions cannot be accommodated on a single input record. For example, two queries would be necessary to obtain SSN Verification/Standard Response, Title II, Title XVI and 40 Qualifying Quarters Query data. The Title XVI request would provide SSN Verification/Standard Response, Title XVI data, and 40 Qualifying Quarters Query data. The Title II request would provide SSN verification and Title II data.

Note: States should ensure that all inputs are received by the National Computer Center (NCC) at SSA by 6:45 p.m. eastern standard time. Inputs received after 6:45 p.m. will be included with the next day's inputs.

2C. SVES OUTPUT - GENERAL

Output from SVES is on at least a one-for-one basis. For each input received by SSA, the State will receive the following:

- Verification data on every input within 24 hours
- Title II, Title XVI, and 40 Qualifying Quarters and Prisoner Query Response data within 24 hours
- BENDEX/ BEER, if requested, will be received daily.
- SDX data will be received 4 to 5 times per week
- Multiple SSN data for verified SSNs, will be received when multiple SSNs are found.

The types of output generated by SVES, either directly from SVES or by requests to other data exchange systems are listed below:

1. SSN Verification/Standard Response
2. Citizenship Response
3. Title II: Standard Response with Title II Verification
4. Title XVI: Standard Response with Title XVI Verification
5. Title II and Title XVI: Standard Response with Title II and Title XVI Verification
6. 40 Qualifying Quarters Query Response (with Title XVI Verification)
7. BENDEX Record
8. BEER Record
9. SDX Record (query will show IAR or WIN changes based on SVES input)
10. SDX Exception Record

11. Prisoner Record Response
12. VA EARN Response

The following chart summarizes SVES transactions:

TYPE OF INQUIRY	TYPE OF RESPONSE	TIMING OF RESPONSE	REFERENCE
SSN Verification	SSN Verification/ Standard Response	within 24 hours	SSN Verification/ Standard Response Record Layouts
SSN Verification with Citizenship Data	SSN Verification/ Standard Response, Citizenship Data *Not a separate file – a unique subset of the Standard SSN Verification Response is provided.	within 24 hours	SSN Verification/ Standard Response Record Layouts
Title II/Title XVI	SSN Verification/ Standard Response, Title II record if one exists, Title XVI record if one exists	within 24 hours	Title II and Title XVI Response Record Layouts
40 Qualifying Quarters Query	SSN Verification/ Standard Response, Title XVI record if one exists, 40 Qualifying Quarters Query	within 24 hours	40 Qualifying Quarters Response Record Layout
BENDEX	BENDEX record and SSN verification/ Standard Response	within 24 hours	Link to the Manual/Handbook resides on PolicyNet
BEER	BEER record and SSN	within 24 hours	Link to the

TYPE OF INQUIRY	TYPE OF RESPONSE	TIMING OF RESPONSE	REFERENCE
	verification/ Standard Response		Manual/Handbook resides on PolicyNet
IAR (SDX)	Regular SDX record with BO transaction code if input record processes successfully, and SSN verification/ Standard Response Exception record with CO transaction code if input rejects	next SDX update	SDX Manual
WIN or SDX Query	Regular SDX record	next SDX update	SDX Manual
Prisoner Record Inquiry	SSN Verification/ Standard Response, Prisoner Query	within 24 hours	Prisoner Response Record Layout
VA EARN Query (POMS – SI 02310.020)	VA EARN Response (specialized response only available to VA, OPM, HUD, and RRB)	On request	VA EARN Response Record Layout

3. HISTORY

3A. HISTORY OVERVIEW

States are required by various Federal policies to follow certain guidelines and procedures in the administration of federally-funded state-administered income and/or health maintenance programs.

These policies include the requirement to verify the Social Security Number (SSN) of all recipients of federally-funded aid. Additionally, states are required to obtain and use the data provided by various Social Security Administration (SSA) applications (e.g., BENDEX, SDX, etc.) to establish eligibility in those programs. The SVES was developed to

provide an electronic, computer-to-computer method by which states request, and SSA returns that data.

SOLQ, developed after SVES, is a real-time, online version of SVES. SVES is a batch system that accepts transmitted request files containing multiple requests and transmits a file containing the multiple responses back to the requestor overnight. SOLQ, on the other hand, accepts terminal input transmitted from a requestor's site for one request, processes that request, and immediately sends the response back to the requestor.

3B. SVES vs. EVS

Prior to the development of the SVES, SSA provided electronic SSN verification via the Enumeration Verification System (EVS) using the NUMIDENT database. The EVS still exists and is currently used by SSA and some states. The SVES actually utilizes EVS functions for verification but provides much more than the EVS.

Verification by SVES provides a standardized, complete verification of each SSN utilizing *all* databases (e.g., MBR, SSR); not just the NUMIDENT. By using all of SSA's core databases, SVES returns approximately 12 percent more verified SSNs than the EVS. Output from the SVES verification is daily and in the SVES output format SSN Verification/Standard response.

SSN verification by SVES differs from EVS verification procedures by:

- Utilizing the NUMIDENT, MBR (Title II), and SSR (Title XVI) databases to determine identity. Permitting verification against any of the three to mean positive verification.
- Allowing for surname differences between State input data and SSA data when first name, middle initial and date of birth match (this primarily affects records for individuals where unmarried names differ).
- Searching for a "better" number when the State input data does not agree with SSA records.

4. SVES/SOLQ VERIFICATION PROCESS

SSA's verification logic/rules/tolerances are not disclosed in this document. Requests for disclosure are reviewed by SSA's Office of Information Security (OIS).

5. SVES LIMITATIONS

Listed below are the limitations that exist within the SVES system.

1. SVES does not generate a Title XVI WTPY response if a Claim Account Number (e.g., B, C, or D BIC), rather than the individual's Social Security Number, is used in the input record. SVES only provides SSN verification and a Title II response. It is necessary to use the individual's SSN in the input record to generate a Title XVI WTPY response.

2. SVES will generate a Title II response for the A BIC when the individual's SSN is used in the input record. If the individual has previously been denied on that SSN (LAF N), and applies as an auxiliary on another account, SVES will generate a response on the denied SSN. In some cases, an XREF Entitlement Number and BIC will appear on the Title II WTPY response, which enables the State to resubmit an SVES input using the CAN. However, if no XREF Entitlement Number and BIC appear, it is necessary to determine the appropriate CAN (if any) and resubmit an SVES input. If needed, the State should contact SSA for assistance with this determination.

3. SVES occasionally provides a Title II response for someone other than the individual whose name and SSN were submitted on the SVES input. For example, an SVES input for an individual may provide a Title II response for the individual's spouse or child. This happens when SSA's Master Beneficiary Record displays the spouse's or child's record before the individual's record. Such cases require the State to contact SSA for assistance.

4. SVES responses sometimes indicate that there is no Title II or Title XVI record even though one exists. This may occur because SVES processes WTPY requests overnight when SSA also performs maintenance on its databases. During this maintenance some records are not accessible. It is usually possible to request the record one or more days later and obtain accurate data. States should contact SSA for assistance if this problem recurs for the same case for which there is Title II and/or Title XVI eligibility.

5. Some Title II responses for aged beneficiaries (age 60 and over for widows/widowers, and age 62 and over for others) contain a Disability Onset Date. SVES does not indicate whether the disability application was approved or denied, so the State cannot determine whether benefits for individuals under age 65 are being paid on the basis of age or disability. If the State needs to determine the basis of payment, it is necessary to contact SSA for assistance.

6. LATEST REVISIONS TO THE MANUAL

For full Revision History, see Appendix I.

Revisions to the April 2019 Manual to create the April 2020 Manual

1. Section 8.B.2 and 8.D.2 – Number of Cross-reference Account Number (XRAN) Occurrences – Modified description by adding language clarifying when more than 5 occurrences, then 'X' is returned. Data type corrected to X.

7. INPUT: SVES INPUT RECORD LAYOUT

The following table illustrates the SVES input record layout. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN should be input (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. *Category of Assistance is a mandatory field for BENDEX/BEER requests, Food Stamp Death requests, SCHIP requests, and PCIP requests.*

Key:
A=Alpha
N=Numeric
AN=Alphanumeric

FIELD	TYPE	POSITION
*SSN	N	1-9
*Claim Account Number (CAN)	N	10-18
Beneficiary Identification Code (BIC)	AN	19-21
*Surname	AN	22-40
Middle Initial	AN	41
First Name	AN	42-53
*Date of Birth	N	54-61
Sex	A	62
Title II Request	AN	63
Title XVI Request	AN	64
*State Agency Code	N	65-67 (See **APPENDIX K – SVES/SOLQ STATE CODES**)
*Category of Assistance	AN	68

State Communication Code	AN	69-71
Exchange Request Data	AN	72-111
Verification Account Number (VAN)	AN	112-118
(**For Future Expansion**)	AN	119-137

7A. CODING SPECIFICATIONS FOR THE SVES INPUT RECORD

Positions 1-62 and 65-67 are self-explanatory. Positions 112-137 are for future expansion. Listed below is an explanation of codes in positions 63, 64 and 68-111 used for the SVES requests.

Position 63 (Title II Request):

*Blank: No Title II exchange requested
Y: Title II WTPY request
B: BENDEX transaction
E: BENDEX/BEER transaction
A: Title II WTPY request/BENDEX transaction
R: Title II WTPY request/BENDEX/BEER transaction
P: Prisoner Record Query

NOTE: *The following VA EARN codes are restricted and are not available to States. They are only available for use by VA, OPM, RRB, and HUD.*

C: VA EARN
D: VA EARN and WTPY

Position 64 (Title XVI Request):

Blank: No Title XVI exchange requested
Y: Title XVI WTPY request
B: IAR transaction
1: WIN transaction (accrete)
2: WIN transaction (change)
3: WIN transaction (delete)
4: WIN transaction (SDX query)
F: Title XVI WTPY request/WIN (accrete)
G: Title XVI WTPY request/WIN (change)
H: Title XVI WTPY request/WIN (delete)
I: Title XVI WTPY request/WIN (query)
J: Title XVI WTPY request/IAR/WIN (accrete)

K: Title XVI WTPY request/IAR/WIN (change)
L: Title XVI WTPY request/IAR/WIN (delete)
M: Title XVI WTPY request/IAR/WIN (query)
*Q: 40 Qualifying Quarters Request
D: Title XVI WTPY request/IAR
T: IAR/WIN (accrete)
U: IAR/WIN (change)
V: IAR/WIN (delete)
W: IAR/WIN (query)
P: Prisoner Record Query

*Mandatory for 40 QQ requests.

NOTE: A blank in both positions 63 and 64 will generate a verification response only.
NOTE: Positions 63 and 64 must both be Blank for State Children's Health Insurance Program (SCHIP) and Pre-Existing Condition Insurance Plan (PCIP) requests or the response will be returned in error with an Error Condition Code of 500.

Position 68 (Category of Assistance):

A Aid to Aged
B Aid to the Blind
*C Aid to Families with Dependent Children (AFDC)
D Aid to the Disabled
*F Food Stamps (FS)
H Health Maintenance, Buy-In or Attempted Buy-In
I Income Maintenance
*J AFDC and FS
*K FS and Medicaid
*N Title XIX, Medicaid Determination
*P Child Support Enforcement
S Written Statement of Consent of Individual
*U Unemployment Compensation
W PCIP Request
Z SCHIP Request

*BEER Exchange is permitted for these categories of assistance only.

Positions 69-71 (State Communication Code):

BDA Used to initiate BENDEX, re-accrete, or change Category of Assistance or State Control Data
DPA Deletes BENDEX exchange - no longer eligible for public assistance, or State has received allegation of death

DTH Deletes BENDEX exchange - evidence of death

Position 72-111 (State Data):

The format for positions 72-111 is illustrated below:

NOTE: Positions 72-111 may be used for any data the State wishes unless the intent is BENDEX accretion/deletion or SDX-IAR. However, only information coded in the first 22 positions (72-93) will be included as the "Input Welfare ID No." in the response. The following is an explanation of how BENDEX and SDX-IAR should be coded.

Position 72-95 (Exchange Request Data):

BENDEX Accretion/Deletion

Welfare ID Number (State Control Data)	AN	72-83
IEVS Agency Subcode	AN	84-87
Date of Death	N	88-95

Positions 96-111:

SDX-IAR

County Code	N	96-98
Date of Signed IAR Authorization	N	99-106
State/County of Reimbursement	N	107-111

The use of positions 72-111 depends on the transactions illustrated in the table below.

IF:	**THEN**:
Position 63 contains a BENDEX transaction (B, E, A, or R);	The format is: Welfare ID number (State Control Data) 72-83 IVES Agency Subcode 84-87 Date of Death 88-95
Position 64 contains an SDX-IAR transaction (B, E, J, K, L, M, D, T, U, V, W, or Z);	The format is: County Code 96-98 HR Date (Date of Welfare Application) 99-106

	State/County of Reimbursement	107-111
Position 64 contains an SDX-WIN transaction (1, 2, 3, 4, F, G, H, I, J, K, L, M, T, U, V, or W);	The format is: Welfare ID number (State Control Data)	72-83

Any positions that are not specified above may be used by the State for any data the State wishes. The information in positions 72-93 will be included as the "Input Welfare ID No." in the response. Miscellaneous information included by the State in positions 94-111 is not reflected on the SVES output.

8. OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS

8A.1 SSN VERIFICATION/STANDARD RESPONSE RECORD LAYOUT – ABRIDGED

Note: SCHIP and PCIP requests return the Verification response *only*. (Type 1)

DATA ELEMENT	POSITION
Input SSN	1-9
Input Claim Account Number (CAN) (10-18)/BIC (19-21)	10-21
Input Surname	22-40
Input Middle Initial	41
Input First Name	42-53
Input Date of Birth	54-61
Input Sex	62
Input State Agency Code	63-65
Input Category of Assistance Code	66
Input State Communication Code	67-69
Input Welfare ID No.	70-91
Date of WTPY Response	92-99
Error Condition Code	100-102
Identity Discrepancy Code	103-104
Blank	105-107
Verification Code	108
Verification SSN Data	109-153

DATA ELEMENT	POSITION
Record Type	154
Title II Status	155
Title XVI Status	156

8A.2 SSN VERIFICATION/STANDARD RESPONSE RECORD LAYOUT – UNABRIDGED

Note: SCHIP and PCIP requests return the Verification response *only*. (Type 1)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	**Input SSN**	N	1-9	The Social Security Number input by the State.
12	**Input Claim Account Number (CAN) (10-18)/BIC (19-21)**	AN	10-21	The CAN/BIC (Claim Account Number/Beneficiary Identification Code) input by the State. If this field is used, the Input SSN field (positions1-9) must be spaces and not zeros. Zeros in the Input SSN will cause a reject.
19	**Input Surname**	AN	22-40	The surname input by the State.
1	**Input Middle Initial**	AN	41	The middle initial input by the State.
12	**Input Given Name**	AN	42-53	The given name input by the State.
8	**Input Date of Birth**	N	54-61	The date of birth input by the State. Format: MMDDCCYY
1	**Input Sex**	A	62	The sex code input by the State.
3	**Input State Agency Code**	AN	63-65	The State agency code (must be the 2-position State number preceded by the numeric agency code; normally zero).
1	**Input Category of Assistance Code**	A	66	The category of assistance code input by the State.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				A Aged B Blind C AFDC D Disabled F Food Stamps H Health Maintenance I Income Maintenance N Title XIX Medicaid Eligibility S Statement of Consent W PCIP Z SCHIP
3	**Input State Communication Code**	AN	67-69	The State Communication Code as input by the State.
22	**Input Welfare ID No.**	AN	70-91	The welfare number input by the State.
8	**Date of WTPY Response**	N	92-99	The date the response was formatted by SSA. Format: MMDDCCYY
3	**Error Condition Code**	N	100-102	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 contains alpha characters or is 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 SSN not verified, other reason Blank Input data is valid
2	**Identity Discrepancy Code**	AN	103-104	The input query data does not match

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				the identifying data on the queried record. This data is provided *for informational purposes only* on verified queries; it does not effect the response provided. The following are codes indicating the type of discrepancy. Position 103 contains the code for Title II and Position 104 contains the code for Title XVI. 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 birth date do not match exactly Blank Match ---------- 1 Ignore this code 3 Ignore this code O Ignore this code F Ignore this code
3	**Blank**		105-107	Not used
1	**Verification Code**	AN	108	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. Not returned for SCHIP or PCIP requests. X SSN is verified, NUMIDENT indicates individual is deceased. The Date of Death on the NUMIDENT will be displayed in the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Verified SSN Data field (positions 109-153 of the Type 1 response) for those records where source of Death data is any source other than a State that restricts redisclosure of the State reported Date of Death. *Date of Death is not returned for SOLQ transactions*. Not returned for SCHIP or PCIP requests. 1 SSN not found on NUMIDENT 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 Surname or given name does not match NUMIDENT (e.g., SSN submitted for John Smith belongs to Pam Jones); DOB was not checked. F SSN is verified (surname ignored). Picks up cases where person has changed their surname (e.g. marriages, adoptions). 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				verified the SSN returned in the Verified SSN Data field (positions 109-153 of the Type I response). The SSN on the response was located by swapping every number in the input SSN with every other number; this resolves transcription errors. & 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. *Thiscode is not returned for SOLQ transactions.* . Same as Blank Low-values Same as blank. The following Verification Codes are only returned for SCHIP and PCIP requests: A SSN is verified, there is no indication of death, and the allegation of citizenship is consistent with SSA data. B SSN is verified, there is no indication of death, and the allegation of citizenship is NOT consistent with SSA data. C SSN is verified, there is indication of death, and the allegation of citizenship is consistent with SSA data. D SSN is verified, there is indication of death, and the allegation of citizenship is NOT consistent with SSA data.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
45	**Verification SSN Data**	AN	109-153	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 if the source of Death data is any source other than a State that restricts redisclosure of the State reported Date of Death. 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.
1	**Record Type**	N	154	Indicates the content of the response: 1 Response is the standard response only 2 Response contains Title II data 3 Response contains Title XVI data 4 Response contains Title II data and Title XVI data
1	**Title II Status**	A	155	Indicates presence of a Title II record: *Note: This is not returned for Prisoner data requests.* Blank SSA's Client Record Index

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				(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 not returned if requested Y A Title II record exists N A Title II record does not exist
1	**Title XVI Status**	A	156	Indicates presence of a Title XVI record: *Note: This is not returned for Prisoner data requests.* 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 not returned if requested. Y A Title XVI record exists N A Title XVI record does not exist

8B.1 TITLE II RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342
Schedule Payment Combined Check Indicator	343
LAF (Ledger Account File) Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403

DATA ELEMENT	POSITION
Hospital Insurance (HI) Indicator	404
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452
SMI Premium	453-457
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510

DATA ELEMENT	POSITION
Number of Cross-reference Account Number (XRAN) Occurrences	511
Cross-Reference (XREF) Entitlement Number *	512-571 (Field 1)
Cross-Reference (XREF) BIC *	512-571 (Field 2)
Cross-Reference (XREF) Code *	512-571 (Field 3)
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688 (Field 1)
MBC Amount **	585-688 (Field 2)
MBC Type **	585-688 (Field 3)
Other Date of Entitlement	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739

DATA ELEMENT	POSITION
Reserved for future use	740-839

*There could be 5 occurrences of this information.
There could be 8 occurrences of this information (See "APPENDIX B - TITLE II PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)

8B.2 TITLE II RESPONSE RECORD LAYOUT - UNABRIDGED

(this is appended to SSN Verification/Standard Response)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
12	**Title II Claim Account Number (CAN) and BIC**	AN	157-168	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**
5	**State and County Code**	AN	169-173	The first two positions represent the State code; the remaining positions are the county codes (from the Geographic Code Book) that are responsible for any mandatory or optional supplementation payment. This field represents the State and county residence for recipients unless another State and county have jurisdiction.
5	**ZIP Code**	N	174-178	The zip code of the residence address.
4	**ZIP + 4**	N	179-182	The additional 4 positions of the zip code where the 9-digit zip code is used.
1	**Number of Lines of Address**	N	183	The number of 22 position lines of address present. Up to 6 lines maximum.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
132	**Address**	AN	184-315	The residence address of the recipient.
1	**Direct Deposit Indicator**	A	316	This field will indicate if there is direct deposit data for benefits: C Checking E Electronic Benefits Transfer S Savings Blank None
6	**Deferred Payment Date**	N	317-322	Reflects the month and year the first or next payment can be made. Format: MMCCYY
1	**Schedule Payment Indicator**	A	323	P Current month accrual amount paid by daily update operation R Current month accrual paid by monthly merge Blank Prior month accrual only
6	**Schedule Payment Date**	N	324-329	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
7	**Schedule Prior Payment Amount**	N	330-336	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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: $$$$$cc
6	**Schedule Current Payment Amount**	N	337-342	Amount certified in the Schedule Payment action for the current operating month as shown in the Schedule Payment Date. The check is actually paid in the month after the Schedule Payment Date. Format: $$$$cc
1	**Schedule Payment Combined Check Indicator**	A	343	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
2	**LAF (Ledger Account File) Code**	AN	344-345	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**
8	**Date of Birth**	N	346-353	Self-Explanatory. Format: MMDDCCYY
1	**Proof of Age Indicator**	A	354	A Alleged B Birth/Baptismal C Convincing evidence F Formerly established by SSA N Not proven P Proven Q Established other than B or C

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
10	**Given Name**	AN	355-364	Self-explanatory.
1	**Middle Initial**	AN	365	Self-explanatory.
12	**Surname**	AN	366-377	Self-explanatory.
6	**Date of Initial Entitlement**	N	378-383	Date when beneficiary was originally entitled on this record. Format: MMCCYY
6	**Date of Current Entitlement**	N	384-389	Date of entitlement to benefits for the current period of entitlement. Format: MMCCYY
6	**Date of Suspension or Termination**	N	390-395	Date the event causing the suspension or termination occurred. Format: MMCCYY
1	**Sex Code**	A	396	M Male F Female U Unknown
6	**Net Monthly Benefit if Payable (MBP)**	N	397-402	Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.). Format: $$$$cc
1	**Medicare Indicator**	A	403	Y Medicare data is present N Medicare data is not present
1	**Hospital Insurance (HI) Indicator**	A	404	Indicates whether or not HI data is present. Y Yes N No
1	**HI Option Code**	A	405	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
6	**HI Start Date**	N	406-411	Self-explanatory. Format: MMCCYY
6	**HI Stop Date**	N	412-417	Self-explanatory. Format: MMCCYY
5	**HI Premium**	N	418-422	Premium amount collectible. Format: $$$cc
1	**HI Buy-In Indicator**	A	423	This code indicates whether there is third party payer data for HI premiums. Y Yes N No
3	**HI Buy-In Code**	AN	424-426	State/3rd Party Billing Code The complete list of code values are listed in **APPENDIX G – THIRD PARTY BILLING CODE VALUES**
6	**HI Buy-In Start Date**	N	427-432	First month of coverage for which third party paid HI premium. Format: MMCCYY
6	**HI Buy-In Stop Date**	N	433-438	Last month of coverage for which third party paid HI premium. Format: MMCCYY
1	**Supplemental Medical Insurance (SMI) Indicator**	A	439	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.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Otherwise, this code will be set to N. Y Yes N No
1	**SMI Option Code**	A	440	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)
6	**SMI Start Date**	N	441-446	First month of coverage. Format: MMCCYY
6	**SMI Stop Date**	N	447-452	First month of non-coverage. Format: MMCCYY
5	**SMI Premium**	N	453-457	Supplemental premium amount collectible. Format: $$$cc
1	**SMI Buy-In Indicator**	A	458	This code indicates whether there is third party payer data present for SMI premiums. Y Yes N No
3	**SMI Buy-In Code**	N	459-461	State/3rd Party Billing Code The complete list of code values are listed in **APPENDIX G – THIRD PARTY BILLING CODE VALUES**
6	**SMI Buy-In Start Date**	N	462-467	Effective start date of buy-in eligibility.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
6	**SMI Buy-In Stop Date**	N	468-473	Effective stop date of buy-in eligibility. Format: MMCCYY
3	**Welfare Agency Code**	N	474-476	State exchange welfare code.
1	**Category of Assistance Code**	A	477	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
1	**Black Lung Entitlement Code**	A	478	D Death termination E Entitled N Nonpayment P Pending entitlement T Terminated (other than death)
6	**Black Lung Payment Amount**	N	479-484	Self-explanatory. Format: $$$$cc
1	**Railroad Indicator**	A	485	A Active claim T Terminated claim S Currently Suspended
9	**Person's Own Social Security Number (SSN)**	N	486-494	Self-explanatory.
8	**Date of Death**	N	495-502	Self-explanatory. Format: MMDDCCYY
8	**Disability Onset Date**	N	503-510	First date of onset of disability. Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Number of Cross-reference Account Number (XRAN) Occurrences**	AN	511	Self-explanatory. See the following three fields for the format of an entry. Up to 5 occurrences maximum. If more than 5 occurences, 'X' is returned.
*9	**Cross-Reference (XREF) Entitlement Number**	AN	512-571 (Field 1)	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.
*2	**Cross-Reference (XREF) BIC**	AN	512-571 (Field 2)	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**
*1	**Cross-Reference (XREF) Code**	A	512-571 (Field 3)	Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military etc.). A MAFDUP selection precluded-possible duplicate SSN C Beneficiary's Civil Service number or a notation of Civil Service involvement if no number follows C D Dual wage record number E Simultaneous SSN F Multiple SSN from CAPS G Multiple SSN from ARMSMULT H Multiple SSN from Processing Center or Central Office correction

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				I Occurrence contains key to data on ICDB L Number of Black Lung benefits to which the beneficiary is entitled, or which involve this beneficiary in some way M Number is that of another wage record which belongs to this beneficiary O Number on which beneficiary is or may be potentially entitled to benefits Q Quayle legislation for Veteran's Administration (MAMPSC controls/annotates this information for the entire nation) S Number for prior/potential entitlement as a spouse U Record on which renal kidney disease entitlement is based. V Second validated BOAN
9	**Dual Entitlement Number**	N	572-580	Other Claim Account Number (CAN) on which entitlement exists.
2	**Dual Entitlement BIC**	AN	581-582	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**
2	**Number of History Occurrences**	N	583-584	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 **APPENDIX B - TITLE II PAYMENT HISTORY TABLE** for more information.
**6	**Monthly Benefit Credited (MBC) Date**	N	585-688 (Field 1)	Payment data credited date. MBC amount is paid in the month after this date. Format: MMCCYY
**6	**MBC Amount**	N	585-688 (Field 2)	The monthly Title II benefit due after any appropriate dollar rounding

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				(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: $$$$cc
**1	**MBC Type**	A	585-688 (Field 3)	C Benefits paid (credited) N Benefits not paid (not credited) E Benefits not paid (not credited), due to delayed/pending or suspense Blank Benefits not paid (not credited)
6	**Other Date of Entitlement**	N	689-694	The month and year of the other date of entitlement. Format: MMCCYY
6	**Other Primary Insurance Amount**	N	695-700	This reflects the controlling Primary Insurance Amount (PIA) for payment on the other claim, whether average month wage or special minimum. Format: $$$$cc
6	**Other Retirement Insurance Amount**	N	701-706	This will appear only if the controlling primary insurance amount (PIA) reflects the average monthly wage PIA for the other claim. Format: $$$$cc
6	**Larger Full Monthly Benefit Amount**	N	707-712	This reflects the Larger Full Monthly Benefit Amount (LFMBA) reduced for the family maximum. In the case of triple entitlement, LFMBA in the first dual entitlement field is for the auxiliary (B) claim, and LFMBA in the second dual entitlement field is for the survivor (D) claim. Format: $$$$cc

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
6	**Larger Excess Monthly Benefit Amount**	N	713-718	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: $$$$cc
6	**Smaller Full Monthly Benefit Amount**	N	719-724	This field contains the Smaller Full Monthly Benefit Amount (SFMBA) reduced for the family maximum. In the case of triple entitlement, SFMBA in the first dual entitlement field is for the primary (A) claim, and SFMBA in the second dual entitlement field is blank. Format: $$$$cc
6	**Smaller Actuarially Reduced Monthly Benefit Amount**	N	725-730	This field reflects the Smaller Monthly Benefit Amount reduced for maximum and age (SAMBA). In the case of triple entitlement, SAMBA in the first dual entitlement field is for the primary (A) claim, and SAMBA in the second dual entitlement field is blank. Format: $$$$cc
1	**Dual Entitlement Status Code**	AN	731	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 (checks may be combined or separate) 4 Primary is working on record

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				on which auxiliary entitlement exists 5 Larger benefit is subject to full government pension/worker's compensation offset S Dual entitlement suspended, technical entitlement exists T Dual entitlement terminated
1	**Other Office Code**	N	732	1-8 Payment center that has jurisdiction A-H Payment center that has jurisdiction when wage earner is disabled
1	**Type of Dual Entitlement**	AN	733	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
1	**Other Primary Insurance Amount Factor Code**	AN	734	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Other Primary Insurance Amount Factor Code Two**	AN	735	This represents the Primary Insurance Factor Code 2 in the other account. (For future use)
4	**Other Eligibility Year**	N	736-739	This represents the other eligibility year. Format: CCYY
100	**Reserved for future use**	AN	740-839	Not currently used.

*There could be 5 occurrences of this information.
There could be 8 occurrences of this information (See "APPENDIX B - TITLE II PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)

8C.1 TITLE XVI RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to the SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Essential Person Indicator	157
Appeal Code	158
Date of Appeal	159-166
Last Redetermination Date	167-174
Person's Own Social Security Number (SSN)	175-183
Type of Recipient	184-185

DATA ELEMENT	POSITION
Record Establishment Date	186-193
Date of Birth	194-201
Date of Death	202-209
Date of Death Source Code	210
Payment Status Code	211-213
Current Pay Status Effective Date	214-219
SSN Correction Indicator	220
Sex Code	221
Race Code	222
Resource Code - House	223
Resource Code - Vehicle	224
Resource Code - Insurance	225
Resource Code - Property	226
Resource Code - Other	227
Other Name	228-233
Given Name	234-243
Middle Initial	244
Surname	245-263
Appeals Decision Code	264-265
Date of Eligibility	266-271

DATA ELEMENT	POSITION
Medicaid Effective Date	272-279
Application Date	280-287
Telephone Number	288-297
Record Source Code	298
Alien Indicator Code	299
Alien Date of Residency	300-305
Country of Origin	306-307
Third Party Insurance Indicator	308
Medicaid - Unpaid Medical Expense Indicator	309
Denial Code	310-312
Denial Date	313-320
Food Stamp Interview Date	321-326
Food Stamp Application	327
Food Stamp Recipient Status	328
Blank	329
Onset Date of Disability/Blindness	330-337
Disability Payment Code	338
Blank	339
Rollback Code	340
Blank	341

DATA ELEMENT	POSITION
Welfare ID Number	342-363
State Code of Conversion	364-365
Special Needs Code	366
Appeals Decision Date	367-374
Blank	375-379
Direct Deposit Indicator	380
Blank	381
Payee Name and Address Number of Lines	382
Payee Name and Mailing Address	383-514
Payee ZIP Code	515-519
Payee ZIP Code + 4	520-523
State & County Code of Jurisdiction	524-528
District Office (DO) Code	529-531
Blank	532
Blank	533
Earned Income - Wage Amount	534-539
Earned Income - Net Self-Employment Estimate	540-545
Blind Work Expense (BWE) Exclusion	546-551
Earned Income Exclusion (Plan for Self-support)	552-557
Blank	558
Unearned Income - Number of Occurrences	559

DATA ELEMENT	POSITION
Unearned Income Type Code *	560-856 (Field 1)
Unearned Income Verification Code *	560-856 (Field 2)
Unearned Income Start Date *	560-856 (Field 3)
Unearned Income Stop Date *	560-856 (Field 4)
Unearned Income Amount *	560-856 (Field 5)
Unearned Income Frequency *	560-856 (Field 6)
Claim or Identification Number For Unearned Income *	560-856 (Field 7)
Blank	857
Representative (Rep) Payee Indicator	858
Rep Payee Selection Date	859-866
Custody Code	867-869
Competency Code	870
Type of Payee Code	871-873
Blank	874
SSN-Multiple SSN Indicator	875
SSN-List of Multiple SSNs **	876-920
Blank	921

DATA ELEMENT	POSITION
Residence Address-Number of Lines	922
Residence Address	923-1032
Residence ZIP Code	1033-1037
Residence ZIP Code + 4	1038-1041
Blank	1042
Last Transaction Type	1043-1044
Last Transaction Date	1045-1052
Blank	1053
Blank	1054
Advance Payment Indicator	1055
Advance Payment Date	1056-1063
Advance Payment Amount	1064-1068
Blank	1069
Interim Assistance Reimbursement Status Code	1070
State and County Code of Reimbursement	1071-1075
Blank	1076
Payment Date	1077-1084
SSI Gross Payable Amount (Current)	1085-1091
State Gross Payable Amount (Current)	1092-1098
Payment History (PHIST) Number of Occurrences	1099-1100

DATA ELEMENT	POSITION
PHIST Payment Date ***	1101-1292 (Field 1)
SSI Monthly Assistance Amount ***	1101-1292 (Field 2)
State Supplement Amount ***	1101-1292 (Field 3)
PHIST Payment Payflag 1 ***	1101-1292 (Field 4)
PHIST Payment Payflag 2 ***	1101-1292 (Field 5)
Blank	1293
Overpayment/Underpayment Indicator	1294
Month of Change	1295-1300
Budget Month Flag	1301
Payment Status Code (Current)	1302-1304
Federal Living Arrangement Code (Current)	1305
Living Arrangement Code - Optional State Supplement	1306
State and County Code of Jurisdiction (Current)	1307-1311
Concurrent State Payment Code	1312
Medicaid Eligibility Code	1313
Head of Household Indicator	1314
Filler	1315
Student Indicator	1316

DATA ELEMENT	POSITION
Earned Income - Net Countable Amount	1317-1322
Unearned Income - Net Countable Amount	1323-1328
SSI Gross Payable Amount	1329-1333
State Gross Payable Amount (Current)	1334-1338
Conditional Payment	1339
Medicaid Test Indicator	1340
Federal Eligibility Code	1341
Optional State Eligibility Code	1342
Mandatory Eligibility Code	1343
Deemed Income Amount	1344-1349
Federal Living Arrangement Code - Budget Month	1350
Earned Income - Retrospective Net Countable Amount	1351-1356
Unearned Income Retrospective Net Countable Amount	1357-1362
Deemed Income Amount Retrospective	1363-1368
40 QQ History	1369-1468

*There can be 9 occurrences of this information
** There can be 5 occurrences of this information
*** There can be 8 occurrences of this information (See "**APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)

NOTE: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

8C.2 TITLE XVI RESPONSE RECORD LAYOUT - UNABRIDGED

(this is appended to the SSN Verification/Standard Response)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Essential Person Indicator**	AN	157	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 persons B Living with father and at least one other person are essential persons C Living with mother and at least one other person are essential persons 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)
1	**Appeal Code**	A	158	Level of appeal. A Appeals Council Review C Court Case D Decision Review Board Review F Fed RO Review H Hearing I Initial Determination Review

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				O Class Action R Reconsideration
8	**Date of Appeal**	N	159-166	Date of the most recent appeal action. Format: MMDDCCYY
8	**Last Redetermination Date**	N	167-174	Completion date of the last Redetermination. Redetermination form has been received and all required actions are completed. Format: MMDDCCYY
9	**Person's Own Social Security Number (SSN)**	N	175-183	Social security number of the recipient.
2	**Type of Recipient**	A	184-185	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 XF Ineligible parent/father XM Ineligible parent/mother XP Ineligible essential person who is not an ineligible parent or spouse XS Ineligible spouse
8	**Record Establishment Date**	N	186-193	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
8	**Date of Birth**	N	194-201	Date of birth (month, day, and year) of the recipient. Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
8	**Date of Death**	N	202-209	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
1	**Date of Death Source Code**	N	210	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
3	**Payment Status Code**	AN	211-213	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. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
6	**Current Pay Status Effective Date**	N	214-219	The effective date of the last change to payment status code. Format: MMCCYY
1	**SSN Correction Indicator**	A	220	Indicates the status of pseudo SSN (900 series) or invalid SSN assigned to the recipient.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 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
1	**Sex Code**	A	221	Indicates the sex of the recipient. F Female M Male U Unknown
1	**Race Code**	A	222	This code indicates the race, if applicable, of the recipient. A Asian B Black H Hispanic I North American Indian N Negro O Other U Not determined W White
1	**Resource Code - House**	A	223	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
1	**Resource Code - Vehicle**	A	224	Indicates whether the recipient owns a vehicle. If so, indicates whether individual must dispose of vehicle. B Vehicle either over or under

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				limit K Agreement to dispose G Unverified resource Z None Blank Not determined
1	**Resource Code - Insurance**	A	225	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
1	**Resource Code - Property**	A	226	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 M Agreement to dispose O Under/over limit Z None Blank Not determined
1	**Resource Code - Other**	A	227	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
6	**Other Name**	A	228-233	Another name used by the recipient.
10	**Given Name**	A	234-243	Self-explanatory.
1	**Middle Initial**	A	244	Self-explanatory
19	**Surname**	A	245-263	Self-explanatory.
2	**Appeals Decision Code**	AN	264-265	Decision rendered on the appeal. AD Dismissed/Abandoned FA Favorable/SSA Appealed

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				(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
6	**Date of Eligibility**	N	266-271	Month and year of the application date, final onset date, or attainment of age 65, whichever is later. Format: MMCCYY
8	**Medicaid Effective Date**	N	272-279	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.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMDDCCYY
8	**Application Date**	N	280-287	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
10	**Telephone Number**	N	288-297	Recipient's telephone number.
1	**Record Source Code**	A	298	A code indicating the source of the record. C Initial State conversion case D Identifies conversion records which may or may not have been properly identified as State deletions (may currently be eligible) N District Office new claim P District Office pipeline record Blank District Office new claim
1	**Alien Indicator Code**	A	299	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 citizens) D Alleged U.S. citizen, continuous residence since 1/1/72 E Citizenship/alien status not proven; case denied for reason(s) other than citizenship/alien status F Refugee Status - Sections 207 r 203 (A) (7) of the INA

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 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
6	**Alien Date of Residency**	N	300-305	The date the alien's residency began.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
2	**Country of Origin**	A	306-307	Codes corresponding to those listed in the Geopolitical Entities, Names, and Codes (GENC) Standard.
1	**Third Party Insurance Indicator**	A	308	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
1	**Medicaid - Unpaid Medical Expense Indicator**	A	309	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
3	**Denial Code**	AN	310-312	Reason an applicant was initially denied or SSI/SPP. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
8	**Denial Date**	N	313-320	Date the applicant was denied SSI benefits and/or State supplementation. Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
6	**Food Stamp Interview Date**	N	321-326	Month and year of the initial Food Stamp data input. Format: MMCCYY
1	**Food Stamp Application**	A	327	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
1	**Food Stamp Recipient Status**	A	328	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
1	**Blank**		329	Not used.
8	**Onset Date of Disability/Blindness**	N	330-337	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset. Format: MMDDCCYY
1	**Disability Payment Code**	AN	338	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 determination denial, or b) Pending determination S State determination (conversion case only) allowance T Presumptive finding. State conversion record X No disability determination made (claim denied on basis of non-disability issues) 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
1	**Blank**	A	339	Not used.
1	**Rollback Code**	A	340	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				7 Final disability denial determination not input Blank Not applicable
1	**Blank**		341	Not used.
22	**Welfare ID Number**	AN	342-363	This is the State Welfare ID number.
2	**State Code of Conversion**	N	364-365	State from which the individual was converted to the Federal program.
1	**Special Needs Code**	A	366	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
8	**Appeals Decision Date**	N	367-374	Date Appeals decision was rendered. Format: MMDDCCYY
5	**Blank**		375-379	Not used.
1	**Direct Deposit Indicator**	A	380	Indicates direct deposit data. C Checking E Electronic Benefits Transfer S Savings Blank None
1	**Blank**		381	Not used.
1	**Payee Name and Address Number of Lines**	N	382	Reflects the total number of lines needed to show the full payee name and mailing address. Up to 6 lines maximum.
132	**Payee Name and Mailing Address**	AN	383-514	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).
5	**Payee ZIP Code**	N	515-519	This element is a 5 digit code for the payee's address, which is required for

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				postal service handling.
4	**Payee ZIP Code + 4**	N	520-523	If present on the SSR master file, the ZIP Code plus 4 portion of the payee's address.
5	**State & County Code of Jurisdiction**	N	524-528	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.
3	**District Office (DO) Code**	AN	529-531	The servicing SSA office code.
1	**Blank**		532	Not used.
1	**Blank**		533	Not used.
6	**Earned Income - Wage Amount**	N	534-539	Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period field. Format: $$$$cc
6	**Earned Income - Net Self-Employment Estimate**	N	540-545	Estimated net amount of self-employment income for the period shown in Earned Income Period field. Format $$$$cc
6	**Blind Work Expense (BWE) Exclusion**	N	546-551	Amount of work expenses of a blind recipient for the month in the Earned Income Period field which may be excluded from earned income. Format: $$$$cc
6	**Earned Income Exclusion (Plan for Self-support)**	N	552-557	Monthly amount of income for blind or disabled recipients which may be excluded under an approved plan of self-support. Format: $$$$cc
1	**Blank**		558	Not used.
1	**Unearned Income - Number of Occurrences**	N	559	This data element reflects the number of entries for the seven unearned

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				income data elements. Up to 9 occurrences maximum.
1*	**Unearned Income Type Code**	A	560-856 (Field 1)	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1*	**Unearned Income Verification Code**	N	560-856 (Field 2)	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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) Blank Data is not present or cannot be disclosed
6*	**Unearned Income Start Date**	N	560-856 (Field 3)	Indicates the date when the unearned income started if the payment is monthly, or when received if a one-time payment. Format: MMCCYY
6*	**Unearned Income Stop Date**	N	560-856 (Field 4)	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
6*	**Unearned Income Amount**	N	560-856 (Field 5)	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)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1*	**Unearned Income Frequency**	A	560-856 (Field 6)	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
12*	**Claim or Identification Number For Unearned Income**	AN	560-856 (Field 7)	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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).
1	**Blank**		857	Not used.
1	**Representative (Rep) Payee Indicator**	A	858	Y There is a representative payee N There is not a representative payee
8	**Rep Payee Selection Date**	N	859-866	Date the current payee was selected for the individual and/or spouse. Format: MMDDCCYY
3	**Custody Code**	A	867-869	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Competency Code**	A	870	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 guardian B Recipient is competent and there is no legal guardian C Recipient is competent and the legal guardian is someone other than the payee D Recipient is incompetent and the payee is the legal guardian E Recipient is incompetent and there is no legal guardian F Recipient is incompetent and the legal guardian is someone other than the payee L Payee is a financial institution

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
3	**Type of Payee Code**	A	871-873	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
1	**Blank**		874	Not used.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**SSN-Multiple SSN Indicator**	N	875	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.
9**	**SSN-List of Multiple SSNs**	N	876-920	Identifies additional social security numbers used by the individual. Space is available to record up to five multiple SSNs for an individual.
1	**Blank**		921	Indicates the number of lines used for the address at which the applicant lives. Up to 5 lines maximum.
1	**Residence Address-Number of Lines**	N	922	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)
110	**Residence Address**	AN	923-1032	Address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, the field will be blank.
5	**Residence ZIP Code**	N	1033-1037	ZIP Code of the recipient's address if the residence address is different from the mailing address. Otherwise, the field is blank.
4	**Residence ZIP Code + 4**	N	1038-1041	This data element reflects the ZIP Code plus 4, if present on the SSI master file, for the residence address of the individual.
1	**Blank**		1042	Not used.
2	**Last Transaction Type**	A	1043-1044	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 H - TRANSACTION TYPE CODE VALUES**

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
8	**Last Transaction Date**	N	1045-1052	Date the transaction identified as Last Transaction Type field was applied to the SSR. Format: MMDDCCYY
1	**Blank**		1053	Not used.
1	**Blank**		1054	Not used.
1	**Advance Payment Indicator**	A	1055	Indicates whether or not advance payment data is present. Y Yes N No
8	**Advance Payment Date**	N	1056-1063	The date the emergency payment was made to the recipient. Format: MMDDCCYY
5	**Advance Payment Amount**	N	1064-1068	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
1	**Blank**		1069	Not used.
1	**Interim Assistance Reimbursement Status Code**	A	1070	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 E State failed to report IA payments timely Z State reported IA payments timely, eIAR computed $0 IAR
5	**State and County Code of Reimbursement**	N	1071-1075	Reflects the State/county code corresponding to the agency with which the SSI/SSP applicant signed an authorization 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
1	**Blank**		1076	Not used.
8	**Payment Date**	N	1077-1084	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
7	**SSI Gross Payable Amount (Current)**	N	1085-1091	The Federal amount the recipient is entitled to receive (before adjustments for overpayments) on the Payment Date shown in positions 1121-1128. 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: $$$$$cc
7	**State Gross Payable Amount (Current)**	N	1092-1098	The amount of Federally-administered supplementation the recipient is entitled to receive (before adjustments for overpayments) on Payment Date shown in position 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File **is** created, the payment date and current payable amount figures will be updated for the current computation month. Format: $$$$$cc
2	**Payment History (PHIST) Number of Occurrences**	N	1099-1100	The number of historical payment entries (represented as five fields per entry) present on the response. Up to 8 occurrences maximum.
8***	**PHIST Payment Date**	N	1101-1292 (Field 1)	Date on which payment or recovery was made. Format: MMDDCCYY
7***	**SSI Monthly Assistance Amount**	N	1101-1292 (Field 2)	Self-explanatory. Format: $$$$$cc
7***	**State Supplement Amount**	N	1101-1292 (Field 3)	Self-explanatory. Format: $$$$$cc
1***	**PHIST Payment Payflag 1**	AN	1101-1292 (Field 4)	Indicates type of payment and whether it was returned.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1***	**PHIST Payment Payflag 2**	AN	1101-1292 (Field 5)	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
1	**Blank**		1293	Not used.
1	**Overpayment/Underpayment Indicator**	A	1294	SSI Monthly Assistance Amount reflects overpayment and/or underpayment. O Overpayment U Underpayment B Both overpayment and underpayment exist
6	**Month of Change**	N	1295-1300	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Budget Month Flag**	A	1301	Budget month used for payment computation. 0 Payment based on factors in computation month 1 Payment based on factors 1 month before computation month 2 Payment based on factors 2 months before computation month
3	**Payment Status Code (Current)**	AN	1302-1304	This refers to the most current SSI payment status code. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
1	**Federal Living Arrangement Code (Current)**	A	1305	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. X Initial claims surface edit
1	**Living Arrangement Code - Optional State Supplement**	A	1306	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. (Other codes are possible. Refer to Regional Office definitions of State Supplement Codes.)
5	**State and County Code of Jurisdiction (Current)**	AN	1307-1311	Indicates the State and county that are responsible for any mandatory or optional supplementation payment. Represents the State and County of

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				residence for recipient unless another State and County have jurisdiction.
1	**Concurrent State Payment Code**	AN	1312	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
1	**Medicaid Eligibility Code**	A	1313	Indicates the recipient's Medicaid eligibility status. A Refused third party liability

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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) F Title VIII Recipient G Goldberg-Kelly payment continuation I Ineligible per state determination (obsolete) 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
1	**Head of Household Indicator**	AN	1314	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)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				U Identifies month included in computation of (and offset of) underpayment to one member of eligible couple against overpayment to the other
1	**Filler**		1315	Filler
1	**Student Indicator**	A	1316	Indicates whether a recipient under age 22 is a student. Y Student N Not a student
6	**Earned Income - Net Countable Amount**	N	1317-1322	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: $$$$cc
6	**Unearned Income - Net Countable Amount**	N	1323-1328	Reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual. Format: $$$$cc
5	**SSI Gross Payable Amount**	N	1329-1333	The Federal amount the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in **APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**. Format: $$$cc
5	**State Gross Payable Amount (Current)**	N	1334-1338	The amount of Federally-administered supplementation the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				the payment history matrix (positions 1101-1292) as explained in **APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**. Format: $$$cc
1	**Conditional Payment**	A	1339	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
1	**Medicaid Test Indicator**	A	1340	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 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Federal Eligibility Code**	A	1341	Identifies eligibility for Federal SSI payment in the current month. E Eligible N Not eligible Blank Not applicable
1	**Optional State Eligibility Code**	A	1342	Identifies eligibility for State optional supplement payment in current month. E Eligible N Not eligible Blank Not applicable
1	**Mandatory Eligibility Code**	A	1343	Identifies eligibility for mandatory State Supplementation payment in current month. E Eligible N Not eligible Blank Not applicable
6	**Deemed Income Amount**	N	1344-1349	Current month's amount of income deemed to the eligible individual used in computing the payment if the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Budget Month Flag is zero or blank. Format: $$$$$cc
1	**Federal Living Arrangement Code - Budget Month**	A	1350	Indicates Federal living arrangement in the budget month. A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution or outside the U.S. X Initial claims surface edit
6	**Earned Income - Retrospective Net Countable Amount**	N	1351-1356	Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank. Format: $$$$cc
6	**Unearned Income Retrospective Net Countable Amount**	N	1357-1362	Reflects the money amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank. Format: $$$$cc
6	**Deemed Income Amount Retrospective**	N	1363-1368	This is the monthly amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank. Format: $$$$$cc
100	**40 QQ History**	AN	1369-1468	This field contains 100 indicators; each indicator contains either a Y(es) or N(o). Each indicator represents one

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Qualifying Quarter. These indicators represent the Qualifying Quarters starting from January 1997 and ending December 2021; 25 years worth of data.

*There can be 9 occurrences of this information
** There can be 5 occurrences of this information
*** There can be 8 occurrences of this information (See "**APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)

NOTE: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

8D.1 TITLE II AND TITLE XVI RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342
Schedule Payment Combined Check Indicator	343

DATA ELEMENT	POSITION
LAF Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403
Hospital Insurance (HI) Indicator	404
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452
SMI Premium	453-457

DATA ELEMENT	POSITION
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510
Number of Cross-reference Account Number (XRAN) Occurrences	511
Cross-Reference (XREF) Entitlement Number *	512-571 (Field 1)
Cross-Reference (XREF) BIC *	512-571 (Field 2)
Cross-Reference (XREF) Code *	512-571 (Field 3)
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688 (Field 1)
MBC Amount **	585-688 (Field 2)
MBC Type **	585-688 (Field 3)

DATA ELEMENT	POSITION
Other Date of Entitlement	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739
Blank (reserved for future use)	740-839
Essential Person Indicator	840
Appeal Code	841
Date of Appeal	842-849
Last Redetermination Date	850-857
Person's Own Social Security Number (SSN)	858-866
Type of Recipient	867-868
Record Establishment Date	869-876
Date of Birth	877-884
Date of Death	885-892
Date of Death Source Code	893
Payment Status Code	894-896
Current Pay Status Effective Date	897-902

DATA ELEMENT	POSITION
SSN Correction Indicator	903
Sex Code	904
Race Code	905
Resource Code - House	906
Resource Code - Vehicle	907
Resource Code - Insurance	908
Resource Code – Property	909
Resource Code - Other	910
Other Name	911-916
Given Name	917-926
Middle Initial	927
Surname	928-946
Appeals Decision Code	947-948
Date of Eligibility	949-954
Medicaid Effective Date	955-962
Application Date	963-970
Telephone Number	971-980
Record Source Code	981
Alien Indicator Code	982
Alien Date of Residency	983-988
Country of Origin	989-990
Third Party Insurance Indicator	991
Medicaid - Unpaid Medical Expense Indicator	992
Denial Code	993-995
Denial Date	996-1003

DATA ELEMENT	POSITION
Food Stamp Interview Date	1004-1009
Food Stamp Application	1010
Food Stamp Recipient Status	1011
Blank	1012
Onset Date of Disability/Blindness	1013-1020
Disability Payment Code	1021
Blank	1022
Rollback Code	1023
Blank	1024
Welfare ID Number	1025-1046
State Code and Conversion	1047-1048
Special Needs Code	1049
Appeals Decision Date	1050-1057
Blank	1058-1062
Direct Deposit Indicator	1063
Blank	1064
Payee Name and Address Number of Lines	1065
Payee Name and Mailing Address	1066-1197
Payee ZIP Code	1198-1202
Payee ZIP Code + 4	1203-1206
State & County Code of Jurisdiction	1207-1211
District Office (DO) Code	1212-1214
Blank	1215
Blank	1216
Earned Income - Wage Amount	1217-1222
Earned Income - Net Self-Employment Estimate	1223-1228
Blind Work Expense (BWE) Exclusion	1229-1234

DATA ELEMENT	POSITION
Earned Income Exclusion (Plan for Self-support)	1235-1240
Blank	1241
Unearned Income - Number of Occurrences	1242
Unearned Income Type Code ***	1243-1539 (Field 1)
Unearned Income Verification Code ***	1243-1539 (Field 2)
Unearned Income Start Date ***	1243-1539 (Field 3)
Unearned Income Stop Date ***	1243-1539 (Field 4)
Unearned Income Amount ***	1243-1539 (Field 5)
Unearned Income Frequency ***	1243-1539 (Field 6)
Claim or Identification Number For Unearned Income ***	1243-1539 (Field 7)
Blank	1540
Representative (Rep) Payee Indicator	1541
Rep Payee Selection Date	1542-1549
Custody Code	1550-1552
Competency Code	1553
Type of Payee Code	1554-1556
Blank	1557
SSN-Multiple SSN Indicator	1558
SSN-List of Multiple SSNs *	1559-1603
Blank	1604
Residence Address-Number of Lines	1605
Residence Address	1606-1715

DATA ELEMENT	POSITION
Residence ZIP Code	1716-1720
Residence ZIP Code + 4	1721-1724
Blank	1725
Last Transaction Type	1726-1727
Last Transaction Date	1728-1735
Blank	1736
Blank	1737
Advance Payment Indicator	1738
Advance Payment Date	1739-1746
Advance Payment Amount	1747-1751
Blank	1752
Interim Assistance Reimbursement Status Code	1753
State and County Code of Reimbursement	1754-1758
Blank	1759
Payment Date	1760-1767
SSI Gross Payable Amount (Current)	1768-1774
State Gross Payable Amount (Current)	1775-1781
Payment History PHIST Number of Occurrences	1782-1783
PHIST Payment Date ****	1784-1975 (Field 1)
SSI Monthly Assistance Amount ****	1784-1975 (Field 2)
State Supplement Amount ****	1784-1975 (Field 3)
PHIST Payment Payflag 1 ****	1784-1975 (Field 4)
PHIST Payment Payflag 2 ****	1784-1975 (Field 5)

DATA ELEMENT	POSITION
Blank	1976
Overpayment/Underpayment Indicator	1977
Month of Change	1978-1983
Budget Month Flag	1984
Payment Status Code (Current)	1985-1987
Federal Living Arrangement Code	1988
Living Arrangement Code - Optional State Supplement	1989
State and County Code of Jurisdiction (Current)	1990-1994
Concurrent State Payment Code	1995
Medicaid Eligibility Code	1996
Head of Household Indicator	1997
Filler	1998
Student Indicator	1999
Earned Income - Net Countable Amount	2000-2005
Unearned Income - Net Countable Amount	2006-2011
SSI Gross Payable Amount	2012-2016
State Gross Payable Amount (Current)	2017-2021
Conditional Payment	2022
Medicaid Test Indicator	2023
Federal Eligibility Code	2024
Optional State Eligibility Code	2025
Mandatory Eligibility Code	2026
Deemed Income Amount	2027-2032
Federal Living Arrangement Code - Budget Month	2033
Earned Income - Retrospective Net Countable Amount	2034-2039
Unearned Income Retrospective Net Countable Amount	2040-2045

DATA ELEMENT	POSITION
Deemed Income Amount Retrospective	2046-2051
40 QQ History	2052-2151

* There could be 5 occurrences of this information.
** There could be 8 occurrences of this information. (See "**APPENDIX B - TITLE II PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)
*** There could be 9 occurrences of this information.
**** There could be 8 occurrences of this information. (See "**APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**" for an explanation of how to use this information.)

8D.2 TITLE II AND TITLE XVI RESPONSE RECORD LAYOUT - UNABRIDGED

(this is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
12	**Title II Claim Account Number (CAN) and BIC**	AN	157-168	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**
5	**State and County Code**	AN	169-173	The first two positions represent the State code; the remaining positions are the county codes (from the Geographic Code Book) that are responsible for any mandatory or optional supplementation payment. This field represents the State and county residence for recipients unless another State and county have jurisdiction.
5	**ZIP Code**	N	174-178	The zip code of the residence address.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
4	**ZIP + 4**	N	179-182	The additional 4 positions of the zip code where the 9-digit zip code is used.
1	**Number of Lines of Address**	N	183	The number of 22 position lines of address present. Up to 6 lines maximum.
132	**Address**	AN	184-315	The residence address of the recipient.
1	**Direct Deposit Indicator**	A	316	This field will indicate if there is direct deposit data for benefits: C Checking E Electronic Benefits Transfer S Savings Blank None
6	**Deferred Payment Date**	N	317-322	Reflects the month and year the first or next payment can be made. Format: MMCCYY
1	**Schedule Payment Indicator**	A	323	P Current month accrual amount paid by daily update operation R Current month accrual paid by monthly merge Blank Prior month accrual only
6	**Schedule Payment Date**	N	324-329	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
7	**Schedule Prior Payment Amount**	N	330-336	Accumulated payment certified in the Schedule Payment action for all months through the Prior Month Accrual (PMA) date. (PMA date is

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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: $$$$$cc
6	**Schedule Current Payment Amount**	N	337-342	Amount certified in the Schedule Payment action for the current operating month as shown in the Schedule Payment Date. The check is actually paid in the month after the Schedule Payment Date. Format: $$$$cc
1	**Schedule Payment Combined Check Indicator**	A	343	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
2	**LAF Code**	AN	344-345	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**
8	**Date of Birth**	N	346-353	Self-Explanatory. Format: MMDDCCYY
1	**Proof of Age Indicator**	A	354	A Alleged

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				B Birth/Baptismal C Convincing evidence F Formerly established by SSA N Not proven P Proven Q Established other than B or C
10	**Given Name**	AN	355-364	Self-explanatory.
1	**Middle Initial**	AN	365	Self-explanatory.
12	**Surname**	AN	366-377	Self-explanatory.
6	**Date of Initial Entitlement**	N	378-383	Date when beneficiary was originally entitled on this record. Format: MMCCYY
6	**Date of Current Entitlement**	N	384-389	Date of entitlement to benefits for the current period of entitlement. Format: MMCCYY
6	**Date of Suspension or Termination**	N	390-395	Date the event causing the suspension or termination occurred. Format: MMCCYY
1	**Sex Code**	A	396	M Male F Female U Unknown
6	**Net Monthly Benefit if Payable (MBP)**	N	397-402	Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.). Format: $$$$cc
1	**Medicare Indicator**	A	403	Y Medicare data is present N Medicare data is not present
1	**Hospital Insurance (HI) Indicator**	A	404	Indicates whether or not HI data is present. Y Yes N No
1	**HI Option Code**	A	405	C No – cessation of disability D No – Part A coverage denied E Yes – automatic; no premium necessary F No - invalid enrollment

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
6	**HI Start Date**	N	406-411	Self-explanatory. Format: MMCCYY
6	**HI Stop Date**	N	412-417	Self-explanatory. Format: MMCCYY
5	**HI Premium**	N	418-422	Premium amount collectible. Format: $$$cc
1	**HI Buy-In Indicator**	A	423	This code indicates whether there is third party payer data for HI premiums. Y Yes N No
3	**HI Buy-In Code**	AN	424-426	State/3rd Party Billing Code The complete list of code values are listed in **APPENDIX G – THIRD PARTY BILLING CODE VALUES**
6	**HI Buy-In Start Date**	N	427-432	First month of coverage for which third party paid HI premium. Format: MMCCYY
6	**HI Buy-In Stop Date**	N	433-438	Last month of coverage for which third party paid HI premium.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
1	**Supplemental Medical Insurance (SMI) Indicator**	A	439	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
1	**SMI Option Code**	A	440	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)
6	**SMI Start Date**	N	441-446	First month of coverage. Format: MMCCYY
6	**SMI Stop Date**	N	447-452	First month of non-coverage. Format: MMCCYY
5	**SMI Premium**	N	453-457	Supplemental premium amount collectible. Format: $$$cc
1	**SMI Buy-In Indicator**	A	458	This code indicates whether there is third party payer data present for SMI premiums. Y Yes

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				N No
3	**SMI Buy-In Code**	N	459-461	State/3rd Party Billing Code The complete list of code values are listed in **APPENDIX G – THIRD PARTY BILLING CODE VALUES**
6	**SMI Buy-In Start Date**	N	462-467	Effective start date of buy-in eligibility. Format: MMCCYY
6	**SMI Buy-In Stop Date**	N	468-473	Effective stop date of buy-in eligibility. Format: MMCCYY
3	**Welfare Agency Code**	N	474-476	State exchange welfare code.
1	**Category of Assistance Code**	A	477	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
1	**Black Lung Entitlement Code**	A	478	D Death termination E Entitled N Nonpayment P Pending entitlement T Terminated (other than death)
6	**Black Lung Payment Amount**	N	479-484	Self-explanatory. Format: $$$$cc
1	**Railroad Indicator**	A	485	A Active claim T Terminated claim S Currently Suspended
9	**Person's Own Social Security Number (SSN)**	N	486-494	Self-explanatory.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
8	**Date of Death**	N	495-502	Self-explanatory. Format: MMDDCCYY
8	**Disability Onset Date**	N	503-510	First date of onset of disability. Format: MMDDCCYY
1	**Number of Cross-reference Account Number (XRAN) Occurrences**	AN	511	Self-explanatory. See the following three fields for the format of an entry. Up to 5 occurrences maximum. If more than 5 occurences, 'X' is returned.
*9	**Cross-Reference (XREF) Entitlement Number**	AN	512-571 (Field 1)	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.
*2	**Cross-Reference (XREF) BIC**	AN	512-571 (Field 2)	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**
*1	**Cross-Reference (XREF) Code**	A	512-571 (Field 3)	Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military etc.). A MAFDUP selection precluded-possible duplicate SSN C Beneficiary's Civil Service number or a notation of Civil Service involvement if no number follows C D Dual wage record number

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				E Simultaneous SSN F Multiple SSN from CAPS G Multiple SSN from ARMSMULT H Multiple SSN from Processing Center or Central Office correction I Occurrence contains key to data on ICDB L Number of Black Lung benefits to which the beneficiary is entitled, or which involve this beneficiary in some way M Number is that of another wage record which belongs to this beneficiary O Number on which beneficiary is or may be potentially entitled to benefits Q Quayle legislation for Veteran's Administration (MAMPSC controls/annotates this information for the entire nation) S Number for prior/potential entitlement as a spouse U Record on which renal kidney disease entitlement is based. V Second validated BOAN
9	**Dual Entitlement Number**	N	572-580	Other Claim Account Number (CAN) on which entitlement exists.
2	**Dual Entitlement BIC**	AN	581-582	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**
2	**Number of History Occurrences**	N	583-584	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 **APPENDIX B - TITLE II PAYMENT HISTORY TABLE** for more information.
**6	**Monthly Benefit**	N	585-688	Payment data credited date. MBC

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	Credited (MBC) Date		(Field 1)	amount is paid in the month after this date. Format: MMCCYY
**6	**MBC Amount**	N	585-688 (Field 2)	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: $$$$cc
**1	**MBC Type**	A	585-688 (Field 3)	C Benefits paid (credited) N Benefits not paid (not credited) E Benefits not paid (not credited), due to delayed/pending or suspense Blank Benefits not paid (not credited)
6	**Other Date of Entitlement**	N	689-694	The month and year of the other date of entitlement. Format: MMCCYY
6	**Other Primary Insurance Amount**	N	695-700	This reflects the controlling Primary Insurance Amount (PIA) for payment on the other claim, whether average month wage or special minimum. Format: $$$$cc
6	**Other Retirement Insurance Amount**	N	701-706	This will appear only if the controlling primary insurance amount (PIA) reflects the average monthly wage PIA for the other claim. Format: $$$$cc
6	**Larger Full Monthly Benefit Amount**	N	707-712	This reflects the Larger Full Monthly Benefit Amount (LFMBA) reduced for the family maximum. In the case of

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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: $$$$cc
6	**Larger Excess Monthly Benefit Amount**	N	713-718	This reflects the excess amount payable on the Larger Excess Monthly Benefit Amount (LEMBA). In the case of triple entitlement, LEMBA in the first dual entitlement field is for the auxiliary (B) claim, and LEMBA in the second dual entitlement field is for the survivor (D) claim. Format: $$$$cc
6	**Smaller Full Monthly Benefit Amount**	N	719-724	This field contains the Smaller Full Monthly Benefit Amount (SFMBA) reduced for the family maximum. In the case of triple entitlement, SFMBA in the first dual entitlement field is for the primary (A) claim, and SFMBA in the second dual entitlement field is blank. Format: $$$$cc
6	**Smaller Actuarially Reduced Monthly Benefit Amount**	N	725-730	This field reflects the Smaller Monthly Benefit Amount reduced for maximum and age (SAMBA). In the case of triple entitlement, SAMBA in the first dual entitlement field is for the primary (A) claim, and SAMBA in the second dual entitlement field is blank. Format: $$$$cc
1	**Dual Entitlement Status Code**	AN	731	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				2 Larger benefit only in current payment status 3 Both benefits eligible for current payment status (checks may be combined or separate) 4 Primary is working on record on which auxiliary entitlement exists 5 Larger benefit is subject to full government pension/worker's compensation offset S Dual entitlement suspended, technical entitlement exists T Dual entitlement terminated
1	**Other Office Code**	N	732	1-8 Payment center that has jurisdiction A-H Payment center that has jurisdiction when wage earner is disabled
1	**Type of Dual Entitlement**	AN	733	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
1	**Other Primary Insurance Amount Factor Code**	AN	734	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Other Primary Insurance Amount Factor Code Two**	AN	735	This represents the Primary Insurance Factor Code 2 in the other account. (For future use)
4	**Other Eligibility Year**	N	736-739	This represents the other eligibility year. Format: CCYY
100	**Blank (reserved for future use)**	AN	740-839	Not currently used.
1	**Essential Person Indicator**	AN	840	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				one other person are essential persons B Living with father and at least one other person are essential persons C Living with mother and at least one other person are essential persons 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)
1	**Appeal Code**	A	841	Level of appeal. A Appeals Council Review C Court Case D Decision Review Board Review F Fed RO Review H Hearing I Initial Determination Review O Class Action R Reconsideration
8	**Date of Appeal**	N	842-849	Date of the most recent appeal action. Format: MMDDCCYY
8	**Last Redetermination Date**	N	850-857	Completion date of the last Redetermination. Redetermination form has been received and all required actions are completed. Format: MMDDCCYY
9	**Person's Own Social Security Number (SSN)**	N	858-866	Social security number of the recipient.
2	**Type of Recipient**	A	867-868	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.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				AI Age individual AS Aged spouse BI Blind individual BC Blind child BS Blind spouse DC Disabled child DI Disabled individual DS Disabled spouse XF Ineligible parent/father XM Ineligible parent/mother XP Ineligible essential person who is not an ineligible parent or spouse. XS Ineligible spouse
8	**Record Establishment Date**	N	869-876	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
8	**Date of Birth**	N	877-884	Date of birth (month, day, and year) of the recipient. Format: MMDDCCYY
8	**Date of Death**	N	885-892	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
1	**Date of Death Source Code**	N	893	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				shown. (Death date field will show date of transaction) 6 State notification
3	**Payment Status Code**	AN	894-896	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. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
6	**Current Pay Status Effective Date**	N	897-902	The effective date of the last change to payment status code. Format: MMCCYY
1	**SSN Correction Indicator**	A	903	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 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
1	**Sex Code**	A	904	Indicates the sex of the recipient. F Female M Male U Unknown
1	**Race Code**	A	905	This code indicates the race, if applicable, of the recipient. A Asian B Black H Hispanic I North American Indian N Negro

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				O Other U Not determined W White
1	**Resource Code - House**	A	906	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 S Equity in property T Home and equity in property Z None Blank Not determined * Initial claims exception
1	**Resource Code - Vehicle**	A	907	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
1	**Resource Code - Insurance**	A	908	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
1	**Resource Code - Property**	A	909	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 M Agreement to dispose O Under/over limit Z None Blank Not determined

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Resource Code - Other**	A	910	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
6	**Other Name**	A	911-916	Another name used by the recipient.
10	**Given Name**	A	917-926	Self-explanatory.
1	**Middle Initial**	A	927	Self-explanatory
19	**Surname**	A	928-946	Self-explanatory.
2	**Appeals Decision Code**	AN	947-948	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
6	**Date of Eligibility**	N	949-954	Month and year of the application date, final onset date, or attainment of age 65, whichever is later.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
8	**Medicaid Effective Date**	N	955-962	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
8	**Application Date**	N	963-970	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
10	**Telephone Number**	N	971-980	Recipient's telephone number.
1	**Record Source Code**	A	981	A code indicating the source of the record. C Initial State conversion case D Identifies conversion records which may or may not have been properly identified as State deletions (may currently be eligible) N District Office new claim P District Office pipeline record Blank District Office new claim
1	**Alien Indicator Code**	A	982	Indicates if eligible/ineligible

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 citizens) D Alleged U.S. citizen, continuous residence since 1/1/72 E Citizenship/alien status not proven; case denied for reason(s) other than citizenship/alien status F Refugee Status - Sections 207 r 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				departure 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
6	**Alien Date of Residency**	N	983-988	The date the alien's residency began. Format: MMCCYY
2	**Country of Origin**	A	989-990	Codes corresponding to those listed in the Geopolitical Entities, Names, and Codes (GENC) Standard.
1	**Third Party Insurance Indicator**	A	991	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
1	**Medicaid - Unpaid Medical Expense Indicator**	A	992	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)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				N Unpaid bills do not exist (1634 States only) Blank Not applicable
3	**Denial Code**	AN	993-995	Reason an applicant was initially denied or SSI/SPP. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
8	**Denial Date**	N	996-1003	Date the applicant was denied SSI benefits and/or State supplementation. Format: MMDDCCYY
6	**Food Stamp Interview Date**	N	1004-1009	Month and year of the initial Food Stamp data input. Format: MMCCYY
1	**Food Stamp Application**	A	1010	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
1	**Food Stamp Recipient Status**	A	1011	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Blank**	A	1012	Not used.
8	**Onset Date of Disability/Blindness**	N	1013-1020	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
1	**Disability Payment Code**	AN	1021	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 determination denial, or b) Pending determination S State determination (conversion case only) allowance T Presumptive finding. State conversion record X No disability determination made (claim denied on basis of non-disability issues) 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
1	**Blank**	A	1022	Not used

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Rollback Code**	A	1023	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
1	**Blank**	AN	1024	Not used.
22	**Welfare ID Number**	AN	1025-1046	This is the State Welfare ID number.
2	**State Code and Conversion**	N	1047-1048	State from which the individual was converted to the Federal program.
1	**Special Needs Code**	A	1049	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
8	**Appeals Decision Date**	N	1050-1057	Date Appeals decision was rendered. Format: MMDDCCYY
5	**Blank**		1058-1062	Not used.
1	**Direct Deposit Indicator**	A	1063	Indicates direct deposit data. C Checking E Electronic Benefits Transfer S Savings Blank None
1	**Blank**	AN	1064	Not used.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Payee Name and Address Number of Lines**	N	1065	Reflects the total number of lines needed to show the full payee name and mailing address. Up to 6 lines maximum.
132	**Payee Name and Mailing Address**	AN	1066-1197	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).
5	**Payee ZIP Code**	N	1198-1202	This element is a 5 digit code for the payee's address, which is required for postal service handling.
4	**Payee ZIP Code + 4**	N	1203-1206	If present on the SSR master file, the ZIP Code plus 4 portion of the payee's address.
5	**State & County Code of Jurisdiction**	N	1207-1211	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.
3	**District Office (DO) Code**	AN	1212-1214	The servicing SSA office code.
1	**Blank**	AN	1215	Not used.
1	**Blank**	AN	1216	Not used.
6	**Earned Income - Wage Amount**	N	1217-1222	Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period field. Format: $$$$cc
6	**Earned Income - Net Self-Employment Estimate**	N	1223-1228	Estimated net amount of self-employment income for the period shown in Earned Income Period field. Format $$$$cc
6	**Blind Work Expense (BWE) Exclusion**	N	1229-1234	Amount of work expenses of a blind recipient for the month in the Earned Income Period field which may be excluded from earned income. Format: $$$$cc
6	**Earned Income Exclusion**	N	1235-1240	Monthly amount of income for blind

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	(Plan for Self-support)			or disabled recipients which may be excluded under an approved plan of self-support. Format: $$$$cc
1	**Blank**	AN	1241	Not used.
1	**Unearned Income - Number of Occurrences**	N	1242	This data element reflects the number of entries for the seven unearned income data elements. Up to 9 occurrences maximum.
1***	**Unearned Income Type Code**	A	1243-1539 (Field 1)	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1***	**Unearned Income Verification Code**	N	1243-1539 (Field 2)	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-

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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) Blank Data is not present or cannot be disclosed
6***	**Unearned Income Start Date**	N	1243-1539 (Field 3)	Indicates the date when the unearned income started if the payment is monthly, or when received if a one-time payment. Format: MMCCYY
6***	**Unearned Income Stop Date**	N	1243-1539 (Field 4)	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
6***	**Unearned Income Amount**	N	1243-1539 (Field 5)	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).

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1***	**Unearned Income Frequency**	A	1243-1539 (Field 6)	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
12***	**Claim or Identification Number For Unearned**	AN	1243-1539 (Field 7)	Claim or identification number under which each type of unearned income

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	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).
1	**Blank**		1540	Not used.
1	**Representative (Rep) Payee Indicator**	A	1541	Y There is a representative payee N There is not a representative payee
8	**Rep Payee Selection Date**	N	1542-1549	Date the current payee was selected for the individual and/or spouse. Format: MMDDCCYY
3	**Custody Code**	A	1550-1552	Indicates who has physical custody of

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Competency Code**	A	1553	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 other than the payee D Recipient is incompetent and the payee is the legal guardian E Recipient is incompetent and

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				there is no legal guardian F Recipient is incompetent and the legal guardian is someone other than the payee 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
3	**Type of Payee Code**	A	1554-1556	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				SPO Spouse Blank Beneficiary is own payee
1	**Blank**		1557	Not used.
1	**SSN-Multiple SSN Indicator**	N	1558	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.
9*	**SSN-List of Multiple SSNs**	N	1559-1603	Identifies additional social security numbers used by the individual. Space is available to record up to five multiple SSNs for an individual.
1	**Blank**		1604	Indicates the number of lines used for the address at which the applicant lives. Up to 5 lines maximum.
1	**Residence Address-Number of Lines**	N	1605	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)
110	**Residence Address**	AN	1606-1715	Address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, the field will be blank.
5	**Residence ZIP Code**	N	1716-1720	ZIP Code of the recipient's address if the residence address is different from the mailing address. Otherwise, the field is blank.
4	**Residence ZIP Code + 4**	N	1721-1724	This data element reflects the ZIP Code plus 4, if present on the SSI master file, for the residence address of the individual.
1	**Blank**		1725	Not used.
2	**Last Transaction Type**	A	1726-1727	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				code values are listed in **APPENDIX H - TRANSACTION TYPE CODE VALUES**
8	**Last Transaction Date**	N	1728-1735	Date the transaction identified as Last Transaction Type field was applied to the SSR. Format: MMDDCCYY
1	**Blank**		1736	Not used.
1	**Blank**		1737	Not used.
1	**Advance Payment Indicator**	A	1738	Indicates whether or not advance payment data is present. Y Yes N No
8	**Advance Payment Date**	N	1739-1746	The date the emergency payment was made to the recipient. Format: MMDDCCYY
5	**Advance Payment Amount**	N`	1747-1751	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
1	**Blank**		1752	Not used.
1	**Interim Assistance Reimbursement Status Code**	A	1753	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 E State failed to report IA payments timely Z State reported IA payments timely, eIAR computed $0 IAR
5	**State and County Code of Reimbursement**	AN	1754-1758	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
1	**Blank**		1759	Not used.
8	**Payment Date**	N	1760-1767	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.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMDDCCYY
7	**SSI Gross Payable Amount (Current)**	N	1768-1774	The Federal amount the recipient is entitled to receive (before adjustments for overpayments) on the Payment Date shown in positions 1121-1128. 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: $$$$$cc
7	**State Gross Payable Amount (Current)**	N	1775-1781	The amount of Federally-administered supplementation the recipient is entitled to receive (before adjustments for overpayments) on Payment Date shown in position 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File **is** created, the payment date and current payable amount figures will be updated for the current computation month. Format: $$$$$cc
2	**Payment History PHIST Number of Occurrences**	N	1782-1783	The number of historical payment entries (represented as five fields per entry) present on the response. Up to 8 occurrences maximum.
8****	**PHIST Payment Date**	N	1784-1975 (Field 1)	Date on which payment or recovery was made. Format: MMDDCCYY
7****	**SSI Monthly Assistance Amount**	N	1784-1975 (Field 2)	Self-explanatory. Format: $$$$$cc
7****	**State Supplement Amount**	N	1784-1975 (Field 3)	Self-explanatory. Format: $$$$$cc
1****	**PHIST Payment Payflag 1**	AN	1784-1975 (Field 4)	Indicates type of payment and whether it was returned. 0 No payment made

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1****	**PHIST Payment Payflag 2**	AN	1784-1975 (Field 5)	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
1	**Blank**		1976	Not used.
1	**Overpayment/ Underpayment Indicator**	A	1977	SSI Monthly Assistance Amount reflects overpayment and/or underpayment. O Overpayment U Underpayment B Both overpayment and underpayment exist
6	**Month of Change**	N	1978-1983	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Budget Month Flag**	A	1984	Budget month used for payment computation. 0 Payment based on factors in computation month 1 Payment based on factors 1 month before computation month 2 Payment based on factors 2 months before computation month
3	**Payment Status Code (Current)**	AN	1985-1987	This refers to the most current SSI payment status code. The complete list of Payment Status code values are listed in **APPENDIX F - PAYMENT STATUS CODE VALUES**.
1	**Federal Living Arrangement Code**	A	1988	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. X Initial claims surface edit
1	**Living Arrangement Code - Optional State Supplement**	A	1989	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. (Other codes are possible. Refer to Regional Office definitions of State Supplement Codes.)
5	**State and County Code of Jurisdiction (Current)**	N	1990-1994	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				State and County have jurisdiction.
1	**Concurrent State Payment Code**	AN	1995	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
1	**Medicaid Eligibility Code**	A	1996	Indicates the recipient's Medicaid eligibility status.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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) F Title VIII Recipient G Goldberg-Kelly payment continuation I Ineligible per state determination (obsolete) 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
1	**Head of Household Indicator**	AN	1997	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				(obsolete) U Identifies month included in computation of (and offset of) underpayment to one member of eligible couple against overpayment to the other
1	**Filler**		1998	
1	**Student Indicator**	A	1999	Indicates whether a recipient under age 22 is a student. Y Student N Not a student
6	**Earned Income - Net Countable Amount**	N	2000-2005	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: $$$$cc
6	**Unearned Income - Net Countable Amount**	N	2006-2011	Reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual. Format: $$$$cc
5	**SSI Gross Payable Amount**	N	2012-2016	The Federal amount the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in **APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**. Format: $$$cc
5	**State Gross Payable Amount (Current)**	N	2017-2021	The amount of Federally-administered supplementation the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				information on actual payments, see the payment history matrix (positions 1101-1292) as explained in **APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**. Format: $$$cc
1	**Conditional Payment**	A	2022	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
1	**Medicaid Test Indicator**	A	2023	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 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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				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
1	**Federal Eligibility Code**	A	2024	Identifies eligibility for Federal SSI payment in the current month. E Eligible N Not eligible Blank Not applicable
1	**Optional State Eligibility Code**	A	2025	Identifies eligibility for State optional supplement payment in current month. E Eligible N Not eligible Blank Not applicable
1	**Mandatory Eligibility Code**	A	2026	Identifies eligibility for mandatory State Supplementation payment in current month. E Eligible N Not eligible Blank Not applicable
6	**Deemed Income Amount**	N	2027-2032	Current month's amount of income deemed to the eligible individual used in computing the payment if the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Budget Month Flag is zero or blank. Format: $$$$$cc
1	**Federal Living Arrangement Code - Budget Month**	A	2033	Indicates Federal living arrangement in the budget month. A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution or outside the U.S. X Initial claims surface edit
6	**Earned Income - Retrospective Net Countable Amount**	N	2034-2039	Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank. Format: $$$$cc
6	**Unearned Income Retrospective Net Countable Amount**	N	2040-2045	Reflects the money amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank. Format: $$$$cc
6	**Deemed Income Amount Retrospective**	N	2046-2051	This is the monthly amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank. Format: $$$$$cc
100	**40 QQ History**	A	2052-2151	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

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				starting from January 1997 and ending December 2021; 25 years worth of data.

* There could be 5 occurrences of this information.
** There could be 8 occurrences of this information. (See "APPENDIX B - TITLE II PAYMENT HISTORY TABLE" for an explanation of how to use this information.)
*** There could be 9 occurrences of this information.
**** There could be 8 occurrences of this information. (See "APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE" for an explanation of how to use this information.)

8E.1 40 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - ABRIDGED

DATA ELEMENT	POSITION
Verified SSN	1-9
Input SSN	10-18
Last Name	19-31
First Name	32-41
Middle Initial	42
Date of Birth	43-50
State Code	51-53
State Data	54-75
Minimum Number QQs (1937-1950)	76-77
Maximum Number QQs (1937-1950)	78-79
Railroad Service Months (1937-1946)	80-82
Condition Code	83-84
Qualifying Quarters Pattern (Occurs 89 Times)	85-440

8E.2 40 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - UNABRIDGED

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	**Verified SSN**	N	1-9	This is the SSN that has been verified by SVES.
9	**Input SSN**	N	10-18	The input SSN.
13	**Last Name**	AN	19-31	The input last name.
10	**First Name**	AN	32-41	The input given name.
1	**Middle Initial**	A	42	The input middle initial.
8	**Date of Birth**	N	43-50	The input date of birth. Format: MMDDCCYY
3	**State Code**	AN	51-53	Self explanatory.
22	**State Data**	AN	54-75	This data is passed along from the query request input. This field can be used by a State to aid them in identifying and routing the query reply. States determine the information in this data field.
2	**Minimum Number QQs (1937-1950)**	N	76-77	This field represents the minimum number of qualifying quarters earned under the verified SSN during the period of 1937-1950. SSA determines this number by taking the total covered earnings during this period, and dividing it by 400. The claimant earned "at least" this many QQs before 1951.If SSA is able to provide QQ information for 1937 through 1950 in positions 85-440 (Qualifying Quarters Pattern); then there will be no information shown in positions 76-77 (Minimum Number QQs) or 78-79 (Maximum Number).
2	**Maximum Number QQs (1937-1950)**	N	78-79	This field represents the maximum "possible" number of qualifying quarters earned under the verified SSN during the period of 1937-1950. SSA determines this number by taking the total covered earnings during this period and dividing by 50. Generally, the actual QQs earned during this period will be less than the "maximum possible". If SSA is able to provide QQ information for 1937 through 1950 in positions 85-440 (Qualifying Quarters Pattern); then there will be no

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				information shown in positions 76-77 (Minimum Number QQs) or 78-79 (Maximum Number).
3	**Railroad Service Months (1937-1946)**	N	80-82	This field lists the number of "months" of Railroad work during the period 1937 through 1946. This is not a count of qualifying quarters. This information can be used as an indicator of the existence of additional qualifying quarters not shown in position 85-440 (Qualifying Quarters Pattern). If SSA is able to show Railroad QQs in positions 85-440 (Qualifying Quarters Pattern) for 1937-1946; then there will be no information shown in this field.
2	**Condition Code**	N	83-84	This field will show a code is SSA is unable to show a QQ pattern (see Qualifying Quarters Pattern field immediately below). Blank QQ data follows 01 Earnings record not found 02 SSA system error-please 99 Record cannot be processed-contact the SSA Regional Office
356	**Qualifying Quarters Pattern (Occurs 89 Times)**	AN	85-440	This field will display a quarter of coverage pattern for the period from 1937-2025. Each year is represented by four quarters. Each quarter is represented by a code. For the years 1937-1950, SSA's Master Earnings File (MEF) frequently contains only the total earnings and not a yearly breakdown of QQ information. If the MEF does not contain the yearly breakdown of QQ information for years prior to 1951, then the information will be shown in positions 76-77 (Minimum Number QQs) and 78-79 (Maximum Number) if it exists. Covered Qualifying Quarters Values: A Agricultural QQ C Wage QQ D Military QQ G Gift QQ

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				J Japanese Internment QQ M Military QQ R Railroad QQ S Self Employment QQ X Wage QQ which can occur for 1951 or 1952 <u>Non-covered</u> Qualifying Quarters Values: F Federal, State or local government wage QQ (Federal employees may receive credits starting in 1983 and State/local employees may receive credits starting in 1986.) U Non-covered Wages W QQ based on sum of excess FICA earnings and excess non-covered earnings (one or more "hybrid" QQs may be credited yearly) N Quarter with no earnings, a non-QQ <u>Questionable</u> Qualifying Quarters Values: # Questionable QQ that can occur 1952 through 1977 * Overlays the # sign to indicate questionable QQs which have been found to be valid. (QQs earned due to S, M, A or G earnings.) Z Questionable QQ that can occur 1952 through present

40 QUARTERS YEARS BY FIELD POSITION

Positions:	= Year	Positions:	= Year	Positions:	= Year
085 - 088	1937	089 - 092	1938	093 - 096	1939
097 - 100	1940	101 - 104	1941	105 - 108	1942
109 - 112	1943	113 - 116	1944	117 - 120	1945
121 - 124	1946	125 - 128	1947	129 - 132	1948
133 - 136	1949	137 - 140	1950	141 - 144	1951
145 - 148	1952	149 - 152	1953	153 - 156	1954
157 - 160	1955	161 - 164	1956	165 - 168	1957
169 - 172	1958	173 - 176	1959	177 - 180	1960
181 - 184	1961	185 - 188	1962	189 - 192	1963
193 - 196	1964	197 - 200	1965	201 - 204	1966
205 - 208	1967	209 - 212	1968	213 - 216	1969
217 - 220	1970	221 - 224	1971	225 - 228	1972
229 - 232	1973	233 - 236	1974	237 - 240	1975
241 - 244	1976	245 - 248	1977	249 - 252	1978
253 - 256	1979	257 - 260	1980	261 - 264	1981
265 - 268	1982	269 - 272	1983	273 - 276	1984
277 - 280	1985	281 - 284	1986	285 - 288	1987
289 - 292	1988	293 - 296	1989	297 - 300	1990
301 - 304	1991	305 - 308	1992	309 - 312	1993
313 - 316	1994	317 - 320	1995	321 - 324	1996
325 - 328	1997	329 - 332	1998	333 - 336	1999
337 - 340	2000	341 - 344	2001	345 - 348	2002
349 - 352	2003	353 - 356	2004	357 - 360	2005
361 - 364	2006	365 - 368	2007	369 - 372	2008
373 -376	2009	377 - 380	2010	381 - 384	2011
385 - 388	2012	389 - 392	2013	393 - 396	2014
397 - 400	2015	401 - 404	2016	405 - 408	2017
409 - 412	2018	413 - 416	2019	417 - 420	2020
421 - 424	2021	425 - 428	2022	429 - 432	2023
433 - 436	2024	437 - 440	2025		

Each position represents one quarter, and they are shown consecutively. For example, position 331 is the third quarter of the year 1998, while 333 is the first quarter of 1999.

8F.1 PRISONER RESPONSE RECORD LAYOUT - ABRIDGED

DATA ELEMENT	POSITION
SVES Prisoner SSN	1-9
SVES Prisoner Name	10-39
SVES State Code	40-42
SVES Welfare ID#	43-64
Status Code	65-66

DATA ELEMENT	POSITION
PUPS SSN	67-75
Last Name	76-95
First Name	96-110
Middle Name	111-125
Suffix	126-129
Prisoner ID Number	130-139
Prisoner Date of Birth	140-147
Sex	148
Date of Confinement	149-156
Release Date	157-164
Report Date	165-172
Prisoner Reporter Name	173-232
Prison/Facility Name	233-292
Prison/Facility Address	293-380
Facility City	381-399
Facility State	400-401
Facility ZIP Code	402-410
Facility Contact Name	411-445
Facility Phone	446-455
Facility FAX #	456-465
Facility Type	466-467
Reserved for Future Use	468-494

8F.2 PRISONER RESPONSE RECORD LAYOUT - UNABRIDGED

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	**SVES Prisoner SSN**	N	1-9	This is the information provided on the SVES query by the State.
30	**SVES Prisoner Name**	AN	10-39	This is the information provided on the SVES query by the State.
3	**SVES State Code**	AN	40-42	This is the information provided on the SVES query by the State.
22	**SVES Welfare ID#**	AN	43-64	This is the information provided on the SVES query by the State.
2	**Status Code**	AN	65-66	1 Records where there is 2 Records where data is present and SSA is disclosing 3 Records where there is no prisoner data reported to SSA 4 Records where there is prisoner data, but we cannot determine whether disclosure is permitted. There is some question about the source of the data; so SSA cannot determine if we have authority to disclose.
9	**PUPS SSN**	N	67-75	The prisoner's SSN as reported to SSA.
20	**Last Name**	AN	76-95	This the 20-position field for the last name of the prisoner.
15	**First Name**	AN	96-110	This is the 15-position field for the first name of the prisoner.
15	**Middle Name**	AN	111-125	This is the 15-position field for the middle name of the prisoner.
4	**Suffix**	AN	126-129	Self-explanatory.
10	**Prisoner ID Number**	N	130-139	This the 10-position field for the prisoner's identification number.
8	**Prisoner Date of Birth**	N	140-14**7**	Self-explanatory.
1	**Sex**	A	148	M Male F Female
8	**Date of Confinement**	N	149-156	The date the prisoner was confined. Format: CCYYMMDD
8	**Release Date**	N	157-164	The date the prisoner was released. Format: CCYYMMDD

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
8	**Report Date**	N	165-172	The date SSA received the prisoner information. Format: CCYYMMDD
60	**Prisoner Reporter Name**	AN	173-232	The source of the information provided to SSA.
60	**Prison/Facility Name**	AN	233-292	Self-explanatory.
88	**Prison/Facility Address**	AN	293-380	Self-explanatory.
19	**Facility City**	AN	381-399	Self-explanatory.
2	**Facility State**	A	400-401	Self-explanatory.
9	**Facility ZIP Code**	N	402-410	Self-explanatory.
35	**Facility Contact Name**	AN	411-445	The 35-position field for the contact person's name.
10	**Facility Phone**	N	446-455	Self-explanatory.
10	**Facility FAX #**	N	456-465	Self-explanatory.
2	**Facility Type**	N	466-467	01 State Prison 02 County Prison 03 Federal Correctional Institute 04 Mental Correctional Institute 05 Boot Camp 06 Medical Correctional Institute 07 Work Camp 08 Detention Center 09 Juvenile Detention Center 10 Half-way House 11 City Prison
27	**Reserved for Future Use**	AN	468-494	Not used.

8G.1 VA EARN – VETERANS ADMINISTRATION EARNINGS VALIDATION RESPONSE RECORD LAYOUT – ABRIDGED

NOTE: *The VA EARN query/response is restricted and is not available to States. It is only available for use by VA, OPM, RRB, and HUD.*

DATA ELEMENT	POSITION
Input SSN	1-9

DATA ELEMENT	POSITION
Input Surname	10-22
Input First Name	23-32
Input Middle Name or Initial	33-39
Input Date of Birth	40-47
Input Sex Code	48
Input Report Year	49-52
Input User Control Data	53-97
Verification Code	98
Input Processing Code	99-101
Input Requestor ID Code	102-105
Input Multiple Request ID	106-108
Verified SSN	109-117
Not currently used	118-130
Annual Total	131-137
Number of Employer Segments	138-140
Earnings Report Type	141
Earnings Amount	142-147
Earnings Amount Sign/Indicator	148
Employer Identification Number	149-157
Line 1 – Employer Name & Address	158-197

DATA ELEMENT	POSITION
Line 2 – Employer Name & Address	198-237
Line 3 – Employer Name & Address	238-277
Line 4 – Employer Name & Address	278-317
Line 5 – Employer Name & Address	318-357
Employer City	358-377
Employer State Code	378-379
Employer ZIP Code	380-388

8G.2 VA EARN – VETERANS ADMINISTRATION EARNINGS VALIDATION RESPONSE RECORD LAYOUT - UNABRIDGED

NOTE: *The VA EARN query/response is restricted and is not available to States. It is only available for use by VA, OPM, RRB, and HUD.*

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	**Input SSN**	N	1-9	This is the SSN information provided on the SVES query by requestor.
13	**Input Surname**	AN	10-22	This is the surname information provided on the SVES query by requestor.
10	**Input First Name**	AN	23-32	This is the first name information provided on the SVES query by requestor.
7	**Input Middle Name or Initial**	AN	33-39	This is the middle name/initial information provided on the SVES query by requestor.
8	**Input Date of Birth**	AN	40-47	The date of birth information provided on the SVES query by requestor. (Note: User may input spaces in this field if DOB is unknown) Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	**Input Sex Code**	AN	48	The sex code information provided on the SVES query by requestor. M Male F Female
4	**Input Report Year**	N	49-52	The report year information provided on the SVES query by requestor. Format: CCYY
45	**Input User Control Data**	AN	53-97	The control data information provided on the SVES query by requestor. (Note: This information is "free-form" and the user can place any identifying information in this field on the input request that they want returned for identification purposes.)
1	**Verification Code**	AN	98	Indicates SSN verification or the reason for non-verification. Blank Input SSN verified using the SSN, name, and DOB information provided. 1 SSN not on file 2 Name matches, sex code does not. 3 Name matches, sex code matches, but DOB does not match 4 Name matches, sex code and DOB do not match * Input SSN not verified. SSA located and verified on name, DOB, and sex code and verified a different SSN (see Verified SSN field below)
3	**Input Processing Code**	AN	99-101	The processing code provided on the SVES query by requestor. Value is always '214'.
4	**Input Requestor ID Code**	AN	102-105	This is the unique requestor code information provided on the SVES query by requestor. The code is supplied to requestor by SSA. (e.g., 1VAH)
3	**Input Multiple Request ID**	AN	106-108	This is the multiple request id information provided on the SVES query by requestor.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	**Verified SSN**	N	109-117	This is the SSN returned by SSA. In case where the Input SSN is not verified, SSA located and verified on name, DOB, and sex code and verified a different SSN that is contained in this field.
7	**Not currently used**	AN	118-130	Blanks.
7	**Annual Total**	AN	131-137	This is the annual earnings for the verified SSN. Format: $$$$$$$
3	**Number of Employer Segments**	N	138-140	Contains the number of Employer Segments returned following this field.
The remainder of the record is variable length. The following group of fields can occur up to 88 times depending on the number of Employer segments returned. If more than one is returned the remainder will be in positions 389-21,964 depending on the number of segments returned.				
1	**Earnings Report Type**	AN	141	Earning report type code. 0 Regular Wages 2 Self-employment 4 Household 5 Tips 7 Agriculture
6	**Earnings Amount**	N	142-147	This is the amount the earned for this employer. Format: $$$$$$
1	**Earnings Amount Sign/Indicator**	AN	148	Contains the sign (+/-) for the Earnings Amount.
9	**Employer Identification Number**	AN	149-157	This is the Employer Identification Number (EIN).
40	**Line 1 – Employer Name & Address**	AN	158-197	Self-explanatory.
40	**Line 2 – Employer Name & Address**	AN	198-237	Self-explanatory.
40	**Line 3 – Employer Name & Address**	AN	238-277	Self-explanatory.
40	**Line 4 – Employer Name & Address**	AN	278-317	Self-explanatory.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
40	**Line 5 – Employer Name & Address**	AN	318-357	Self-explanatory.
20	**Employer City**	AN	358-377	Self-explanatory.
2	**Employer State Code**	AN	378-379	Self-explanatory.
9	**Employer ZIP Code**	AN	380-388	Self-explanatory.

9. STATE ON-LINE QUERY (SOLQ)

9A. SOLQ - GENERAL

State Online Query (SOLQ) is an online version of the SSN Verification, Title II, and Title XVI query portions of SVES (i.e., the "native" SVES). This system is functionally the same as the SVES system except for restriction to SSN Verification, Title II, and Title XVI queries only. SOLQ is an enhancement which provides States the capability to get data in real time, on the computer at a worker's desk, in a matter of seconds. Availability of the SOLQ is normally Monday through Friday, 6AM to midnight (Eastern Time) and 6AM to 6PM (Eastern Time) on Saturdays and Sundays.

Prior to embarking upon a SOLQ implementation project, the latest version of the *SOLQ Planning Guide* should be acquired from the SSA Regional Data Exchange Coordinator.

The system will provide SSN Verification/Standard Response, Title II and Title XVI benefit information to the States to determine clients' eligibility to certain State-administered programs. SOLQ *cannot* be used to receive the BENDEX/BEER, SDX, 40 Qualifying Quarter query, Prisoner query, or VA EARN responses.

Requests for data via SOLQ differ from SVES, in that, SVES provides the States the option to request 4 types of responses (1 - SSN Verification, 2 - SSN Verification & Title II, 3 - Verification and Title XVI, 4- Verification, Title II, & Title XVI) whereas SOLQ offers no such distinction. SOLQ requests will request *all* data (4- Verification, Title II, & Title XVI) from SSA and SOLQ returns the type of response *based upon the data that is available*. Therefore, an SOLQ request could result in any of the 4 SVES response types being returned (based upon the available data); the State must determine which type was returned and process it accordingly.

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 <u>does not</u> provide any data in the 100-byte, 40 QQ History field* residing at the end of the Title XVI response. Otherwise, the format and the data in SVES and SOLQ responses are identical except as noted in this manual (e.g., SOLQ does not provide a '&' Verification Code).

9B. SOLQ INPUT/OUTPUT - GENERAL

SOLQ requests will be prepared by the State and will be transmitted electronically between a central State site and SSA's NCC. Various methods of collecting and transmitting the SOLQ requests will be used, such as:

- remote job entry terminals
- personal computers acting as remote job entry terminals, and

- host computer-to-host computer.

All responses will be returned to the central State site. Output will be electronic transmissions to each central State site. The basic response will consist of a record containing:

- the requested data,
- error condition (if applicable),
- verification code,
- record type,
- Title II status,
- Title XVI status,
- Title II Data (if available), and
- Title XVI Data (if available)

Any method selected must be compatible with SSA's Data Communications Utility (DCU) Batch Data Transmission System.

Generally, SOLQ exchanges are done between the States and SSA in a mainframe, CICS-to-CICS environment. There are a few exceptions, but those exceptions still emulate the CICS environment. For the purposes of this manual, the CICS environment is assumed.

In CICS, when a State links to the SSA SOLQ program (QV00C00), a pre-defined data stream (called a Commarea; short for CICS Communications Area) is used to pass the request and response to-and-from the State and SSA. SOLQ uses a 2570-byte Commarea. The SOLQ Commarea consists of three (3) distinct sub-areas: 1) An Input/Request area, 2) the Output/Response area, and 3) a Free-form area. These three areas are defined as follows:

DATA ELEMENT	LENGTH	POSITION	DEFINITION
SOLQ Commarea Input/Request Area	70	1-75*	This area is populated by the State and contains the information to make a request. More information about the format of this area is provided below.
SOLQ Commarea Output/Response Area	2200	71-2270*	This area is populated by SSA and will contain either: a) an SVES-type of response or, b) an error code and an error message. Note that this area is much longer than any of the SVES responses; there

DATA ELEMENT	LENGTH	POSITION	DEFINITION
			is extra unused space included at the end for future expansions. More information about this area is provided below.
SOLQ Commarea State Free-form Area	300	2271-2570	This area is a free-form area provided for the States' use only. SSA does not use this area for any purpose. It is provided to the States only to record any information desired (e.g. auditing/tracking data) by the State. Any information passed in this area to SSA is returned, as-is, back to the States.

* Positions 71-75, which contain values for the Agency Identifier field on the request, are overlaid in the response.

9C. SOLQ INPUT/REQUEST AREA in COMMAREA

The first 70 bytes of the SOLQ Commarea are populated by the State and is used to specify the information requested from SSA. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN may be provided (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. The layout of that 70-byte area is as follows:

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
4	**Transaction ID***	AN	1-4	'QV00'
1	**Application Code***	AN	5	'A'
3	**State Agency Code***	AN	6-8	Comprised of a two-digit numeric State Code (See **APPENDIX K – SVES/SOLQ STATE CODES**) preceded by: 0 – SOLQ request W - PCIP Request

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Z - SCHIP Request
20	**Personal Identification Number (PIN)**	AN	9-28	Can be any value that the State wants to provide to identify the requestor of the information. This is primarily used to facilitate SSA audits of States' SOLQ usage.
9	**Input SSN***	N	29-37	The Social Security Number input by the State.
12	**Input Claim Account Number (CAN) (38-46)/BIC (47-49) ***	AN	38-49	The CAN/BIC (Claim Account Number & Beneficiary Identification Code) input by the State.
5	**Input Given Name***	AN	50-54	The first name input by the State.
1	**Input Middle Initial**	AN	55	The middle initial input by the State.
7	**Input Surname***	AN	56-62	The last name input by the State.
8	**Input Date of Birth***	N	63-70	The date of birth input by the State. Format: MMDDCCYY
5	**Agency Identifier**	AN	71-75	Unique code assigned to requesting Agency.

9D. SOLQ OUTPUT/RESPONSE AREA in COMMAREA

The 2200 bytes of data in positions 71-2270 in the SOLQ Commarea are used by SSA to return the response to the State's request. This area will contain either a) a valid response to the request or, b) an error code and message.

If the Output/Response area contains a valid response, it will contain either a SVES Type 1, 2, 3, or 4 response. A valid response can be determined by numeric data being returned in the first byte of the response area (position 71) as valid responses contain an SSN in the first 9 bytes (71-79) of the response area. The format of these responses are *exactly* the same format as the SVES responses (refer to the **OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS** section presented earlier in this manual) except for the following two exceptions:

- The field positions are offset by 70 bytes because of the Input/Request area that precedes the Output/Response area in the SOLQ Commarea.
- The Title XVI data provided in response Types 3 and 4 in SOLQ does not provide any data in the 100-byte, 40 QQ History field residing at the end of the Title XVI response.

The recipient of the data must determine which SVES Type (1, 2, 3, or 4) format was returned. This is determined by checking the Record Type field returned in the response area in position 224 of the Commarea (this is the Record Type field normally in position 154 of the SVES SSN Verification/Standard Response offset by the first 70 byte Input/Request area of the SOLQ Commarea).

If the Output/Response area does not contain a valid response, it will contain an error code and an error message. An error can be determined by non-numeric data being returned in the first byte of the response area (position 71). When an error response is returned, a 4-character Error Code will reside in positions 71-74 with an accompanying 80-character Error Message in positions 75-154. A list of SOLQ Error Codes is presented below.

9E. SOLQ ERROR CODES & MESSAGES

The following table is a list of the error return codes that can be returned by SOLQ and the error message that is associated with the returned error code. *Note that some of the messages are not really meaningful to States but, when encountered, are meaningful to SSA technical personnel for problem identification and resolution*.

SOLQ ERROR CODE	MESSAGE
D463	SYSID INVALID SQL Code not found (+100)

SOLQ ERROR CODE	MESSAGE
D464	PKG TIMESTAMP SQL Code PKG-TIMESTAMP (-805)
D465	PLAN TIMESTAMP SQL Code BIND-TIMESTAMP (-818)
D469	VAN TABLE NOT AVAILABLE SQL Code Unavailable Resource (-904)
E101	SSN INVALID (input SSN is spaces)
E102	SSN INVALID (input SSN is not spaces)
E110	EVS FAIL (input SSN is spaces)
E120	EVS FAIL (input SSN is not spaces)
E400	INVALID COMMAREA LENGTH
E420	INVALID APPLID REQUEST (not equal 'A')
E440	NO VALID SSN OR CAN RECEIVED (spaces and/or non-numeric)
E460	ACCESS DENIED (UIQ only)
E461	ACCESS DENIED
E462	VAN NOT ACTIVE
E600	SSN NOT VERIFIED, OTHER REASON
E710	CRI FAIL
E888	INVALID DATE OF BIRTH (INCORRECTLY FORMATTED OR SPECIAL CHARACTERS SUCH AS FORWARD SLASH (/) INCLUDED)
S400	ERROR GETTING MEMORY (on GETMAIN)
S401	FAILED-TERMERR (Terminal Error)
S402	FAILED-LENGERR (Length Error – exceeds maximum)
S403	FAILED-NOTALLOC (Facility specified not owned by application)
S404	FAILED-NOALLOC (All other non-zero return codes)
S425	BAD LINK TO SOLQ APPL (Bad link to QV02C00)
S430	BAD LINK TO GU02
S435	BAD RETURN FROM GU02
S502	PROBLEM BRKDWN-SPREAD

SOLQ ERROR CODE	MESSAGE
S503	PROBLEM SSR-SPREAD
S505	Various CICS LINK, GETMAIN, and other processing errors will cause this generic error to be returned to the State. SSA technical personnel will determine the exact cause.
Blank	Input data is valid

9F. SOLQ ARCHITECTURE AND CONNECTIVITY REQUIREMENTS

9F.1 STATE ARCHITECTURE REQUIREMENTS

- LU6.2 compatible
- Audit Trail Capabilities in Design
- Secure Bind
- Systems generated requests
- Requests are Case Sensitive (UPPER CASE)
- C2 compliant External Security Manager(ESM)

9F.2 SSA ARCHITECTURE REQUIREMENTS

- LU6.2 compatible
- Audit Trail Capabilities in Design
- Secure Bind with State
- SSA Mainframe database is case sensitive (ALL CAPS)
- C2 compliant ESM Security
- COBOL Commarea (mainframe)
    - Provides access to Madam, (MBR, Numident, SSR data)
    - Control Audit and Testing Facility (CATF) - provides Traffic File and Audit Traffic Report for certification visit.

9F.3 KEYS TO SOLQ CONNECTIVITY

- In most states, this is a 56Kb link. If necessary to order a new link, installation occurs approximately 45 workdays after being ordered. This link requires an SNA generation to be performed on both the SSA and State sides. If used, a Front End Processor (FEP) must have a Line Interface Coupler 3 (LIC3) and the necessary scanner weight for the 56Kb link (or whatever speed is ordered). Though still used in a few cases, FEP technology and hardware is being phased out and replaced by an Enterprise Extender interface (router-based; provides a means for the efficient transport of SNA data across an IP network).

- The data passing to and from the state over the installed link must use the SNA LU 6.2 protocol to communicate with SSA's CICS application for SOLQ.

- The Data Communications Interface (e.g., CICS, IMS, IDMS, etc.) must be SNA LU 6.2-compliant. It must have a presentation layer (for the state "terminals"). This presentation layer interface must be developed by the State (SSA can provide "sample" CICS code). It must be capable of BIND-level security.

- If this interface is CICS, SSA can provide a communications module. This program only runs under CICS and uses standard Application Programming Interface (API) calls. The program communicates with the state terminals using the SNA LU 6.2 protocol.

- The security package must be C2-compliant and capable of BIND-level security.

- The data produced by the SSA-provided CICS communications module running at the state is unformatted EBCDIC; no binary or packed fields. Most of the data is unreadable without the record layout.

- The lines running between the application in the state and the ending "terminals" must be secured and encrypted lines that adhere to Federal Standards.

- The state will be responsible for the presentation-layer. SSA does not provide the state with any presentation service (i.e., screen formats). The state can opt to run an intermediate layer between the communications module and the end "terminals" which would convert the data to some other protocol.

9G. SOLQ IMPLEMENTATION LIFECYCLE OVERVIEW

The following is an overview of the tasks and procedure that are performed to install SOLQ at a State. This overview will provide the State with an indication as to the scope of an SOLQ installation and implementation on both the State and SSA sides. *This overview is intended as only a guideline to the States to estimate scope. The steps and tasks listed are not static and are subject to change for each installation.* For more detailed information (e.g., copies of various forms, etc.), please contact your SSA Regional Data Exchange Coordinator.

9G.1 STATE RESPONSIBILITIES AND TASKS

PLANNING STAGE

- State and SSA Regional Coordinator hold marketing meeting
- State sends Letter requesting participation in SOLQ
- State completes SSA Technical Survey

- State completes SSA Architecture Matrix
- State receives SSA acknowledgment for access to SOLQ
- State receives State minimum architecture requirements for SOLQ
- State participates in Introductory Conference Call with SSA
- State shares Connectivity Information with SSA
- State completes Development/Validation Region SSA-1121 for Machine Pin/Password and sends to the SSA Regional Office
- State receives SSA SOLQ Package which consists of the NC CODE, Test Cases, LU Names, and modems, to the State
- State receives SOLQ-IBM checklist
- State receives copy of SVES/SOLQ manual
- State performs ping & end-to-end test with SSA
- State acquires access to the development region for 60 days using the demonstration software
- State Exchanges with SSA a Contact Lists of Team Members and their roles and responsibilities
- State notifies Regional Office within 45 days if they desire to continue with SOLQ

DEVELOPMENT STAGE WITH STATE/CO/RO

- State participates in Technical conference call with SSA Systems
- State signs the SSA Memorandum Of Understanding (MOU) Agreement and forwards to Regional Office
- State continues in the Development Region
- State writes Security Guidelines Document
- State writes Test Plan
- State sends SSA Systems an Systems Requirement Document to the Project Leader/Analyst
- State Sends SSA Systems an Architecture Diagram to the Project Leader/Analyst
- State notifies SSA Systems Project Analyst when they are ready for validation testing

VALIDATION STAGE WITH STATE/CO

- State contacts SSA developer to discuss connectivity to SSA's validation region, (State and SSA perform bind secure connection to Validation Region)
- State receives validation test cases from SSA
- State submits transactions in SSA's Validation Region
- State sends signed Security Guidelines Document to SSA/OIS (Office of Information Security)

- State notifies SSA when testing is complete
- State contacts SSA/OIS when ready for Integration Testing.

INTEGRATION TESTING (STATE)

- State completes an Integration Region SSA-1121 for Machine Pin and sends to Regional Office
- State contacts SSA to discuss connectivity to the Integration Region
- State performs ping & end-to-end test
- State has Integration Access
- State tests and submits real case requests as long as they are in the integration region
- State performs comparison test (send 1 request of Type 4 cases via both SVES and SOLQ, if available, compare the results.

CERTIFICATION

- State notifies SSA/OIS when they are ready for the certification visit (state should have made at least 100 or more requests)
- State/SSA schedule certification visit
- State/SSA certification visit occurs
- State completes SSA form 1121 for Production Region

PRODUCTION

- State participates in a conference call with SSA to discuss connectivity to SSA's Production Region
- State performs ping & end-to-end test with SSA
- State receives word from SSA Production Region is ready
- State has access Production Region

9G.2 SSA RESPONSIBILITIES AND TASKS

PLANNING

- Regional Office marketing visit to state agency
- Regional Office notifies SSA Systems (SOLQ Project Manager and Lead Analyst of State Agency Name)
- Project Lead Analyst sends RO SOLQ State Minimum Threshold Requirements
- Regional Office receives State request for SOLQ
- Regional Office sends State Request for SOLQ to Office of General Counsel (OGC)
- Office of OGC receives the state request for SOLQ
- Office of OGC reviews state request for SOLQ
- Office of OGC notifies State Agency they have temporary access to demonstration software for 60 days
- SSA Systems holds Introductory Conference Call with State
- SSA Systems sends State SOLQ Package which consists of the NC CODE, Test Cases, LU Names, and modems, to the State
- SSA Systems sends SOLQ-IBM check list to State and Regional Office
- SSA Systems sends state SVES manual
- SSA Systems sends state contact list of team members and their roles and responsibilities
- SSA Systems develops Microsoft Project Plan
- Regional Office sends signed DEV/VAL SSA-1121 for Machine Pin to the OEIE
- OEIE approves SSA-1121
- SSA Systems processes the SSA-1121
- SSA OTSO issues Machine Pin/Password
- SSA Systems sends State pin/password to State Project Manager
- SSA Systems holds conference call with State to discuss connectivity to development region
- SSA Systems and State perform ping & end-to-end test
- SSA Systems assists state during their evaluation of SOLQ
- Regional Office notifies Central Office of the State desire to continue
- SSA Systems schedules technical conference call

DEVELOPMENT

- SSA Systems assists State while in development Region
- Regional Office receives signed Agreement and sends to Central Office (ODISP)
- SSA ODISP approves Agreement
- SSA Systems receives State Architecture Diagram and Systems Requirements Document
- SSA Systems starts the draft of the State's Architecture Design Document (ADD)
- SSA Systems holds a conference call with state, when they are ready to move to the validation region
- SSA Systems sends State the Validation Test scripts
- SSA Systems updates MSP Plan
- SSA Systems monitors States pin/password expiration date, asks state if continuance if necessary
- SSA Systems sends requests to OEIE for continuance of pin/password
- OEIE sends approval to SEF
- SEF notifies SSA Project Lead Analyst of the extension
- SSA Systems notifies State of the new expiration date

VALIDATION

- SSA Systems notifies OEIE validation completed
- SSA/OEIE receives the States Security Guidelines Document
- SSA/OEIE receives the States Test Plan
- SSA/OEIE receives the States Integration Region 1121 for a Machine pin/password
- SSA/OEIE receives and approves SGD, Test Plan and Integration 1121
- SSA systems asks workgroup and state for comments on draft State ADD
- SSA Systems Finalizes the State ADD and sends to workgroup for signature
- SSA Systems creates State Validation Summary
- SSA OEIE holds conference call with State
- SSA OEIE approves the move to the Integration Region
- SSA Systems monitors States pin/password expiration date, requests continuance if necessary
- SSA Systems sends requests to OEIE for continuance of pin/password
- SSA OEIE sends approval to SEF
- SSA SEF notifies SSA Project Lead Analyst of the extension
- SSA Systems notifies State of the new expiration date
- SSA Systems validates formatting of test cases for state if requested
- SSA Systems receives notification from State to move to Integration
- SSA OEIE receives State 1121 for Integration Region
- SSA OEIE approves State 1121 for Integration Region

INTEGRATION

- SSA Systems processes the Integration 1121
- SSA OTSO issues Machine pin/password
- SSA Systems notifies State Project Manger of the Machine pin/password
- SSA Systems holds a Technical Connectivity Call with State to access Integration Region
- SSA Systems participates in states ping & end-to-end test
- SSA Systems notifies OTSO/DIET the state is connected and testing
- State Systems tests and submits real case requests for as long as they are in the integration region
- SSA/OEIE receives notification from State they are ready for certification site visit
- SSA/OEIE schedules site visit
- SSA Systems run Audit Trail Report (sample of 100 cases from the state's traffic file)
- SSA/OEIE makes on-site certification visit
- SSA/OEIE certifies State

PRODUCTION

- SSA Systems Contacts OTSO to set up production date
- SSA Systems Notifies State of production date (Saturday)
- SSA Systems processes the Production 1121
- SSA OTSO issues Production Region Machine pin/password
- SSA Systems advises state of the Machine pin/password
- SSA Systems holds Technical Connectivity Call with State to discuss connectivity to the Production Region
- SSA Systems participates in States ping & end-to-end test
- SSA Systems /State acquire connectivity to Production Region
- SSA OTSO Production ready
- SSA Systems notifies State Production Region ready
- SSA Systems verifies State has access to Production
- SSA Systems follows up with State to be sure all is well
- SSA Systems sends State the CICS help desk number to report issues and problems
- SSA Systems maintains MI Reports on State usage
- SSA Systems notifies OTSO to suspend State Integration Pin/Password
- SSA Systems notifies SEF to suspend State Dev/Val Pin/Password

POST IMPLEMENTATION

- Finalize all Documents

9H. RESOLVING SOLQ CONNECTIVITY AND RESPONSE TIME ISSUES

During the course of testing, validation, integration, and production, there may be times when SOLQ connectivity and/or response time issue arise. When those conditions occur, follow the following procedure to initiate resolution.

1. First determine if any changes were made on the state's side that would affect connectivity or response time.

2. Call your Regional Data Exchange Coordinator to inquire whether or not he/she is aware of any known problems.

3. Call the National Help Desk at 1-877-697-4889.
   Hours Of Operaion
   Monday – Friday – 6am to 12am -- Eastern Time
   Saturday – 8am to 4:30pm – Eastern Time

4. Provide the technician with the following information:

   a. The CICS region:
      Development: CEDSEAC
      Validation: CEVSOA2
      Integration: CIISOA1
      Production:
      SSA "load levels" SOLQ connections across 3 production CICS regions to optimize performance. A State's connection could be to region CIPSOA1, CIPSOA2, or CIPSOA3 and could change over time due to this optimization. When calling the CICS Monitoring Room, inform them that you are connected to either CIPSOA1, CIPSOA2, or CIPSOA3 and allow them to make the determination as to the actual connection at that time.

   b. The connection name. All SOLQ connection names start with the letters 'SO' and are 4 characters long. The last two characters are the alphabetic state code (e.g., Maryland = SOMD)

   c. A contact name and phone number to get back to you.

5. SSA support staff will then, at a minimum, perform some or all of the following to resolve the issue:

   a. Determine if only one state is having a problem.

   b. Attempt to re-connect and re-acquire the connection.

c. Pass the issue on to the Network Support (e.g. CICS, VTAM) team if needed.

d. Check with Top Secret for “session key” problems.

e. Check to see if Cyber Fusion (NDM) might be transmitting large batch files to the state which may interfere with response time.

f. Place a trace on the line.

g. As a last resort, initiate an Initial Program Load (IPL) for the state’s and SSA’s CICS regions.

10. APPENDICES

APPENDIX A – GLOSSARY & ACRONYMS

Below is a list of acronyms and/or terms and their definitions.

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 .....Hospital Insurance (Part A)
HIB.....Hospital 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
OIS.....Office of Information Security
OPM .....Office of Personnel 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)
STC.....State Transmission Component
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 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 PAYMENT HISTORY TABLE

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.

This table 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

NOTE: BIC Codes are listed in POMS SM 00550.010 (accessible by SSA staff only)

&	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)
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
NOTE: LAF Codes are listed in POMS SM 00550.020 (accessible by SSA staff 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 Hospital 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 - PAYMENT STATUS CODE VALUES

NOTE: Applies to TITLE XVI only
NOTE: Payment Status Codes are listed in POMS SM 01601.805 (accessible by SSA staff only)

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.

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 Eligible for benefits but not payable in that month due to the new application date.
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 of one-time payment or other PE data to be transmitted.
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 Due – 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
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 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

NOTE: Payment Status Codes are listed in POMS SM 01601.805 (accessible by SSA staff only)

APPENDIX G – THIRD PARTY BILLING CODE VALUES

NOTE: Third Party Billing Codes are listed in POMS SM 00550.070 (accessible by SSA staff only)

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
S22	220	Massachusetts
S23	230	Michigan

Part A (HI) Code	Part B (SMI) Code	State/Agency
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
S46	460	Utah
S47	470	Vermont

Part A (HI) Code	Part B (SMI) Code	State/Agency
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)

Part A (HI) Groups Code	Associated Groups	Part B (SMI) Groups Code
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
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

Part B (SMI) Groups Code	Associated Groups
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
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

Part B (SMI) Groups Code	Associated Groups
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

NOTE: Part B Premium Surcharge Group Payer codes can be found in SM 10802.125 (accessible by SSA staff only). Code values beginning with P apply to the third-party payment of the premium surcharge only and not the full premium.

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P01	City of Lynn, MA
	P02	City of Fall River, MA
	P03	California Public Employees Retirement System
	P04	City of Beverly, MA
	P05	Town of Swampscott, MA
	P06	City of Belmont, MA
	P07	City of Springfield, MA
	P08	Town of Greenfield, MA
	P09	City of Salem, MA
	P10	Shawsheen Valley RVT School District
	P11	Town of Chelmsford, MA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P12	Town of Millis, MA
	P13	Town of Bedford, MA
	P14	Town of Shrewsbury, MA
	P15	Town of Wayland, MA
	P16	Town of Great Barrington, MA
	P17	Town of Holliston, MA
	P18	Town of Duxbury, MA
	P19	City of New Bedford, MA
	P20	Town of Saugus, MA
	P21	Town of Westborough, MA
	P22	Town of Tyngsborough, MA
	P23	Lynn Water & Sewer Commission, MA
	P24	Town of Mashpee, MA
	P25	Town of Natick, MA
	P26	Town of Yarmouth, MA
	P27	Town of Orleans, MA
	P28	City of Worcester, MA
	P29	Town of Ashland, MA
	P30	Town of Longmeadow, MA
	P31	Town of Northbridge, MA
	P32	Town of Medway, MA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P33	Town of Ayer, MA
Part B Premium Surcharge Group Payers Effective 07/01/2009		
Part A Code	**Part B Code**	**Agency Name**
	P34	Georgia Department of Community Health
	P35	Dennis-Yarmouth Regional School District, MA
	P36	Bourne Water District, MA
	P37	Town of Westwood, MA
	P38	City of Melrose, MA
	P39	Town of Hudson, MA
	P40	City of Malden, MA
	P41	Lincoln-Sudbury Regional School District
	P42	Town of Stoughton, MA
	P43	Town of Framingham, MA
	P44	Town of Lunenburg, MA
	P45	Town of Grafton, MA
Part B Premium Surcharge Group Payers Effective 07/01/2010		
Part A Code	**Part B Code**	**Agency Name**
	P46	Town of Northborough, MA
	P47	Town of Uxbridge, MA
	P48	Town of Dartmouth, MA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P49	Wachusett Regional School District, MA
	P50	Town of Lincoln, MA
	P51	City of Somerville, MA A
	P52	Bridgewater-Raynham Regional School District, MA
	P53	Town of East Bridgewater, MA
	P54	Northborough/Southborough Regional School District, MA
Part B Premium Surcharge Group Payers Effective 07/01/2011		
Part A Code	**Part B Code**	**Agency Name**
	P55	Town of North Reading, MA
	P56	City of Lawrence, MA
	P57	Town of Southborough, MA
	P58	Gwinnett County, GA
	P59	Manchester Essex Regional School District, MA
Part B Premium Surcharge Group Payers Effective 07/01/2012		
Part A Code	**Part B Code**	**Agency Name**
	P60	Nashoba Regional School District, MA
	P61	Town of Auburn, MA
	P62	Mashpee Water District, MA
	P63	Town of Truro, MA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P64	Cape Cod Regional Technical High School, MA
	P65	Town of North Attleboro, MA
	P66	Dudley-Charlton Regional School District, MA
	P67	Town of Wellesley, MA
	P68	Mayflower Municipal Health Group, MA
	P69	Town of Lexington, MA
	P70	Town of Hopkinton, MA
	P71	City of Attleboro, MA
	P72	Town of East Longmeadow, MA
	P73	Town of Seekonk, MA
	P74	Town of Danvers, MA
	P75	Town of Middleborough, MA
	P76	Town of Provincetown, MA
	P77	Town of Agawam, MA
	P78	City of Boston, MA
	P79	Town of Somerset, MA
	P80	Town of Manchester-By-The-Sea, MA
	P81	City of Lowell, MA
	P82	Town of Wilbraham, MA
	P83	City of Central Falls, RI
	P84	State of Rhode Island

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P85	Whittier Regional Voc Technical High School, MA
	P86	Town of Cumberland, RI
	P87	Town of Johnston, RI
	P88	City of Holyoke, MA
	P89	Town of Andover, MA
	P90	City of Newburyport, MA
	P91	City of Northampton, MA
	P92	Bourne Recreation Authority, MA
	P93	Sandwich Water District, MA
	P94	Berkshire Hills Regional School District, MA
	P95	City of Medford, MA
	P96	Town of North Andover, MA
	P97	City of Providence, RI
	P98	Southwick-Tolland-Granville Regional School District, MA
	P99	Blackstone-Millville Regional School District, MA
	P0A	Town of Dennis, MA
	P0B	Town of Amesbury, MA
	P0C	Town of Fairhaven, MA
	P0D	Town of Winchester, MA
	P0E	Northern Berkshire Vocational RSD, MA
	P0F	Town of Barnstable, MA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
	P0G	Dennis Water District, MA
	P0H	Town of Westford, MA
	P0I	Town of Amherst, MA
	P0J	Mt Greylock Regional School District, MA
	P0K	Triton Regional School District, MA
	P0L	Town of Rehoboth, MA
	P0M	Town of Stow, MA
	P0N	South Essex Sewerage District, MA
	P0P	Town of Holden, MA
	P0Q	Town of Falmouth, MA
	P0R	Town of Cohasset, MA
Part B Premium Surcharge Group Payers Effective 07/01/2013		
Part A Code	**Part B Code**	**Agency Name**
	P0S	Town of Clinton, MA
	P0T	City of Fitchburg, MA
	P0U	City of Woonsocket, RI
	P0V	Town of Nantucket, MA
	POW	King Phillip Reg. School District, MA
	POX	City of Methuen, MA
Part B Premium Surcharge Group Payers Effective 07/01/2015		

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
Part A Code	**Part B Code**	**Agency Name**
	POY	Univ. Sys. of Georgia, GA
	P0Z	City of Atlanta, GA
Part B Premium Surcharge Group Payers Effective 07/01/2016		
Part A Code	**Part B Code**	**Agency Name**
	P1A	City of Waterbury, CT
Part B Premium Surcharge Group Payers Effective 07/01/2017		
Part A Code	**Part B Code**	**Agency Name**
	P1A	City of Waterbury, CT
	P1B	City of Fort Worth, TX
	P1C	Chickasaw Nation Dept. of Health, OK
	P1D	City of Memphis, TN
Part A Code	**Part B Code**	**Agency Name**
X51	A51	City of Dallas
X72	A72	Society of the Divine Savior
X74	A74	Missionary Servants of the Most Holy Trinity
X77	A77	American IHM Province, Inc.
X87	A87	California State Teachers' Retirement System
X89	A89	County of Imperial, CA

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
X52	B52	California Province of the Society of Jesus
X54	B54	Congregation of Mission Midwest Province
	B70	Public Employees Retirement Association of Colorado
	B75	Patton State Hospital
	B77	Oregon State Hospital
X88	B78	The Province of St. Joseph of the Capuchin Order
X91	J81	Public School Teachers Pension & Retirement Fund of Chicago
	J94	LA Department of Water & Power Health Plans Office
X55	K55	Veterans Home of California
	K68	Tennessee Renal Disease Program
	K72	Northwest Kidney Centers
X78	K78	Order of St. Dominic Province of St. Albert the Great
X82		Massachusetts Group Insurance Commission
State Buy-In Agencies		
Part A Code	**Part B Code**	**Agency Name**
S01	010	Alabama
S02	020	Alaska
S03	030	Arizona
S04	040	Arkansas
S05	050	California

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
S06	060	Colorado
S07	070	Connecticut
S08	080	Delaware
S09	090	Washington, 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
S22	220	Massachusetts
S23	230	Michigan
S24	240	Minnesota
S25	250	Mississippi
S26	260	Missouri

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
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
S46	460	Utah
S47	470	Vermont
	480	Virgin Islands

Part B Premium Surcharge Group Payers		
Part A Code	**Part B Code**	**Agency Name**
S49	490	Virginia
S50	500	Washington
S51	510	West Virginia
S52	520	Wisconsin
S53	530	Wyoming
	640	Commonwealth of the Northern Mariana Islands
	650	Guam
Z99		Reflects Conditional Enrollment in a Part A QMB Group Payer State
OPM Agency Code (Part B Premiums are deducted from the Civil Service Annuity benefit check)		
Part A Code	**Part B Code**	**Agency Name**
	700	OPM

APPENDIX H - TRANSACTION TYPE CODE VALUES

NOTE: Applies to TITLE XVI only
NOTE: Transaction Type Codes are listed in POMS SM 01601.730 (accessible by SSA staff 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
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 I - HISTORICAL REVISIONS REPOSITORY

This appendix contains sections that were included in previous versions of the SVES/SOLQ manuals. These sections are either obsolete or no longer pertinent enough to be contained in the main body of the manual but have been retained for historical purposes so that no information is lost.

Revisions to the September 2017 Manual to create the April 2019 Manual

1. Various font and formatting modifications across document.
2. Section 4. SVES/SOLQ Verification Process – Clarified SSA's dislocure policy.
3. Sections 8.C.2 and 8.D.2. – Compentency Code – Corrected description for value D – Recipient is **in**competent and payee is the legal guardian
4. Section 8.A.2
   Title II Status and Title XVI Status fields – Description of value corrected
   D SSA has a record, but there is a name or DOB discrepancy between SSA's and the State's record. Data is **not** returned if requested
5. Section 9.G.1 – Minor changes to language and updated OIS as contact following SSA reorganization
6. Section 9.H – Removed obsolete CICS Monitor Room phone number, minor language changes, added National Help Desk phone number and hours of operation.
7. Appendix A . Glossary – Removed OEIE, Added STC and OIS
8. Appendix G. Third Party Billing Codes
   a. Added the following…

Part B Premium Surcharge Group Payers Effective 07/01/2016		
Part A Code	**Part B Code**	**Agency Name**
	P1A	City of Waterbury, CT
Part B Premium Surcharge Group Payers Effective 07/01/2017		
Part A Code	**Part B Code**	**Agency Name**
	P1A	City of Waterbury, CT
	P1B	City of Fort Worth, TX

	P1C	Chickasaw Nation Dept. of Health, OK
	P1D	City of Memphis, TN

Revisions to the September 2015 Manual to create the July 2017 Manual

1. Updated references to the retired FIPS on pages 58 and 111 for Country Codes. Created a reference to the GENC, which replaced it.
2. Added a note on pages 21 and 22 that SCHIP transactions do not return Title II and Title XVI responses.
3. Corrected SVES input record by adding VAN in position 112.
4. On page 9, corrected the 5pm cutoff time for SVES to 6:45pm.
5. On page 37, 38, 96, and 97, clarified the meaning the HI or SMI 3rd Party Indicators – they mean only that data is present, not necessarily that there is current 3rd party coverage.
6. Corrected Health Insurance (HI – Medicare Part A) to be *Hospital* Insurance on pages 30, 36, 84, 95, 165, 213, and 225.
7. Corrected Health Insurance Benefits (HIB) to be *Hospital* Insurance Benefits as it is used in this document specifically to refer to that part of Medicare on pages 165 and 179.
8. Updated Type of Recipient definitions for the 'XF', 'XM', and 'XP' codes and removed the 'EP' code since it is not a valid value in the Title XVI Response on pages 52 and 105.

Revisions to the April 2015 Manual to create the September 2015 Manual

1. Corrected the value for the Federal Living Arrangement Code description "Initial claims surface edit." A value of "*" used to accompany the description, but SOLQ returns a "X" when this decription applies (Rare).
2. Fixed margin and spacing issues throughout the charts of the Verification, Title 2, and Title 16 response record descriptions. These issues had caused much of the descriptions to be cut off.
3. Removed references to obsolete or disallowed codes in the Title 16 response.
4. Added a note to Appendix K that SVES state codes may have numbers 0-9 in the first position.

5. Corrected the statement in "7. INPUT: SVES INPUT RECORD LAYOUT" that Category of Assistance is also mandatory for SCHIP and PCIP, not just BENDEX/BEER and Food Stamp Death requests.

Revisions to the September 2014 Manual to create the April 2015 Manual

1. Removed references to Marital Status since it is unreliable and will no longer be populated on/retrieved from the SSR after 6/20/15. Pages 48, 73, 85, 121, 205
2. Added chart to Appendix G from SM 10802.125 listing Medicare Part B Premium Surcharge Group Payers.

Revisions to the April 2013 Manual to create the September 2014 Manual

1. Appendix I – Added prior revisions to the revision history. Added reference to Appendix I in Section 6.
2. TOC and Index – Updated page numbers.
3. Added explanation to Error Code 600: "SSN not verified, other reason."

Revisions to the April 2011 to create the April 2013 Manual

Section 8.A.2. - Clarified Verification Code field definition, specifically 1, 3, 5 and * response codes.

Section 9B. – Disclaimer for COMMAREA layout.
Positions 71-75 are used in both the request and response

Section 9C – SOLQ Input/Request Area – Added Agency Identifier field.

Section 9E – SOLQ Error Codes & Messages – Added new codes.

Revisions to the June 2010 Manual to create the April 2011 Manual

Throughout Manual - Made revisions to consistently define Title II and Title XVI.

1. Purpose/Scope
- Removed SSA Data Exchange Branch from intended audience of manual

4. SVES/SOLQ Verification Process
- Removed description and specified this information is available upon request.

7A. Coding Specifications for the SVES Input Record

- Spelled-out SCHIP acronym. Changed HCR to PCIP which is the currently preferred designation for this program.
- Removed 'HR (Home Relief Date' language from Date of Signed IAR Authorization field (99-106).

8A.2 SSN Verification/Standard Response Record Layout

- Input Category of Assistance - Changed HCR to PCIP which is the currently preferred designation for this program.
- Verification Code
    - Removed reference to Verification Process since it has been removed from the manual (see above).
    - Clarified V and X codes are <u>not</u> returned for SCHIP and PCIP requests.
    - Clarified A, B, C, and D codes are <u>only</u> returned for SCHIP and PCIP requests.

8C.2 S

- State and County Code of Reimbursement – Changed 'agreement' in definition to 'authorization'.
- Medicaid Eligibility Code – Added F, Title VIII Recipient.

9A. SOLQ - General

- Minor grammatical corrections.

9C. SOLQ Input/Request Area in COMMAREA

- Specified mandatory fields.
- State Agency Code - Clarified that this field is comprised of a two-digit numeric State Code preceded by:
    - 0 – SOLQ request
    - W - PCIP Request
    - Z - SCHIP Request

9D. SOLQ Output/Response Area in COMMAREA

- Clarified exceptions in the SOLQ response layout.

9H. Resolving SOLQ Connectivity and Response Time Issues.

- Changed 'SSA CICS Help Desk' to 'SSA CICS Monitoring Room'

APPENDIX F – Payment Status Code Values

- Removed references to SSA internal documentation.

- E02 redefined to remain consistent with SDX Manual.
- H70 – Redefined as 'Hold pending one-time payment or other PE data to be transmitted'.
- M02 – Redefined as 'Force due'.

APPENDIX K – SVES/SOLQ State Codes

- Added SCHIP and PCIP codes.
- Added Guam.

<u>Revisions included in the June 2010 Manual</u>

1. SVES Purpose/Scope – added States can obtain Citizenship Data to administer Health Care programs.

2A. SVES Overview

- Added language indicating that an additional non-native response includes Citizenship related data which is not provided in a separate file but as a subset of the Standard Type I Verification Response.
- revised BENDEX/BEER schedule frequency to indicate Monday through Friday.

2C. SVES OUTPUT

- Added to chart response information about Citizenship transactions

4. SVES/SOLQ – Verification Codes – Added Health Care Reform (HCR) Legislation to A, B, C and D response codes.

7A. Coding Specifications for SVES Input Record

- Added HCR to Notation (*) indicating that Positions 63 and 64 of the input record must both be blank or the response will return an error with an Error Condition Code of 500.
- Added Category of Assistance Code (Position 68) of W – HCR Request

8A.2 SSN Verification/Standard Response Record Layout – Unabridged

- Added W-HCR and Z-SCHIP code descriptions to Category of Assistance Code
- Added Health Care Reform (HCR) Legislation to A, B, C and D response codes.

<u>Revisions included in the July 2009 Manual</u>

1. Added verbiage regarding new request and verification codes for State Children's Health Insurance Program (SCHIP)* data requests via SVES. Changes can be located easily by checking the page numbers listed for "SCHIP" in the Index of

this manual.

Note: *SCHIP request processing will begin on January 01, 2010. SCHIP requests **cannot** be made via SOLQ.*

- Section 4 – SVES/SOLQ Verification Process
- Section 7 – SVES Input Record Layout
- Section 8A.2 – SSN Verification/Standard Response Record Layout - Unabridged

*Also referred to as CHIP (Children's Health Insurance Program) and CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009)

2. Corrected verbiage describing the 'F' Verification Code to state that the first letter of the First Name (rather than the first 3) is used for matching/verification.
   - Section 4 – SVES/SOLQ Verification Process

3. Added verbiage to state that the '&' Verification Code is not returned for SOLQ requests.
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record – Unabridged

4. Added verbiage to state that the '*' Verification Code is considered a verified code along with the alpha verification codes.
   - Section 4 – SVES/SOLQ Verification Process

5. Added verbiage to state that the Date of Death is not returned in the Verification SSN data area for SOLQ transactions when the Verification Code returned is 'X'.
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

6. Added verbiage to state that the Title II Status and Title XVI Status values are not returned for Prisoner data requests.
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

7. Added Appeal Code 'F' verbiage.
   - Section 8C.2 – Title XVI Response Records Layout – Unabridged
   - Section 8D.2 – Title II and Title XVI Response Records Layout – Unabridged

8. Corrected Direct Deposit Indicator code values.
   - Section 8C.2 – Title XVI Response Records Layout – Unabridged
   - Section 8D.2 – Title II and Title XVI Response Records Layout –

Unabridged

9. Added verbiage that, prior to embarking upon a SOLQ implementation project, that the latest version of the SOLQ Planning Guide should be acquired from the Regional Data Exchange Coordinator.
   - Section 9 – State Online Query (SOLQ)

10. Removed the E888 Error Code from the SOLQ Error Codes and Messages as it is no longer valid.
    - Section 9 – State Online Query (SOLQ)

11. Added verbiage, for resolving SOLQ connectivity problem instructions, that the CICS production region to which a State could be connected could be CIPSOA1, CIPSOA2, or CIPSOA3 due to "load leveling" optimization.
    - Section 9 – State Online Query (SOLQ)

12. Changed, throughout the document, OSSOM (Office of Systems Security Operations Management) to OEIE (Office of Electronic Information Exchange) to reflect component reorganization.

13. Moved previous revisions to the manual (February 2007) that were in this section (6) to Appendix I – Historical Revisions Repository.
    - Section 6 – Revisions to the Manual
    - Appendix I – Historical Revisions Repository

14. Various, numerous, minor typographical errors were corrected throughout the document.

REVISIONS INCLUDED IN THE FEBRUARY 2007 MANUAL

1. Changed verbiage in the Timing of Response and Reference Columns for BENDEX and BEER to reflect, respectively: a) BENDEX and BEER are now daily processes and not monthly and b) references are no longer found on POMS but as links on PolicyNet.
   - Section 2C – SVES OUTPUT – GENERAL

2. Added verbiage to the explanation of SVES/SOLQ Verification Code 'X' to state that Date of Death will be provided in the Verified SSN data field for those records where source of Death data is any source other than a State that restricts redisclosure of the State reported Date of Death.
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

3. Added verbiage to the explanation of SVES/SOLQ Verification Code 'F' to state that Surname provided does not match database for that SSN, but month/year of Date of Birth, first 3 letters of First Name and the Middle Initial Match. This picks up cases where person has changed their surname (e.g. marriages, adoptions).
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record – Unabridged

4. Added verbiage to the explanation of SVES/SOLQ Verification Code '*' to state that the SSN verified was located by substituting every number in the input SSN with every other number in the input SSN, and that this resolves transcription errors.
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

5. Added verbiage to the explanation of SVES/SOLQ Verification Code '&' to state that this is an SVES-only code.
   - Section 4 – SVES/SOLQ Verification Process
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

6. Moved previous revisions to the manual (March 2005) that were in this section (6) to Appendix I – Historical Revisions Repository.
   - Section 6 – Revisions to the Manual
   - Appendix I – Historical Revisions Repository

7. Added verbiage to explain that if the CAN/BIC field is used in the SVES/SOLQ Input Record, then the Input SSN field must contain spaces and not zeros; zeros will cause a reject in the SSN Verification/Standard Response Record.
   - Section 8A.2 – SSN Verification/Standard Response Record - Unabridged

8. Added verbiage to the Definition of the MBC Type field to establish that "Benefits Paid" equates to "Credited", and "Benefits Not Paid" equates to "Not Credited.
   - Section 8B.2 – Title II Response Record Layout – Unabridged
   - Section 8.D2 – Title II and Title XVI Response Record Layout - Unabridged

9. Added new values for the Appeal Code field to include D-Decision Review Board Review and I-Initial Determination Review.
   - Section 8C.2 – Title XVI Response Record Layout – Unabridged
   - Section 8D.2 – Title II and Title XVI Response Record Layout – Unabridged

10. Added language to the Keys to SOLQ Connectivity to reflect the use of

Enterprise Extender in place of Front-end processors
- Section 9 – State On-line Query

11. Removed language for SOLQ Validation and Integration testing stating that State's test results should be e-mailed or faxed to SSA Project Lead. These steps are obsolete and are not done any longer.
    - Section 9 – State On-Line Query

12. Fixed list of State Codes to reflect that MN is Minnesota and not Michigan.
    - Appendix K – SVES/SOLQ State Codes

Various, numerous, minor typographical errors were corrected throughout the document.

REVISIONS INCLUDED IN THE MARCH 2005 VERSION

Many of the revisions included in this manual were implemented as a direct result of suggestions polled from both the SSA Regional Data Exchange Coordinators and the States' user community. All suggestions that were submitted were evaluated. Many, but not all, of the suggestions were incorporated. Those suggestions that were not included in the revision were usually deemed "out of scope" for the purposes of this manual. Thank you to all of those who participated and offered suggestions.

The following items are some of the major changes and upgrades that have been made, and that differ from the previous (July 2002) version of the manual:

1. This version now contains an index to facilitate and expedite the search for information within the manual.

2. The output response record layout sections and their associated field definitions sections have been consolidated. The reader no longer has to "flip" to another section to access the definitions and valid values of fields within a record when looking at a record layout; the definitions/values are embedded within the record layout. Each consolidated (or unabridged) record layout is also preceded by an abridged, "quick-reference" record layout that does not include the field descriptions/values but only the field name and position within the record. With the new features, the revised manual now provides the reader with two methods of quickly locating a field's definition and valid values: a) using the new index to look up the definition in the record layout via the field name and, b) using the abridged record layout (immediately preceding the unabridged layout) to determine the relative byte address (position) of a field and using that address to look up the description in the unabridged record layout.

3. Every attempt has been made to verify the correctness and completeness of all code values for every field which supplies a code as its output value.

4. The Glossary and Acronyms appendix has been enhanced to include more entries.

5. Section names have been added to all page footers to aid the reader when "flipping through" the manual to look for a particular section.

6. In the electronic version of this manual, many "links" have been added when references are made to other sections (e.g. Appendices). This will allow you to "click and go" to the referenced section. These links can be recognized when the text is underlined and are in the color blue as follows: LINK EXAMPLE. In Word, you can press CNTL and click on the link to go immediately to that section. Additionally, the Table of Contents items are also links and can be used in the same manner.

7. Many existing sections (including the SOLQ section) in the manual have been expanded and enhanced to provide more information and, in some cases, flowcharts/diagrams are included to facilitate comprehension and summarize processes.

8. The addition of documentation for the VA EARN response. The VA EARN response is a specialized response that has been provided via SVES for a few years to four select Federal Agencies (Veteran's Administration, Office of Personnel Management, Railroad Retirement Board, and the Department of Housing and Urban Development). *This query is not available to States or other agencies*. The inclusion of VA EARN in this revised manual is only for purposes of completeness; to document *all* functions of SVES within this manual. VA EARN data is restricted to the four agencies mentioned previously. Any questions or inquiries regarding obtaining this specialized response should be directed to the SSA Office of Income Security Programs/Office of Earnings and Information Exchange (OISP/OEIE).

9. An appendix has been added for SSA personnel that provides the sources for SVES fields. That is, field names from the MBR and SSR data dictionaries are cross-referenced to the SVES field names to indicate from where the SVES field data is extracted.

10. Corrections have been made to various areas erroneous information was provided (e.g., payment history table examples)

11. Some sections of the previous version of the manual that were determined to be "out-of-date" or "additional information" (e.g., previous revisions to the manual)

have not been removed but have been consolidated and moved to a Historical Repository appendix.

12. Though requested by some, sample SVES and SOLQ model agreements *have not* been added as appendices to the manual. This decision was made on a variety of factors, one being the amount of volume (bulk) that it would add to this manual. States can obtain model agreements from their SSA Regional Data Exchange Coordinators. SSA Regional Data Exchange Coordinators can obtain the model agreements from the Office of Income Security Programs/Office of Earnings and Information Exchange/Information Exchange and Computer Matching (OISP/OEIE/IECM).

The following items are some of the changes and upgrades that have been made to the March 2005 version since its initial release:

- (03/08/2006) The description for SSN Verification Code '5' is changed to "Surname or Given Name does not match" from "Name does not match".

REVISIONS INCLUDED IN THE JULY 2002 VERSION

EFFECT OF SVES ON BENDEX/BEER/SDX PROCESSING

Use of SVES to input transactions to BENDEX/BEER/SDX will result in the normal output from those exchanges to the State (twice a month for BENDEX/BEER and 4 to 5 times per week for SDX). There are no changes in the format or frequency of BENDEX/BEER/SDX files. The change that will affect these outputs is that through the standard SSN verification portion of SVES, any transaction for a verified SSN will be accepted by the various SVES exchanges (BENDEX, BEER, SDX, 40 Qualifying Quarters) without the need for further matching. The result of this verification/acceptance reduces the number of unmatched/rejected transactions and subsequently, provides more accurate and timely data. For example, when SVES is used instead of BENDATA transactions to process BENDEX actions, the SVES match criteria replace the BENDEX match criteria (refer to POMS SM 10801.260 and SM 10801.265, accessible by SSA staff only).

MCMAHON VS. CHATER COURT ORDER

The civil action in the McMahon vs. Chater court order requires the modification to SVES to provide additional data to the States for the identification of dually entitled claimants. The new data elements are listed below. They are included in the SVES Title II response.

- Other Date of Entitlement
- Other Primary Insurance Amount

- Other Retirement Insurance Amount
- Larger Full Monthly Benefit Amount
- Larger Excess Monthly Benefit Amount
- Smaller Full Monthly Benefit Amount
- Smaller Actuarially Reduced Monthly Benefit Amount
- Dual Entitlement Status Code
- Other Office Code
- Type of Dual Entitlement
- Other Primary Insurance Amount Factor Code
- Other Primary Insurance Amount Factor Code Two
- Other Eligibility Year

YEAR 2000

Year 2000 changes required that dates be expanded to reflect the "century" along with the month, day and year. This expands date fields from six positions to eight positions (MMDDCCYY), or from four positions to six positions (MMCCYY).

WELFARE REFORM LEGISLATION (40 QUALIFYING QUARTERS)

Briefly, from a single modified SVES query, SSA will provide a Title XVI response which will provide both SSN verification and Title XVI (SSI) payment history. A *second* response, as a result of the same SVES query, will be provided by the Earnings system, and will provide quarters of coverage data. Both responses will be returned to the requesting States as separate files overnight. The new data elements for 40 Qualifying Quarters are listed below. They are included in the 40 Qualifying Quarters (40 QQs) response.

- Condition Code
- Minimum Number QQs 1937-1950
- Maximum Number QQs 1937-1950
- Qualifying Quarters Pattern
- Railroad Service Months

PRISONER RECORD DATA

Effective November 1998, in accordance with a Presidential directive, SSA must make available Prisoner status to States, the Food and Nutrition Service (Department of Agriculture), the Department of Education, and other Federal-benefit paying entities. To accomplish this, the SVES system accepts requests for Prisoner information and makes available a query response, delineating the Prisoner information as it appears on our Prisoner databases.

The new Prisoner query will be requested via SVES by an entry of "P" in both positions 63 and 64 on the SVES input record. This input, following our standard SSN verification procedures, will produce an SVES response record containing SSN verification data. It will also create a finder file to the Prisoner system that will generate a response file containing Prisoner data. Responses from the Prisoner system will provide the following:

- Name
- SSN
- State Code
- Welfare ID number (input by the requester)
- Status Code
- Prisoner Data

Output files will be fixed block, 494 length records.

FOOD STAMP DEATH DATA

Effective September 2000, in accordance with legislation, SVES will provide death data from the NUMIDENT database. Only those queries with Food Stamp involvement (as identified by the Category of Assistance) will receive the death information. The data will consist of a Verification Code of 'x' and the date of death displayed in Verified SSN Data. Death data will be returned if:

- Death report was not received solely from a State that restricts redisclosure of the data.

STATE CODE CHANGE

Effective September 28, 2001, the SVES system will receive and reply to SVES queries on an individual State-agency basis.

SVES system utilizes a 3-position State code within the SVES input record (position 65-68) to designate the requesting State (or Federal agency). Since we use the Title XVI standard all State codes previously began with '0' (numeric zero). With the enhancement we will utilize the first position (High Order Position –HOP) of the State code to designate agencies within a State as well as to limit the data that an agency is permitted to receive. The new State codes will range from '0--' through '9--'. By utilizing the HOP, we will have the ability to respond directly to the requesting agency without the necessity of providing all responses to a single agency (usually the 'A' agency) and expecting that agency to sort the responses, sanitize, and provide individual sub-files to other agencies.

State agencies must contact the Regional Office for information on having a HOP assigned to them. It will also be necessary for the 'new' user entity to provide a dataset name for both the input file to SSA and the response file from SSA to enable Systems to create the State-agency sub-files. These dataset names will be incorporated in new Cyber Fusion processes.

APPENDIX J – SVES/SOLQ FIELD SOURCES

VERIFICATION DATA ELEMENTS

VERIFICATION SVES DATA ELEMENTS	SOURCE OF DATA
Input SSN	The SSN provided on the input from the original verification request.
Input Claim Account Number (CAN) (10-18)/BIC (19-21)	The CAN/BIC provided on the input from the original verification request.
Input Surname	The Surname provided on the input from the original verification request.
Input Middle Initial	The Middle Initial provided on the input from the original verification request.
Input Given Name	The Given Name provided on the input from the original verification request.
Input Date of Birth	The Date of Birth provided on the input from the original verification request.
Input Sex	The Sex Code provided on the input from the original verification request.
Input State Agency Code	The State Agency Code provided on the input from the original verification request.
Input Category of Assistance Code	The Category of Assistance Code provided on the input from the original verification request.
Input State Communication Code	The Communication Code provided on the input from the original verification request.
Input Welfare ID Number	The Welfare ID Number provided on the input from the original verification request.

VERIFICATION SVES DATA ELEMENTS	SOURCE OF DATA
Date of WTPY Response	System generated date from SSA.
Error Condition Code	SVES generated code.
Identity Discrepancy Code	SVES generated Code
Blank	Not used.
Verification Code	SVES generated code.
Verification SSN Data	Depending on the data in this field (which relates to the Verification Code field) this could contain either a SSN, date of birth, or date of death from the NUMIDENT database or multiple SSNs from the MULTEX database.
Record Type	SVES generated code to indicate the type of response. Correlates to the Title II & 16 Request Types input from the original verification request.
Title II Status	SVES generated code.
Title XVI Status	SVES generated code.

TITLE II DATA ELEMENTS

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Title II Claim Account Number (CAN) and BIC	CAN & BIC
State and County Code	SCC
ZIP Code	ZIP
ZIP + 4	ZIP-ADD-ON
Number of Lines of Address	LLOA
Address	PNA

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Direct Deposit Indicator	DDCO
Deferred Payment Date	DPD
Schedule Payment Indicator	SPI
Schedule Payment Date	PAMT-PAID-REL-D
Schedule Prior Payment Amount	PAMT
Schedule Current Payment Amount	CAMT
Schedule Payment Combined Check Indicator	CFM-IND
LAF Code	LAF
Date of Birth	DOB
Proof of Age Indicator	DOBPC
Given Name	VSOP-FNP
Middle Initial	VSOP-MNP
Surname	VSOP-LNP
Date of Initial Entitlement	DOEI
Date of Current Entitlement	DOEC
Date of Suspension or Termination	DOST
Sex Code	SEX
Net Monthly Benefit if Payable (MBP)	MBP
Medicare Indicator	Based on existence of HI and SMI values.
Hospital Insurance (HI) Indicator	NHI
HI Option Code	No longer housed on MBR. Used to be HOC and is now generated by SVES.
HI Start Date	HI-START
HI Stop Date	HI-TERM

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
HI Premium	Calculated by utility that retrieves the MBR.
HI Buy-In Indicator	NHITP
HI Buy-In Code	HITP-CODE
HI Buy-In Start Date	HITP-START
HI Buy-In Stop Date	HITP-STOP
Supplemental Medical Insurance (SMI) Indicator	NMSI
SMI Option Code	No longer housed on MBR. Used to be SOC and is now generated by SVES.
SMI Start Date	SMI-START
SMI Stop Date	SMI-STOP
SMI Premium	HSA
SMI Buy-In Indicator	NSMTP
SMI Buy-In Code	SMTP-CODE
SMI Buy-In Start Date	SMTP-START
SMI Buy-In Stop Date	SMTP-STOP
Welfare Agency Code	SEWC
Category of Assistance Code	SECAC1
Black Lung Entitlement Code	Data no longer carried on MBR. Any data returned in this field is obsolete and may not be valid.
Black Lung Payment Amount	Data no longer carried on MBR. Any data returned in this field is obsolete and may not be valid.
Railroad Indicator	RLSC
Person's Own Social Security Number (SSN)	BOAN

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Date of Death	BDOD
Disability Onset Date	DDO
Number of Cross-reference Account Number (XRAN) Occurrences	NXRD
XREF Entitlement Number	XRAN
XREF BIC	XBIC
XREF Code	XRTC
Dual Entitlement Number	OTAN
Dual Entitlement BIC	OTBIC
Number of History Occurrences	NHIST
Monthly Benefit Credited (MBC) Date	EFD
MBC Amount	MBC
MBC Type	BPD
Other Date of Entitlement	OTDOE
Other Primary Insurance Amount	OTPIA
Other Retirement Insurance Amount	OTRIA
Larger Full Monthly Benefit Amount	LFMBA
Larger Excess Monthly Benefit Amount	LEMBA
Smaller Full Monthly Benefit Amount	SFMBA
Smaller Actuarially Reduced Monthly Benefit Amount	SAMBA
Dual Entitlement Status Code	DESC
Other Office Code	OTOC

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Type of Dual Entitlement	TOD
Other Primary Insurance Amount Factor Code	OTPIFC
Other Primary Insurance Amount Factor Code Two	OTPIFC2
Other Eligibility Year	OTELY

TITLE XVI DATA ELEMENTS

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Essential Person Indicator	ESPER
Appeal Code	PL-TYP
Date of Appeal	PL-APPEAL-JD
Last Redetermination Date	RED-LST-JD
Person's Own Social Security Number (SSN)	PAN
Type of Recipient	MFT
Record Establishment Date	RCD-EST-JD
Date of Birth	BIRTH-JD
Date of Death	DEATH-JD
Date of Death Source Code	DODCDE
Payment Status Code	CURSTAT
Current Pay Status Effective Date	DOPSC-RD
SSN Correction Indicator	PSN
Sex Code	SEX
Race Code	RACE
Resource Code - House	RESHOU
Resource Code - Vehicle	RESCAR
Resource Code - Insurance	RESINS
Resource Code - Property	RESINC
Resource Code - Other	RESOTH
Other Name	OTHERNAME
Given Name	APLFNAM

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Middle Initial	APLMNAM
Surname	APLSNAM
Appeals Decision Code	PL-DCSN-CDE
Date of Eligibility	ELG-RD
Medicaid Effective Date	MED-EFF-JD
Application Date	APPL-JD
Telephone Number	TELNO
Record Source Code	RCD-SOURCE
Alien Indicator Code	ALIEN
Alien Date of Residency	ALIEN-RD
Country of Origin	ALIEN-CNTRY
Third Party Insurance Indicator	3RD-PTY-INS
Medicaid - Unpaid Medical Expense Indicator	RETRO-MED
Denial Code	DENCDE
Denial Date	DENIAL-JD
Food Stamp Interview Date	FS-INTERVIEW-JD
Food Stamp Application	FS-REQUEST
Food Stamp Recipient Status	FS-RECIPIENT
Onset Date of Disability/Blindness	DIS-ONST-JD
Disability Payment Code	DISPAYCDE
Rollback Code	ROLLBACK
Welfare ID Number	STCOID
State Code of Conversion	STCOCNV
Special Needs Code	SPECND

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Appeals Decision Date	PL-DCSN-JD
Direct Deposit Indicator	DD-CTL
Payee Name and Address Number of Lines	PDNUM
Payee Name and Mailing Address	PDNAMADR
Payee ZIP Code	PDZIP
Payee ZIP Code + 4	PDZIP6-9
State & County Code of Jurisdiction	PDSCC
District Office (DO) Code	DO
Earned Income - Wage Amount	IEAMT and IETYP
Earned Income - Net Self-Employment Estimate	IEAMT and IETYP
Blind Work Expense (BWE) Exclusion	IEAMT and IETYP
Earned Income Exclusion (Plan for Self-support)	IEAMT and IETYP
Unearned Income - Number of Occurrences	IUENO
Unearned Income Type Code	IUETYP
Unearned Income Verification Code	IUEVAR
Unearned Income Start Date	IUESTART-PD
Unearned Income Stop Date	IUESTOP-PD
Unearned Income Amount	IUEAMT
Unearned Income Frequency	IUEFRQ
Claim or Identification Number For Unearned Income	IUEIDNO
Representative (Rep) Payee Indicator	REP-PAY-CTL

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Rep Payee Selection Date	REP-PAY-JD
Custody Code	REPCUS
Competency Code	REP-GC
Type of Payee Code	REPPAYTYP
SSN-Multiple SSN Indicator	MSSN-MUL
SSN-List of Multiple SSNs	MSSN
Residence Address-Number of Lines	AALNG
Residence Address	AA-ADDR
Residence ZIP Code	AAZIP
Residence ZIP Code + 4	AAZIP6-9
Last Transaction Type	TRCHG
Last Transaction Date	TRHST-JD
Advance Payment Indicator	ADV-CTL
Advance Payment Date	ADVPMT-JD
Advance Payment Amount	ADVPAY
Interim Assistance Reimbursement Status Code	GRCODE
State and County Code of Reimbursement	STCOREIM
Payment Date	PAYHST-JD
SSI Gross Payable Amount (Current)	FEDAMT (Current)
State Gross Payable Amount (Current)	SUPAMT (Current)
Payment History (PHIST) Number of Occurrences	NOP-9
PHIST Payment Date	PAYHST-JD
SSI Monthly Assistance Amount	FEDPMT

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
State Supplement Amount	STATPMT
PHIST Payment Payflag 1	PAYFLG1
PHIST Payment Payflag 2	PAYFLG2
Overpayment/Underpayment Indicator	Generated by SVES based upon values in Over & Under Payment fields (e.g., OP-CTL and TOTUPMT)
Month of Change	Generated by SVES
Budget Month Flag	BMF
Payment Status Code (Current)	PSTAT
Federal Living Arrangement Code (Current)	LIVF
Living Arrangement Code - Optional State Supplement	OSCD
State and County Code of Jurisdiction	STSUPGP
Concurrent State Payment Code	STOPACM
Medicaid Eligibility Code	MEDIC
Head of Household Indicator	HOHM
Student Indicator	STUDM
Earned Income - Net Countable Amount	EINCM
Unearned Income - Net Countable Amount	UINCM
SSI Gross Payable Amount	FEDAMT (Previous)
State Gross Payable Amount	SUPAMT (Previous)
Conditional Payment	CONDPAY
Medicaid Test Indicator	MEDTEST

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Federal Eligibility Code	FEC
Optional State Eligibility Code	SEC
Mandatory Eligibility Code	MEC
Deemed Income Amount	DEEMAMT
Federal Living Arrangement Code - Budget Month	1273LIVCD
Earned Income - Retrospective Net Countable Amount	EINCM (Previous/historical)
Unearned Income Retrospective Net Countable Amount	UINCM (Previous/Historical)
Deemed Income Amount Retrospective	DEEMAMT (Previous/Historical)
40 QQ History	Obtained from Master Earnings File (MEF) and not the SSI record.

APPENDIX K – SVES/SOLQ STATE CODES

State	Alphabetic Code	SVES/SOLQ Code*	PCIP Code	SCHIP Code
Alabama	AL	001	W01	Z01
Alaska	AK	002	W02	Z02
Arizona	AZ	003	W03	Z03
Arkansas	AR	004	W04	Z04
California	CA	005	W05	Z05
Colorado	CO	006	W06	Z06
Connecticut	CT	007	W07	Z07
Delaware	DE	008	W08	Z08
Florida	FL	010	W10	Z10
Georgia	GA	011	W11	Z11
Guam	GU	065	W65	Z65
Hawaii	HI	012	W12	Z12
Idaho	ID	013	W13	Z13
Illinois	IL	014	W14	Z14
Indiana	IN	015	W15	Z15
Iowa	IA	016	W16	Z16

State	Alphabetic Code	SVES/SOLQ Code*	PCIP Code	SCHIP Code
Kansas	KS	017	W17	Z17
Kentucky	KY	018	W18	Z18
Louisiana	LA	019	W19	Z19
Maine	ME	020	W20	Z20
Maryland	MD	021	W21	Z21
Massachusetts	MA	022	W22	Z22
Michigan	MI	023	W23	Z23
Mississippi	MS	025	W25	Z25
Missouri	MO	026	W26	Z26
Minnesota	MN	024	W24	Z24
Montana	MT	027	W27	Z27
Nebraska	NE	028	W28	Z28
Nevada	NV	029	W29	Z29
New Hampshire	NH	030	W30	Z30
New Jersey	NJ	031	W31	Z31
New Mexico	NM	032	W32	Z32
New York	NY	033	W33	Z33
North Carolina	NC	034	W34	Z34
North Dakota	ND	035	W35	Z35
Ohio	OH	036	W36	Z36
Oklahoma	OK	037	W37	Z37
Oregon	OR	038	W38	Z38
Pennsylvania	PA	039	W39	Z39
Puerto Rico	PR	040	W40	Z40
Rhode Island	RI	041	W41	Z41
South Carolina	SC	042	W42	Z42
South Dakota	SD	043	W43	Z43
Tennessee	TN	044	W44	Z44
Texas	TX	045	W45	Z45
Utah	UT	046	W46	Z46
Vermont	VT	047	W47	Z47
Virgin Islands	VI	048	W48	Z48
Virginia	VA	049	W49	Z49
Washington DC	DC	009	W09	Z09
Washington State	WA	050	W50	Z50
West Virginia	WV	051	W51	Z51
Wisconsin	WI	052	W52	Z52
Wyoming	WY	053	W53	Z53

*For SVES, an individual state could have multiple state code values depending on the

number of agencies submitting. The first position of the state code could be a number 0 through 9. For example, MD may use 021, 121, 221, 321, 421, etc.

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