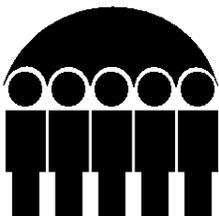


Revised January 9, 2001

Employees' Manual  
Title 14  
Chapter G

# EXCHANGE OF DATA WITH OTHER AGENCIES



Iowa  
Department  
of  
Human Services

---

	<u>Page</u>
OVERVIEW .....	1
IEVS MATCHING .....	1
REQUIREMENTS OF IEVS MATCHING .....	5
Confidentiality of Data .....	5
Security of Data .....	5
IRS Data Inspections.....	6
Action on Data .....	7
IEVS CLIENT RECORD SYSTEM .....	8
IEV0 = IEVS Menu .....	8
IEV1 = IEVS Social Security and Claim Numbers .....	9
IEV2 = IEVS Lost Form Replacement Request .....	10
SOCIAL SECURITY NUMBER VERIFICATION .....	11
Numbering System .....	12
Verification Methods .....	17
Enumeration .....	17
Numident Validation.....	18
Alternate Numbers .....	19
Automated Verification Summary Chart .....	20
Wire Third-Party Query .....	21
Automated Request Response.....	21
Special Request Response.....	22
TPQ1 = Display WTPY INFO.....	23
TPQ2 = Request WTPY INFO .....	24
BENDEX .....	26
Worker Action Required.....	27
BENDEX Screens and PF Keys .....	28
BEN1 = Quick View .....	29
BEN2 = Client .....	30
HELPCF = BENDEX Communication Code Conflict.....	32
BEN3 = Numbers .....	33
BEN4 = SSA Payment Information.....	34

---

	<u>Page</u>
BEN5 = Medicare .....	36
BEN6 = SSI, Black Lung and Railroad Information .....	37
BEN7 = ABC Information Sent to the SSA .....	38
HIST = SSA Benefit History .....	39
HELPHIST = SSA Benefit History: Calculations Used for BCW .....	40
MULT = Multiple Clients Per Claim or SSN .....	41
REPORTS .....	42
Deceased Individuals Match Report, S470X398-A .....	42
Data Elements .....	42
Worker Action Required .....	43
Foster Care BENDEX Report, S470X325-A .....	43
Data Elements .....	44
Worker Action Required .....	44
IRS Match Report, S470X615-A .....	45
Data Elements .....	46
Worker Action Required .....	48
Prisoner Match Report, S478X438-A .....	48b
Data Elements .....	48b
Worker Action Required .....	49
SSA Earnings and Pension Report, S470X425-A .....	49
Data Elements .....	51
Worker Action Required .....	52
SSA Enumeration Error Report, S470X560-A .....	54
SSA Validation Error Report, S470X535-A .....	55
Unemployment Compensation Report, S470X160-A .....	57
Data Elements .....	58
Worker Action Required .....	60
Wage Report, S470X225-A .....	61
Data Elements .....	63
Worker Action Required .....	64

## **OVERVIEW**

The Department of Human Services shares data from Department records with other government agencies. This enables the Department to make more accurate eligibility determinations and benefit payments. The Department shares data and accepts return data only as stipulated in signed interagency agreements. This process is called “matching.”

This chapter provides an overview exchange of data between the Automated Benefits Calculation system (ABC) and other federal and state agencies. These include mandated exchanges through the Income and Eligibility Verification System (IEVS) data exchange and the exchange with the motor vehicle registration records of the Iowa Department of Transportation.

The chapter includes the security and confidentiality requirements that apply to use of data given and obtained in matching and information on specific systems and matches.

## **IEVS MATCHING**

Section 2651 of the Deficit Reduction Act of 1984 (the IEVS rules) requires and allows unemployment compensation agencies and state agencies which administer federally funded public assistance to exchange data with each other.

To the degree necessary to obtain certain information, these agencies are also required to exchange data with the Internal Revenue Service, the Social Security Administration, and the state wage data collection agency. States may enter into agreements to do matching beyond what IEVS requires.

To accomplish the automated exchange of data for IEVS, data from the ABC System is used to create and update records in an IEVS Client Record System. This client record system contains the following ABC individual data necessary for the matches:

- ◆ Social security number
- ◆ Client state ID number
- ◆ Client name (first, middle initial, and last name)
- ◆ Date of birth
- ◆ Program status
- ◆ Case numbers associated with the state ID number

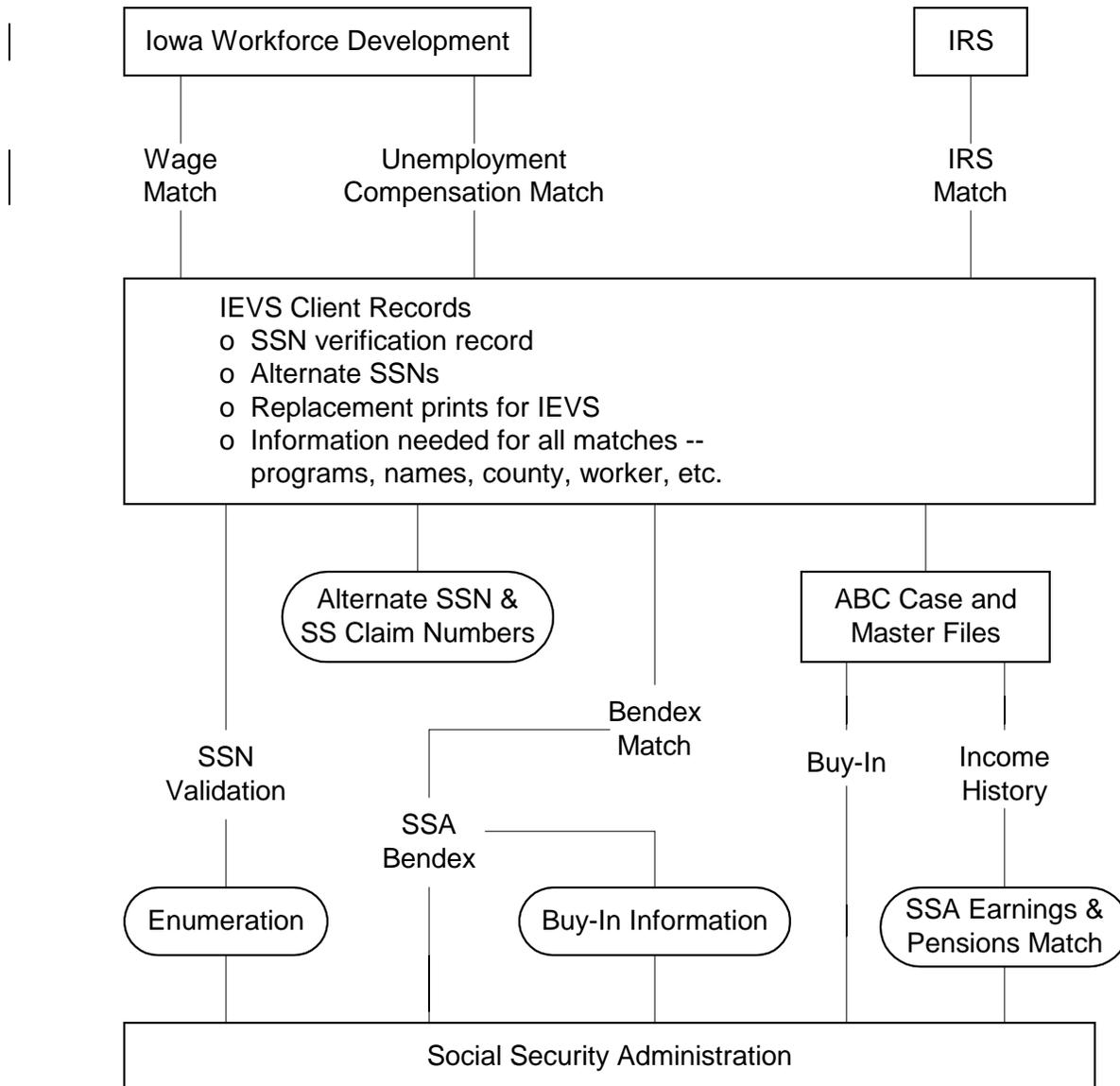
The Iowa Workforce Development Department (IWD) administers both unemployment compensation and wage data collection. Data from the IEVS Client Record System are sent:

- ◆ To IWD for matching with unemployment compensation records and with employer-reported wage records.
- ◆ To the Internal Revenue Service (IRS) for matching with IRS unearned income records.
- ◆ To the Social Security Administration (SSA) for matching with BENDEX records and with Social Security Administration earnings and pension records.

Each successful exchange of data becomes part of a system file for the particular match. The system uses these files to create reports or update screens to communicate data to Department staff. IEVS client record data is used to determine whether a particular match should be attempted for a particular person's record, and for which cases the results should be printed or displayed.

If a match with another state's government agency results in a determination that follow-up is needed, the Economic Assistance Fraud Bureau within the Department of Inspections and Appeals (DIA) will send a copy of the document to the income maintenance (IM) worker for response and action.

A diagram of the IEVS matching process and a summary chart on IEVS matching follow:



**IEVS MATCHING**

Revised January 9, 2001

Match	BENDEX	IRS	SSA Earnings and Pensions	Unemployment Compensation	Wage
Agency	SSA	IRS	SSA	IWD	IWD
Programs Included	All programs.	All programs except: SSI-determined Medicaid eligibility only, foster care, and subsidized adoption.	All programs except: SSI-related Medicaid only, foster care, and subsidized adoption.	All programs except: SSI-determined Medicaid eligibility only, nursing care after the application match, foster care, and subsidized adoption.	All programs except: SSI-determined Medicaid eligibility only, foster care and subsidized adoption.
People Included	Pending, active, considered, and recently closed.	Pending, active, considered, and recently closed.	Pending, active, considered, and recently closed; 14 and older.	Pending, active, considered, and recently closed; 17 and older.	Pending, active, considered, and recently closed; 14 and older.
Frequency	Twice a month for new data or new records.  Annually for COLA for all recipients.	Annually for ongoing records.  On an IRS "monthly" schedule for new records.	Twice a month for new data or new records.  Annually for ongoing records.	Twice a month.	Twice a month for new records.  Quarterly for ongoing records.
Report/Display	IEVS screens	S470X615-A	S470X425-A	S470X160-A	S470X225-A

The term “new records” refers to person records that previously were not part of the IEVS Client Record System or were part of the record system but were not used in the last match. “New data” are changes to existing records.

## **REQUIREMENTS OF IEVS MATCHING**

IEVS matching must conform to standards for frequency of matching, inclusion of person records with valid social security numbers, security, confidentiality, and action on match reports. The processes for specific matches described in this chapter meet the standards on frequency of matching and inclusion of person records.

The following sections give more information on requirements for:

- ◆ [Confidentiality of data.](#)
- ◆ [Security of data.](#)
- ◆ [Action on data.](#)

### **Confidentiality of Data**

Information obtained from IEVS matching is covered by the confidentiality requirements set forth in 1-C, [CONFIDENTIALITY AND RECORDS](#). IEVS information shall be used only to the extent necessary to assist in the valid administrative needs of the programs.

Information gained in IEVS matching may be disclosed only to the person who is the subject of the information or to that person's representative. It may also be disclosed when that person gives written consent for another person's access.

There are penalties for disclosing the information to people who are not authorized to receive it. Appeals and state and federal Quality Control staff are considered authorized personnel.

### **Security of Data**

**Legal reference:** "Tax Information Security Guidelines for Federal, State and Local Agencies," Department of the Treasury, Internal Revenue Service Publication 1075 (Revised; March 1999) and Internal Revenue Code Section 6103.

The data used for matching and the match reports must be stored in a place that is secure from access by unauthorized people. Information that is held in an electronic format, such as magnetic tapes or disks, must be stored and processed in a way that prevents retrieval by unauthorized people. The Department must also take precautions to ensure that only authorized personnel are given access to on-line data files.

As a condition for receiving federal tax return information, the Department must establish safeguards and maintain them to the satisfaction of the IRS. These safeguards are designed to prevent unauthorized uses of the information and to protect its confidentiality.

The Internal Revenue Code makes the confidential relationship between the taxpayer and the IRS quite clear. It also stresses the importance of this relationship by making it a crime to violate this confidence. The sanctions of the Internal Revenue Code are designed to protect the privacy of taxpayers.

### **IRS Data Inspections**

**Legal reference:** Internal Revenue Code Section 6103

A representative of the Department must conduct periodic inspections to make sure that safeguards for tax information are adequate.

Make a record of each inspection, citing strong points as well as deficiencies and corrective actions to be taken, if appropriate. File the inspection records electronically for access by Central Office. Keep these records for three years or until reviewed by the IRS.

In a field office, include the following in the inspection:

- ◆ Review of the storage and handling of federal tax information (including case records), as well as the destruction of federal tax data.
- ◆ Review of how access to federal tax information is granted to employees.
- ◆ Assessment of office or building security features.
- ◆ Verification that federal tax information has not been commingled with other information in such a way that its confidentiality could inadvertently be compromised.
- ◆ Review of after-hours security.
- ◆ Review of access to safes or other secure storage containers or areas.
- ◆ Review of the responsibility for changing keys or combinations, as well as the exercise of that responsibility.
- ◆ Analysis of security procedures and instructions to employees.

In the Department's Central Office, inspections shall include:

- ◆ Review of the data processing operations.
- ◆ Review of the control and storage of magnetic tapes.
- ◆ Audit of the file room activity.
- ◆ Interviews with those charged with security responsibilities.
- ◆ Review of planned organizational changes to ensure that security considerations are observed.
- ◆ Review of procedures for the records of disposing of or destroying tax information no longer needed by the Department.

### **Action on Data**

Action on data obtained through IEVS matching varies by program and with the particular match. IEVS match reports shall be used to:

- ◆ Verify program eligibility.
- ◆ Verify program benefit level.
- ◆ Investigate the possibility of overpayment, overissuance, or incorrect eligibility determination.
- ◆ Obtain information for use in civil or criminal prosecutions related to program abuse.

In general, IEVS match reports must be acted upon within 30 days of the Department's receipt of the match data. (There are also program-specific requirements for timely action on the reports.) Workers shall make dated notations on the action taken.

There is no automated system for tracking worker action on the match reports. The Department's compliance with the requirement has been determined through sample studies. There is some latitude in the 30-day requirement for situations when the only reason for the delay is that a collateral contact or third party must verify or rebut the match data. No more than 20% of the match results may be exempted for this reason.

When a delay occurs due to the collateral contact, the action must be taken as soon as the third-party information is received or at the next review, whichever is earlier.

**IEVS CLIENT RECORD SYSTEM**

The IEVS Client Record System includes the Department data used in IEVS matching. The data is copied and updated from the ABC system. The IEVS client record system includes the following:

- ◆ Social security number
- ◆ Client state identification number
- ◆ First, middle initial, and last name
- ◆ Date of birth
- ◆ Gender

The social security number verification designation is held in this system. See [SOCIAL SECURITY NUMBER VERIFICATION](#) for more information on the verification process.

The IEVS computer screens are:

- ◆ **IEV1** for viewing social security numbers and social security claim numbers.
- ◆ **IEV2** for requesting a lost form replacement.
- ◆ **TPQ1** for viewing wire third-party query information.
- ◆ **TPQ2** for requesting wire third-party query information.
- ◆ **BENDEX** screens (displayed and discussed in the [BENDEX](#) section later in this chapter).

**IEV0 = IEVS Menu**

IEVS is accessed through the CICS system, and is part of LINK. Entry of IEVS displays IEV0, system menu.

Enter the four-digit screen option in the OPTION: field, and the state ID, social security number, or social security claim number. Options; IEV1, BEN1, BEN7, and HIST require an entry of the state ID. If accessing IEVS from TD03 on ABC via LINK, the state ID is carried through to IEV0.

IEV0	IOWA INCOME AND ELIGIBILITY VERIFICATION SYSTEM MENU
OPTIONS	-- BENDEX --
IEV0 = SYSTEM MENU	(ENTER STATE ID, AND SSN OR CLAIM)
IEV1 = SOCIAL SECURITY AND CLAIM NUMBERS (ENTER STATE ID)	BEN1 = QUICK VIEW (ENTER STATE ID ONLY)
IEV2 = LOST FORM REPLACEMENT REQUEST (ENTER ONLY THE OPTION)	BEN2 = CLIENT INFORMATION
TPQ1 = DISPLAY WTPY INFO	BEN3 = NUMBERS (SSNS AND CLAIMS)
TPQ2 = REQUEST WTPY INFO	BEN4 = SSA PAYMENT INFORMATION
LINK = OTHER DHS SYSTEMS	BEN5 = MEDICARE INFORMATION
	BEN6 = SSI, BLACK LUNG, RAILROAD
	BEN7 = INFO SENT TO THE SSA
	HIST = HISTORY OF PAYMENT AMOUNTS (ENTER STATE ID ONLY)
BENDEX AND EARNINGS INFORMATION IS CONFIDENTIAL AND MAY NOT BE RELEASED TO A THIRD PARTY.	
OPTION:	STATE ID:
	SSN :
	CLAIM NO:

### **IEV1 = IEVS Social Security and Claim Numbers**

The IEVS client record system includes a screen for review of alternate social security numbers or social security claim numbers. From the menu (IEV0), enter IEV1 in the OPTION field and the applicable state identification number in the STATE ID field.

When the IEV1 screen appears, the DATE: field shows the date of the last update to the screen's data. The next line shows whether the social security number that is on ABC for the person with that state ID has been verified. If it has been verified, the means of verification is shown.

**Alternate** social security numbers and alternate social security claim numbers are listed. The source of the number is explained after "From:." The first line of the ALTERNATE CLAIM NUMBERS area displays the claim number currently on the TD03 screen of IABC.

To use the NEXT SCREEN option, enter code "3" and the four-digit screen name for any screen accessible through LINK. The PF4 key or enter code "4" to display additional IEV1 screens in the individual record.

Enter "3" IEV1 at the CD/SCRN: field and a different state ID. To view another client record, enter "4" at CD/SCRN: field to scroll forward through claim numbers.

IEV1		IEVS SOCIAL SECURITY AND CLAIM NUMBERS	
STATE ID: XXXXXXXX	CLIENT NAME: XXXXXX XXXXXX	DATE: MM/DD/YY	
ABC SSN: XXX-XX-XXXX	VERIFIED: (YES.NO)		
ALTERNATE SSN'S: XXX-XX-XXXX	FROM: XXXXXXXX	XX/XX/XX	
END OF SSN DATA			
ALTERNATE CLAIM NUMBERS: XXX XX XXXX XX	FROM: SSA/BENDEX	MM/DD/YY	
END OF CLAIM DATA			
1=STOP	3=NEXT SCREEN	4=MORE DATA	CD/SCRN: STATE ID:
	SSN:	CLAIM NO:	

**IEV2 = IEVS Lost Form Replacement Request**

Replacement of the latest match reports is requested with entries on the IEVS client record system. From IEV0, enter IEV2 in the OPTION field and the state ID in the STATE ID field to access "Lost Form Replacement Request."

When the IEV2 screen appears, the STATE ID field contains the entered number. Entry of the SSN, CASE NUMBER, COUNTY, WORKER and PREP DATE fields is required. Enter an "X" in the column to the right of the report name to request a particular report. If you use the "NEXT SCREEN" option, enter code "3" and the four-digit screen name for any screen accessible through LINK.

Complete the SSN, CASE NUMBER, COUNTY, WORKER, PREP DATE and CASE NAME fields. If the state ID was not entered on IEV0, it must be entered. Place an "X" to the right of the report name to select the lost form for any or all the forms listed.

IEV2		IEVS LOST FORM REPLACEMENT REQUEST	
STATE ID: XXXXXXXX	SSN: XXX XX XXXX	CASE NUMBER: XXXXXX XX X X	
COUNTY: XX	WORKER: XXXX	PREP DATE: MM/DD/YY	
CASE NAME: XXXXXX			
UNEMPLOYMENT INSURANCE:	X	S470X160	
EMPLOYMENT SERVICES WAGES:	X	S470X225	
SSA EARNINGS AND PENSIONS:	X	S470X425	
VALIDATION:	X	S470X535	
INTERNAL REVENUE UNEARNED:	X	S470X615	
*** 1=STOP	3=NEXT SCREEN	CD/SCRN:	STATE ID:
SSN:			

## **SOCIAL SECURITY NUMBER VERIFICATION**

The Family Investment Program (FIP), Food Assistance, Refugee Cash Assistance, Refugee Medical Assistance, State Supplementary Assistance, and Medicaid programs require clients to furnish social security numbers. Social security numbers provide the primary link for identification of individuals when data is exchanged between government agencies. Correct social security numbers are crucial to automated exchange of data.

Social security numbers furnished to the Department are verified with the Social Security Administration. Comparison of individual data from the ABC system with the records of the Social Security Administration ensures that a particular number is assigned to the same person.

A number must be accepted by a DHS system before it can be verified. The ABC system and the Services Reporting System (SRS) have on-line edits so that social security number and social security claim number entries represent legitimate, possible numbers. The on-line edits accept or reject data when it is entered. They do not relate the number entries to other individual data; they only check the entry.

Social security numbers accepted on the ABC system may be considered verified unless an error report indicates that verification could not occur. (The systems accept all zeroes or all nines in social security number fields only to denote special conditions. These are not real social security numbers.) Verification may be confirmed by review of the data on the IEV1 screen.

The following sections explain:

- ◆ [The numbering system.](#)
- ◆ [Verification methods.](#)
- ◆ [Wire third-party query screens.](#)

### **Numbering System**

People receiving Social Security benefits are identified by a claim number consisting of a nine-digit social security number plus a one- or two-character suffix, sometimes called CAN (claim account number). Social security numbers and claim numbers are divided into segments:

xxx	-	xx	-	xxxx	-	xx
Area		Group		Serial		Beneficiary identification code (BIC)

If a social security number entry is not composed of all zeroes or all nines:

- ◆ The “area” must not be 000 or greater than 722.
- ◆ The “group” must not be 00.
- ◆ The “serial” must not be 0000.

The Social Security Administration periodically authorizes a new range of “area” numbering to its field offices. If a social security number is not accepted in ABC or SRS, and the “area” portion is in one of the excluded ranges listed above, contact the Quality Assurance Unit in the Division of Data Management. Central Office will contact the Social Security Administration to ensure that system edits reflect any area changes.

If a social security claim number is entered, the on-line edits for the social security number also apply to the claim number entry, with the addition of the following:

- ◆ The “area” must not be blank or coded with alphabetical characters.
- ◆ The “group” must not be blank or coded with alphabetical characters.
- ◆ The “serial” must not be blank or coded with alphabetical characters.
- ◆ For the beneficiary identification code, the first position must not be blank, but must have a letter or number; the second position can be blank or a letter or number.

**Note:** Railroad Retirement numbers do not conform to this format and are not used in IEVS BENDEX matches, although they may be displayed on BEN6.

These are the most commonly used beneficiary identification codes and their meanings:

<b>BIC Code</b>	<b>Type of Benefit or Payment</b>
& and 0	Wage earner spouse
A	Primary claimant or wage earner
B	Aged wife, age 62 or over (1 <sup>st</sup> claimant)
B1	Aged husband, age 62 or over (1 <sup>st</sup> claimant)
B2	Young wife, with a child in her care (1 <sup>st</sup> claimant)
B3	Aged wife (2 <sup>nd</sup> claimant)
B4	Aged husband (2 <sup>nd</sup> claimant)
B5	Young wife (2 <sup>nd</sup> claimant)
B6	Divorced wife, age 62 or over (1 <sup>st</sup> claimant)
B7	Young wife (3 <sup>rd</sup> claimant)
B8	Aged wife (3 <sup>rd</sup> claimant)
B9	Divorced wife (2 <sup>nd</sup> claimant)
BA	Aged wife (4 <sup>th</sup> claimant)
BD	Aged wife (5 <sup>th</sup> claimant)
BG	Aged husband (3 <sup>rd</sup> claimant)
BH	Aged husband (4 <sup>th</sup> claimant)
BJ	Aged husband (5 <sup>th</sup> claimant)
BK	Young wife (4 <sup>th</sup> claimant)
BL	Young wife (5 <sup>th</sup> claimant)
BN	Divorced wife (3 <sup>rd</sup> claimant)
BP	Divorced wife (4 <sup>th</sup> claimant)
BQ	Divorced wife (5 <sup>th</sup> claimant)
BR	Divorced husband, age 62 or older (1 <sup>st</sup> claimant)
BT	Divorced husband (2 <sup>nd</sup> claimant)
BW	Young husband (2 <sup>nd</sup> claimant)
BY	Young husband, with a child in his care (1 <sup>st</sup> 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 (1 <sup>st</sup> claimant)
D1	Aged widower, age 60 or over (1 <sup>st</sup> claimant)
D2	Aged widow (2 <sup>nd</sup> claimant)
D3	Aged widower (2 <sup>nd</sup> claimant)

<b>BIC Code</b>	<b>Type of Benefit or Payment</b>
D4	Widow (remarried after attainment of age 60) (1 <sup>st</sup> claimant)
D5	Widower (remarried after attainment of age 60) (1 <sup>st</sup> claimant)
D6	Surviving divorced wife, age 60 or over (1 <sup>st</sup> claimant)
D7	Surviving divorced wife (2 <sup>nd</sup> claimant)
D8	Aged widow (3 <sup>rd</sup> claimant)
D9	Remarried widow (2 <sup>nd</sup> claimant)
DA	Remarried widow (3 <sup>rd</sup> claimant)
DC	Surviving divorced husband, age 60 or over (1 <sup>st</sup> claimant)
DD	Aged widow (4 <sup>th</sup> claimant)
DG	Aged widow (5 <sup>th</sup> claimant)
DH	Aged widower (3 <sup>rd</sup> claimant)
DJ	Aged widower (4 <sup>th</sup> claimant)
DK	Aged widower (5 <sup>th</sup> claimant)
DL	Remarried widow (4 <sup>th</sup> claimant)
DM	Surviving divorced husband (2 <sup>nd</sup> claimant)
DN	Remarried widow (5 <sup>th</sup> claimant)
DP	Remarried widower (2 <sup>nd</sup> claimant)
DQ	Remarried widower (3 <sup>rd</sup> claimant)
DR	Remarried widower (4 <sup>th</sup> claimant)
DS	Surviving divorced husband (3 <sup>rd</sup> claimant)
DT	Remarried widower (5 <sup>th</sup> claimant)
DV	Surviving divorced wife (3 <sup>rd</sup> claimant)
DW	Surviving divorced wife (4 <sup>th</sup> claimant)
DX	Surviving divorced husband (4 <sup>th</sup> claimant)
DY	Surviving divorced wife (5 <sup>th</sup> claimant)
DZ	Surviving divorced husband (5 <sup>th</sup> claimant)
E	Mother (widow) (1 <sup>st</sup> claimant)
E1	Surviving divorced mother (1 <sup>st</sup> claimant)
E2	Mother (widow) (2 <sup>nd</sup> claimant)
E3	Surviving divorced mother (2 <sup>nd</sup> claimant)
E4	Father (widower) (1 <sup>st</sup> claimant)
E5	Surviving divorced father (widower) (1 <sup>st</sup> claimant)
E6	Father (widower) (2 <sup>nd</sup> claimant)
E7	Mother (widow) (3 <sup>rd</sup> claimant)
E8	Mother (widow) (4 <sup>th</sup> claimant)
E9	Surviving divorced father (widower) (1 <sup>st</sup> claimant)
EA	Mother (widow) (5 <sup>th</sup> claimant)

<b>BIC Code</b>	<b>Type of Benefit or Payment</b>
EB	Surviving divorced mother (3 <sup>rd</sup> claimant)
EC	Surviving divorced mother (4 <sup>th</sup> claimant)
ED	Surviving divorced mother (5 <sup>th</sup> claimant)
EF	Father (widower) (3 <sup>rd</sup> claimant)
EG	Father (widower) (4 <sup>th</sup> claimant)
EH	Father (widower) (5 <sup>th</sup> claimant)
EJ	Surviving divorced father (3 <sup>rd</sup> claimant)
EK	Surviving divorced father (4 <sup>th</sup> claimant)
EM	Surviving divorced father (5 <sup>th</sup> claimant)
F1	Parent (father)
F2	Parent (mother)
F3	Parent (stepfather)
F4	Parent (stepmother)
F5	Parent (adopting father)
F6	Parent (adopting mother)
F7	Parent (2 <sup>nd</sup> alleged father)
F8	Parent (2 <sup>nd</sup> alleged mother)
G1 - G9	Claimants of lump-sum death benefits
J1	Primary Prouty entitled to hospital insurance benefits (HIB) (less than 3 quarters of coverage (QCs)) (general funds)
J2	Primary Prouty entitled to HIB (over 2 QCs) (retirement and survivors insurance (RSI) trust fund)
J3	Primary Prouty not entitled to HIB (less than 3 QCs) (general fund)
J4	Primary Prouty not entitled to HIB (over 2 QCs) (RSI trust fund)
K1	Prouty wife entitled to HIB (less than 3 QCs) (general fund) (1 <sup>st</sup> claimant)
K2	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (1 <sup>st</sup> claimant)
K3	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (1 <sup>st</sup> claimant)
K4	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (1 <sup>st</sup> claimant)
K5	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (2 <sup>nd</sup> claimant)
K6	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (2 <sup>nd</sup> claimant)
K7	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (2 <sup>nd</sup> claimant)
K8	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (3 <sup>rd</sup> claimant)
KA	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (3 <sup>rd</sup> claimant)
KB	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (3 <sup>rd</sup> claimant)
KC	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (3 <sup>rd</sup> claimant)
KD	Prouty wife entitled to HIB (less than 3 QCs) (general fund) (4 <sup>th</sup> claimant)
KE	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (4 <sup>th</sup> claimant)

<b>BIC Code</b>	<b>Type of Benefit or Payment</b>
KF	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (4 <sup>th</sup> claimant)
KG	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (4 <sup>th</sup> claimant)
KH	Prouty wife entitled to HIB (less than 3 QCs) (general fund) (5 <sup>th</sup> claimant)
KJ	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (5 <sup>th</sup> claimant)
KL	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (5 <sup>th</sup> claimant)
KM	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (5 <sup>th</sup> claimant)
M	Uninsured beneficiary (not qualified for automatic HIB)
M1	Uninsured beneficiary (qualified for automatic HIB but request only SMIB)
T	<ul style="list-style-type: none"> <li>◆ Fully insured beneficiaries who have elected entitlement to hospital insurance only (usually but not always along with SMIB)</li> <li>◆ Uninsured beneficiary or renal disease beneficiary only</li> <li>◆ Deemed insured (hospital insurance only)</li> </ul>
TA	Medicare qualified government employment (MQGE) (primary beneficiary)
TB	MQGE aged spouse (1 <sup>st</sup> claimant)
TC	MQGE childhood disability benefits (1 <sup>st</sup> claimant)
TD	MQGE aged widow(er) (1 <sup>st</sup> claimant)
TE	MQGE young widow(er) (1 <sup>st</sup> claimant)
TF	MQGE parent (male)
TG	MQGE aged spouse (2 <sup>nd</sup> claimant)
TH	MQGE aged spouse (3 <sup>rd</sup> claimant)
TJ	MQGE aged spouse (4 <sup>th</sup> claimant)
TK	MQGE aged spouse (5 <sup>th</sup> claimant)
TL	MQGE aged widow(er) (2 <sup>nd</sup> claimant)
TM	MQGE aged widow(er) (3 <sup>rd</sup> claimant)
TN	MQGE aged widow(er) (4 <sup>th</sup> claimant)
TP	MQGE aged widow(er) (5 <sup>th</sup> claimant)
TQ	MQGE parent (female)
TR	MQGE young widow(er) (2 <sup>nd</sup> claimant)
TS	MQGE young widow(er) (3 <sup>rd</sup> claimant)
TT	MQGE young widow(er) (4 <sup>th</sup> claimant)
TU	MQGE young widow(er) (5 <sup>th</sup> claimant)
TV	MQGE disabled widow(er) (1 <sup>st</sup> claimant)
TW	MQGE disabled widow(er) (1 <sup>st</sup> claimant)
TX	MQGE disabled widow(er) (2 <sup>nd</sup> claimant)
TY	MQGE disabled widow(er) (3 <sup>rd</sup> claimant)
TZ	MQGE disabled widow(er) (4 <sup>th</sup> claimant)
T2 - T9	MQGE childhood disability benefits (2 <sup>nd</sup> to 9 <sup>th</sup> claimant)

<b>BIC Code</b>	<b>Type of Benefit or Payment</b>
W	Disabled widow, age 50 or over (1 <sup>st</sup> claimant)
W1	Disabled widower, age 50 or over (1 <sup>st</sup> claimant)
W2	Disabled widow (2 <sup>nd</sup> claimant)
W3	Disabled widower (2 <sup>nd</sup> claimant)
W4	Disabled widow (3 <sup>rd</sup> claimant)
W5	Disabled widower (3 <sup>rd</sup> claimant)
W6	Disabled surviving divorced wife (1 <sup>st</sup> claimant)
W7	Disabled surviving divorced wife (2 <sup>nd</sup> claimant)
W8	Disabled surviving divorced wife (3 <sup>rd</sup> claimant)
W9	Disabled widow (4 <sup>th</sup> claimant)
WB	Disabled widower (4 <sup>th</sup> claimant)
WC	Disabled surviving divorced wife (4 <sup>th</sup> claimant)
WF	Disabled widow (5 <sup>th</sup> claimant)
WG	Disabled widower (5 <sup>th</sup> claimant)
WJ	Disabled surviving divorced wife (5 <sup>th</sup> claimant)
WR	Disabled surviving divorced husband (1 <sup>st</sup> claimant)
WT	Disabled surviving divorced husband (2 <sup>nd</sup> claimant)

### **Verification Methods**

Social security numbers other than those entered as all zeroes or all nines may be verified with three methods. The social security number may have been:

- ◆ Returned to the Department in the automated enumeration process, or
- ◆ Validated with the Social Security Administration's file of numbers assigned in an automated process (Numident), or
- ◆ Matched in BENDEX.

Verification may be confirmed by review of data on the IEV1 screen.

### **Enumeration**

Parents can apply for social security numbers for their babies at the same time the birth certificate is completed at the hospital. This is done using Social Security Administration's form SSA-2853, *Information About When You Will Receive Your Baby's Social Security Card*.

When completed with the child's name and signed and dated by an authorized hospital official, this form is proof of application for a social security number for FIP, Refugee Cash Assistance, Refugee Medical Assistance, Medicaid, and Food Assistance program purposes. The parents must report the number, and the Numident validation process must verify it. See [Numident Validation](#) for a description.

Automated enumeration validation can occur when you assist the client or representative in filling out form SS-5 or SS-5(Sp), *Application for a Social Security Number Card*, to apply for a social security number.

If the form is completed correctly and **includes the person's state identification number**, the Social Security Administration returns the assigned number to the Department in a monthly batch process. See 14-G-Appendix, [Application for a Social Security Card, Form SS-5 and SS-5\(SP\)](#), for instructions.

If the information from the form does not match any ABC record when the Social Security Administration returns the social security number, an error report is generated. See [SSA Enumeration Error Report, S470X560-A](#). When the information does match, ABC is updated with the number.

### **Numident Validation**

The Department sends a record to the Social Security Administration for each individual record with a social security number other than all zeroes or all nines. The Social Security Administration attempts to match the Department record to a Social Security Administration file of social security numbers that have been assigned. This file is called "Numident" and includes corresponding individual data.

The criteria used for matching are the social security number and elements of the person's name and date of birth. Various combinations of name and date of birth data are evaluated for matching. If a match is found, the number is designated as validated when it is returned to the Department. If a match is not found, Social Security Administration returns information on possible reasons for the failure to match.

If the social security number does not match exactly, validation is not possible. The Social Security Administration will consider that records with matching social security numbers match if they meet both name and birth date match criteria.

These criteria can be summarized as follows:

- ◆ **Name:** A record that meets the name criteria when there is exact agreement in:
  - The first seven positions of the surname and the first or middle initials; or
  - The first four positions of the first name; or
  - The first and middle initials and the first four positions of the surname.

However, a variance is allowed for either a one-letter difference (including a transposition) in surname or a transposition of initials.

- ◆ **Birth date:** A record meets the birth date criteria when:
  - There is exact agreement on the year of birth; or
  - There is a one-year difference in the year of birth, but there is exact agreement on the month of birth.

The date of birth is not considered in this agreement.

When Social Security Administration cannot match or verify a social security number, an error report is sent to the worker. See [SSA Validation Error Report, S470X535-A](#).

If a social security number cannot be verified, it cannot be assumed that a valid number has been supplied. Refer the client to the Social Security Administration to resolve the discrepancy. (See 14-G-Appendix, [Application for a Social Security Card, Form SS-5 and SS-5-SP](#)).

Refer to the applicable program policy manual to determine what action is to be taken when the number cannot be verified.

### **Alternate Numbers**

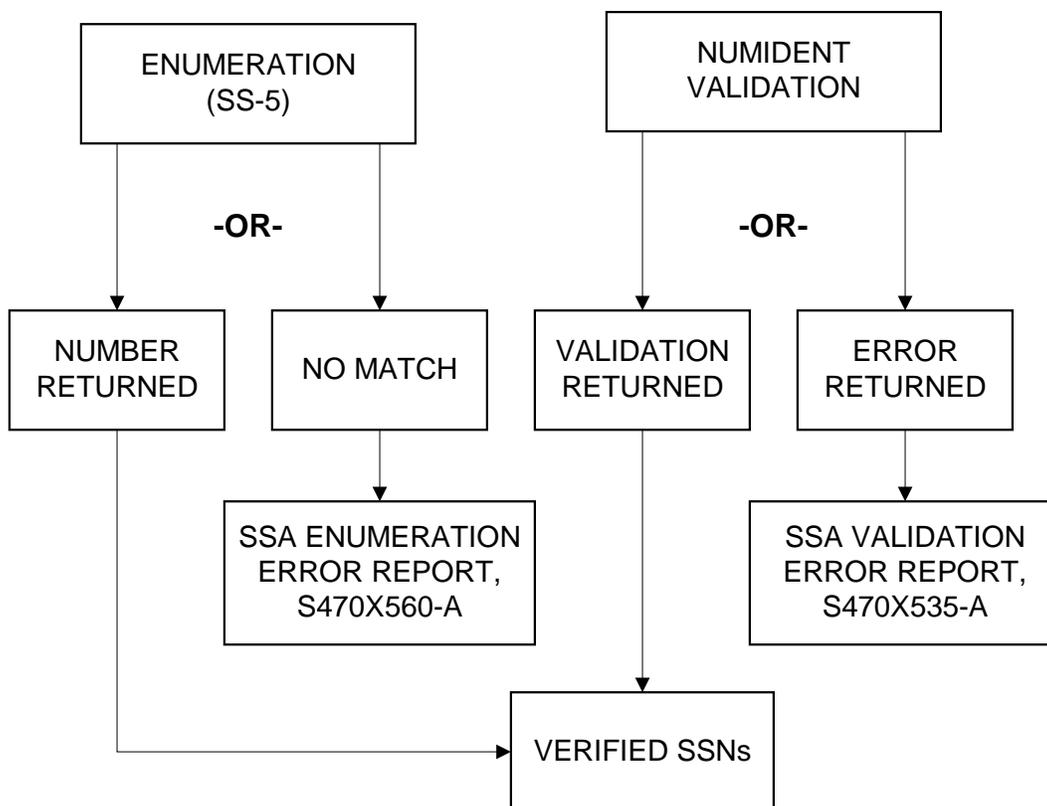
If Social Security Administration records indicate that a person has more than one social security number, and the Department sends one of the numbers to Social Security Administration for verification, the Social Security Administration will send back all of the person's social security numbers. Alternate numbers are not considered verified.

The alternate social security numbers from Social Security Administration are added to the IEVS client record and are displayed on the IEVS client record system. See [IEV1 = IEVS Social Security and Claim Numbers](#) for more information.

When Social Security Administration determines that a person has more than one social security number, Social Security Administration selects one number to use and asks the client for return of the cards for the other numbers.

The Social Security Administration cross-references the alternate numbers to the “active” social security number. If you learn which number is “active,” it is preferable to code the “active” number on the ABC system. However, no routine communication of this information is expected or required.

**Automated Verification Summary Chart**



### **Wire Third-Party Query**

The Wire Third-Party Query is an automated request system that utilizes the Social Security Administration's State Verification and Exchange System (SVES) by using the state ID number to obtain benefit information for people who receive the following:

- ◆ Social Security
- ◆ Supplemental Security Income
- ◆ Medicare

The response data from Social Security Administration is accessible through the Iowa Income and Eligibility Verification System (IEVS) main menu. Access to query information on a person is protected by RACF password security.

The file data is sent by wire to Social Security Administration during nightly batch processing of the Automated Benefit Calculation (ABC) system. The response time from Social Security Administration back to Iowa should be three to five business days.

The query response can be generated automatically by the ABC system or by a special request. Two screens are used: TP01=Display WTPY INFO and TPQ2=Request WTPY INFO. The following sections describe these options and screens.

#### **Automated Request Response**

The program and the individuals on the case and the individual program status codes are used to begin the query process.

The ABC system starts a query when a change is made to a case that results in any of the case or individual program status codes changing from an inactive status to a pending status or to an active status, based on the ABC transactions and master files. Status codes included are: "A," "B," "C," "D," "E," "F," and "H."

The designated data elements (state ID, status codes, case number) from the ABC system pass from ABC through to IEVS during the nightly ABC batch processing. IEVS records then interface with the Social Security Administration's SVES system. A response record will be returned for all requests.

For each response that returns social security or SSI information, a tickler is created for the appropriate worker. This information will be displayed on the WAR1 and WAR3 screens in ABC. The tickler will indicate the type of response that was received.

Three messages are used to display the type of response received from the Social Security Administration, as follows:

- ◆ New WTPY received – SSA only
- ◆ New WTPY received – SSI only
- ◆ New WTPY received – SSA and SSI

The response is displayed on the TPQ1 screen located on IEVS main menu. See [TPQ1=Display WTPY INFO](#) for additional information on screen display and data displayed on the screen. (If the response is that no information is available, a tickler will not be created.)

### **Special Request Response**

When an applicant or recipient is unable to provide information or verification regarding cash benefits from Social Security, Black Lung, SSI, or regarding Medicare eligibility, you can make a special WTPY request. (Before making a WTPY request, check BENDEX and SDX to see if the information is available.)

Use the IEVS menu to access the TPQ2 options. Enter “TPQ2” and the state ID in the option fields and press the ENTER key. This brings up the TPQ2 screen that displays the information that the Social Security Administration needs to be able to respond to the request.

To complete a TPQ2 request, enter “X” in the option field and press the ENTER key. To exit without completing the request, press the PF1 key. A message will be displayed to indicate if the request was written. All special requests are merged with that day’s automatic requests and sent in one file.

If a WTPY response master record already exists for that state ID, the request cannot be made. Also, if the individual record is not from an active or pended ABC case, the request will not be allowed.

**TPQ1 = Display WTPY INFO**

The TPQ1 screen option is displayed on the IEVS main menu. (The actual screen has been renamed WTP1, and is now titled “WTPY Information From the SSA.”) This screen shows the response received to the automated query. Enter TPQ1 in the option field and enter the state ID number. Press the ENTER key to view the display.

The next screen will display the data sent to Social Security Administration and the status of the MASTER BENEFIT RECORD (MBR) and the SSI record (SSR). The status code of “YES” may display in three fields, as follows:

- ◆ MBR - SSA and Medicare information is displayed next
- ◆ SSACCS - SSA has a pending claim
- ◆ SSR - SSI information is displayed

Use your PF8 key to page forward and the PF7 key to page backward.

WTP1		WTPY INFORMATION FROM THE SSA		
STATE ID	SSN	DATE SENT:	DATE RECEIVED:	DOC
	- _	/ /	/ /	
STATUS MBR:		SSACCS:		SSR:
INPUT SOCIAL SECURITY NUMBER:	_ _	NAME:		USER CODE:
TPOY CONFIDENTIAL SOCIAL SECURITY DATA:				
BLACK LUNG PAYMENT STATUS CODE:				
BENEFIT HISTORY:				
DATE		GROSS BENEFIT		
-----		-----		
★1=MENU		7=PAGE BACKWARD	8=PAGE FORWARD	

All responses that come back with no SSA or SSI information will be deleted after 14 days. Responses that do have information will be retained for 60 days. The DATE RECEIVED field at the top of WTP1 screen is used to determine the age of the record.

**TPQ2 = Request WTPY INFO**

The TPQ2 screen is used to send a special request for Social Security Administration data. The request option is used to check on a social security claim or for checking the status of a different social security number listed on an automatic request that is other than the client's social security number.

Enter TPQ2 in the option field. Next enter one of the following:

- ◆ The client's state ID number.
- ◆ The social security number of the person for whom the information is requested.
- ◆ The claim number for the person (if the social security number is not available).

This will bring up the WIRE THIRD PARTY QUERY REQUEST screen, which displays the information needed for Social Security Administration to respond to the request.

TPQ2		WIRE THIRD PARTY QUERY REQUEST	
DATE SENT: XX/XX/XX		DATE RECEIVED: XX/XX/XX	
NAME SENT: XXXXXX XXXXXX			
SOCIAL SECURITY #: XXX-XX-XXXX			
STATE ID: XXXXXXXX			
CLAIM #: XXXXXXXXXXXXX			
BIRTH DATE: XX/XX/XX			
SEX: X			
COUNTY #: XX	WORKER ID: XXXX	OPTION:	
TO SEND REQUEST, ENTER "X" IN OPTION, AND PRESS ENTER			
TO INQUIRY, JUST PRESS ENTER			
*1=MENU	3=NEXT SCREEN	CD/SCRN:	STATE ID:
SSN:			
PLEASE ENTER COUNTY # AND WORKER ID			

At the bottom of the screen, the MESSAGE PLEASE ENTER COUNTY# AND WORKER ID is displayed. Enter your county number and your four-digit worker number. For the OPTION field you have two choices: "TO INQUIRY" or "TO SEND REQUEST."

For the "TO INQUIRY" option, press the ENTER key. This allows you to view the data received from the Social Security Administration. There are several messages you can receive when using the INQUIRY option.

- ◆ YOUR REQUEST IS AWAITING TO BE PROCESSED. This message means the request for information has been made that day, is pending and waiting for the nightly processing. The DATE SENT field at the top of the screen says "Pending."
- ◆ TRANSMITTAL TO SSA PENDING. This message means the request has gone to Social Security Administration, but no information has been returned by Social Security Administration.
- ◆ WTPY REQUEST WRITTEN. This message means that your request for information has been sent to Social Security Administration.
- ◆ TO DISPLAY SSA DATA, PRESS THE PF4 KEY. This will take you directly to the next screen to view the information received from Social Security Administration. If there is more information, page forward by using the PF8 key.

For the "TO SEND REQUEST" option, enter "X" in the option field and press the ENTER key. If information has been returned, a tickler is generated, as with TPQ1. If the information does not exist, the message "WTPY MASTER RECORD NOT FOUND" is displayed.

Benefit information not available through the automated system can be obtained by using the *Public Assistance Agency Information Request*, form SSA-1610-U2. See 6-Appendix for information on this form.

**BENDEX**

The Beneficiary and Earnings Data Exchange (BENDEX) is the method of exchanging information with the Social Security Administration on a regular schedule. A BENDEX record is created for Department program applicants and recipients, including people whose income is considered but who are excluded from the assistance.

The BENDEX record contains information from the Social Security Administration concerning certain benefits and the Medicare buy-in. The record is displayed on the BENDEX screens and is updated daily when original or changed information is received from Social Security Administration. The record contains:

- ◆ Information on the amount of Social Security and Black Lung benefits.
- ◆ Information on future Social Security benefits.
- ◆ Railroad Retirement information.
- ◆ Medicare information regarding entitlement and buy-in.
- ◆ Alternate social security numbers and claim numbers.

The Department sends a file of data daily to match against the Social Security Administration data. (Before March 13, 2007, the Department sent a file to match only twice a month.) A data exchange is established on applicants, recipients, and people whose income is considered. Data is sent when the program status indicates recent, current, or potential program eligibility, and there is a social security number on the ABC system. If there is no social security number on ABC, the data is not sent.

Specifically, clients are included on the file if any individual program status code on the ABC system is "A" through "J." People with a status code of "K" or "N" are also included if the effective date of cancellation is not more than one month before the current month. The file sent to the Social Security Administration includes the name, birth date, and social security number or claim number.

| If there is a Social Security Administration benefit or earnings record that is found to be essentially the same as the identifying data provided by the Department. The Social Security Administration sets a system-prompt on matched records. If anything on the Social Security Administration file changes, an updated record is sent to the Department.

When the data supplied from ABC does not match the Social Security Administration records within certain parameters, the Social Security Administration sends back the demographic information contained in the Department files. This information and an error code are displayed on the BENDEX screens in the COMMUNICATION CODE field.

### **Worker Action Required**

When a matched record is returned to the Department, a tickler message is generated to each ABC system case that includes the individual record. When a person is on more than one case, all workers involved receive notice of a changed record. See 14-B-Appendix, [AUTOMATIC TICKLER MESSAGES](#), for the text of the tickler messages.

Use the information furnished by BENDEX to verify income and determine eligibility for FIP, Medicaid, Food Assistance, State Supplementary Assistance, Refugee Cash Assistance, and Refugee Medical Assistance programs. Act on the income and Medicare information according to program requirements.

- ◆ See 8-G, [AUTOMATIC REDETERMINATION](#), for FMAP-related programs.
- ◆ See 8-G, [IEVS Bendex and State Data Exchange](#), for SSI-related Medicaid.
- ◆ See 4-G, [Changes Reported From Automated Sources](#), for FIP.
- ◆ See 7-G, [Acting on Automated Reports](#), for Food Assistance.

Keep the information confidential except for administration of these Department programs. There are civil and criminal sanctions for disclosing information supplied to the state by BENDEX to anyone other than:

- ◆ The person for whom the BENDEX is created.
- ◆ The case name or the representative of the client acting on behalf of the client.
- ◆ People within the Department (including Appeals and Quality Control staff).
- ◆ DHS counterpart human service agencies in other states.

If the client alleges that the Social Security or Black Lung income on the BENDEX record is incorrect or reflects an overpayment, but has no documentation to verify the allegation, complete a TPQ2 electronic request from the IEVS menu to verify the income.

The benefit amount for Railroad Retirement is not listed on the record. Verify the income from the Railroad Retirement Board.

## **BENDEX Screens and PF Keys**

The screens that display the data sent to and from the Social Security Administration can be accessed through CICS under the IEVS Main menu or any IEVS screen.

BEN1	=	Quick View
BEN2	=	Client
BEN3	=	Numbers
BEN4	=	SSA Payment Information
BEN5	=	Medicare
BEN6	=	SSI, Black Lung and Railroad Information
BEN7	=	ABC Information Sent to the SSA
HIST	=	SSA Benefit History

Use the PF keys to move through the BENDEX screens, and to obtain additional information on screen fields and data in those fields. (The same action results when the number is entered in the “CD” field.)

- ◆ Pressing **PF 1 = MENU** takes you from any screen back to the IEV0 screen. The state ID and social security number or claim number is also taken back to the menu.
- ◆ Pressing **PF 2 = RETURN** takes you from the HELPCF screen to either BEN1 or BEN2, depending on the originating screen. It also takes you from HELPHIST to HIST.
- ◆ Pressing **PF 3 = NEXT** takes you from any screen to any other that you enter in the SCRN field. The screen can be any screen accessible through Link.
- ◆ Pressing **PF 4 = FORWARD** or **FRWD CLM** takes you to the next page on screens with multiple pages, or to the next claim number for a state ID.
- ◆ Pressing **PF 5 = BACKWARD** or **BACK CLM** takes you to the previous page on screens with multiple pages, or to the previous claim number for a state ID.
- ◆ Pressing **PF 6 = FRWD SCRN** takes you to the next screen in the scrolling sequence. BEN7 and HIST are not in the scrolling sequence. All other screens scroll forward in their numeric order.
- ◆ Pressing **PF 7 = BACK SCRN** takes you to the next screen in the reverse scrolling sequence. BEN7 and HIST are not in the scrolling sequence. All other screens scroll backward in their reverse numeric order.

- ◆ Pressing **PF 8 = CALC HELP** takes you to the HELPHIST screen from HIST only.
- ◆ Pressing **PF 9 = HELP** displays two lines of definition and information about the field name or the data, on all screens except HELPCF and HELPHIST.

To use the “HELP” function, move the cursor either to the field name or to the data in the field, using the arrow keys. Then press the PF9 key. If a cursor position does not have corresponding “HELP” information, the message “CURSOR IS NOT POSITIONED AT A DATA FIELD” is displayed. If the data items are not in the HELP table, the message “NO MATCH WITH HELP FILE. CONTACT CENTRAL OFFICE” is displayed.

### **BEN1 = Quick View**

BEN1	BENDEX INFORMATION FROM THE SSA				
	QUICK VIEW				
	TO MOVE TO THE APPROPRIATE SCREEN, PLACE THE CURSOR				
	ON THE LINE OF THE CLAIM OR SSN YOU WANT, IN THE				
STATE ID	CLIENT, NUMBERS OR PAYMENT AREA, THEN PRESS PF KEY 3.				
XXXXXXXX	* --- NAME --- *				
CLAIM OR SSN	DATE RECEIVED	COMM CODE	CHANGED?		
XXX-XX-XXXX-XX	MM/DD/CCYY	XXXXXXXX			
CURRENT AMOUNTS FOR BCW (TOTAL FOR ALL CLAIM NUMBERS)					EFFECT BEGIN
FS: \$000.00 ADC: \$000.00 MED: \$000.00 FAC: \$000.00					MM/YY
PREVIOUS AMOUNTS FOR BCW (TOTAL FOR ALL CLAIM NUMBERS)					EFFECT BEGIN
FS: \$000.00 ADC: \$000.00 MED: \$000.00 FAC: \$000.00					MM/YY
*1=MENU	3=NEXT	4=FORWARD	5=BACKWARD	6=FRWD SCRN	CD/SCRN:
9=HELP	STATE ID:		SSN:	CLAIM:	

The BEN1 screen displays current and previous client information by the state identification number, by the claim number or social security number. Data includes the following:

- ◆ **CLAIM OR SSN** is a list of claim numbers or social security numbers associated with the state identification number. The Social Security Administration uses a claim number to identify a claimant or beneficiary. (See [Numbering System](#).)
- ◆ **DATE RECEIVED** is the date Central Office received the BENDEX data from the Social Security Administration.

- ◆ **COMM CODE** is what the Social Security Administration transmits as an explanation of accompanying changes to BENDEX data.
- ◆ **CHANGED** identifies what Social Security Administration data changed. Changes are:
  - Client information (name or address)
  - Numbers (social security number or claim number)
  - Payment information
  - Medicare
  - Other benefit sources
  - New data
- ◆ **NAME** is the client's first name, middle initial, and last name.

The screen also shows the total amount of Social Security Administration income that should be entered on the BCW2 for the state identification number, and the first budget month for which amounts should be used on the BCW2, according to appropriate program prospective and retrospective policies. The screen shows the current and previous amounts.

**BEN2 = Client**

BEN2		BENDEX INFORMATION FROM THE SSA CLIENT					
STATE ID	CLAIM/SSN						
XXXXXXXX	XXX-XX-XXXX XX						
CURRENT	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY			
* -----	NAME	* STATE CONTROL	SEX	BIRTHDATE	PROOF	SOURCE	
FIRSTNN M LASTNNNNNNNN	XXXXXXXXXXXX	X	MM/DD/YY	XXX	XXXXXX		
DIRECT DEP	EARN	STATE	COUNTY	ASSISTANCE	DISABILITY	COMM	
XXXXXXXX	XXX	XX	XXXXXXXXXXXX	XXXXXXXXXX	MM/YY	XXXXXXXX	
PREVIOUS	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY			
* -----	NAME	* STATE CONTROL	SEX	BIRTHDATE	PROOF	SOURCE	
FIRSTNN M LASTNNNNNNNN	XXXXXXXXXXXX	X	MM/DD/YY	XXX	XXXXXX		
DIRECT DEP	EARN	STATE	COUNTY	ASSISTANCE	DISABILITY	COMM	
XXXXXXXX	XXX	XX	XXXXXXXXXXXX	XXXXXXXXXX	MM/YY	XXXXXXXX	
*1=MENU	3=NEXT	4=FRWD CLM	5=BACK CLM	6=FRWD SCRN	7=BACK SCRN	CD/SCRN: X	XXXX
9=HELP	STATE ID: XXXXXXXX		SSN: XXX XX XXXX		CLAIM: XXX XX XXXX XX		

The BEN2 screen displays the current and previous client information by state ID and by claim number or social security number. Data includes the following:

- ◆ **SSA DATE** is the date the Social Security Administration created this record.
- ◆ **NAME** is the client's first, middle initial, and last name.
- ◆ **STATE CONTROL** is the number created by Social Security Administration as a control number. The Department does not use this number for record keeping.
- ◆ **SEX** is the client's gender.
- ◆ **BIRTHDATE** is the client's birthrate in month, day, and year format.
- ◆ **PROOF** is to indicate whether the client has provided Social Security Administration proof of the client's date of birth.
- ◆ **SOURCE** is the code that indicates whether the Department requested the data, something changed in the Social Security Administration data, or either buy-in or buy-out occurred.
- ◆ **DIRECT DEP** is the field that the client has chosen direct deposit of benefits and what type of account is used for the deposit.
- ◆ **EARN** is the indicator that the client has earnings.
- ◆ **STATE** is the two-digit abbreviation of client's residence state.
- ◆ **COUNTY** is the name of the Iowa county of the client if the client is a resident of Iowa.
- ◆ **ASSISTANCE** indicates the category of assistance and Social Security Administration case.
- ◆ **DISABILITY** indicates the client's date of disability, as determined by the Social Security Administration. **Note:** If disability began before 1975, the date may not be available.
- ◆ **COMM** code is what Social Security Administration transmits as an explanation of accompanying changes to BENDEX data.

**HELPCF = BENDEX Communication Code Conflict**

If the COMM CODE on BEN1 or BEN2 shows “CF,” move the cursor to that field and press the PF9 key.

```
HELPCF                BENDEX COMMUNICATION CODE CF (CONFLICT)

STATE ID              CLAIM NUMBER              SSA STATE OF RESIDENCE
XXXXXXXXX            XXX-XX-XXXX XX            XXXXXXXXXXXXXXXXXXXXX

BENDEX EXCHANGE HAS TRANSFERRED FROM IOWA TO XXXXXXXXXXXXXXXX
THIS CODE IS GENERATED WHEN
* IOWA REQUESTS EXCHANGE AT THE SAME TIME THAT THE OTHER
  STATE INITIATED BUY-IN.
* IOWA AND THE OTHER STATE REQUESTED BENDEX EXCHANGE AT
  THE SAME TIME. WE RECEIVED THE "CF" BECAUSE THE SSA
  HAS THE OTHER STATE AS THE ADDRESS OF THE RECIPIENT.
* WE HAVE ONGOING BENDEX EXCHANGE, BUT THE OTHER STATE
  REQUESTED AN INITIATION OF BENDEX EXCHANGE.

IOWA WILL AUTOMATICALLY REQUEST EXCHANGE AGAIN IF THE
PERSON IS ACTIVE ON ABC, AND THE RESIDENCE ACCORDING TO
THE SSA IS IOWA. INVESTIGATION FOR FRAUD IS ONLY NECESSARY
IF THE PERSON IS ACTIVE AND THE SSA THINKS THAT THE STATE
OF RESIDENCE IS NOT IOWA.

*** 2=RETURN
```

The HELPCF screen displays:

- ◆ The other state to which the BENDEX exchange has been transferred.
- ◆ The action DHS Management Information will take.
- ◆ Any required worker action information. Worker action usually requires client contact.

**BEN3 = Numbers**

The BEN3 screen displays the current and previous information on social security numbers and claim numbers by the state identification number, by the claim number or the social security number, and by the name.

BEN3	BENDEX INFORMATION FROM THE SSA NUMBERS			
STATE ID XXXXXXXX	CLAIM/SSN XXX-XX-XXXX XX	*-----NAME-----*		XXXXXXXX X XXXXXXXX
CURRENT -----	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY
FIELD USED TO MATCH XXXXXXXXXXXXXXXX	SSN/CAN XXX-XX-XXXX XX	STATE CONTROL DATA XXXXXXXXXXXXXX	OLD BIC XX	
	SSN XXX-XX-XXXX	VALIDATED BOSSN XXX-XX-XXXX	CROSS REFERENCE XXX-XX-XXXX XX	
	DUAL/TRIPLE XXXXXX	DUAL CLAIM NO. XXX-XX-XXXX XX	TRIPLE CLAIM NO. XXX-XX-XXXX XX	
PREVIOUS -----	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY
FIELD USED TO MATCH XXXXXXXXXXXXXXXX	SSN/CAN XXX-XX-XXXX XX	STATE CONTROL DATA XXXXXXXXXXXXXX	OLD BIC XX	
	SSN XXX-XX-XXXX	VALIDATED BOSSN XXX-XX-XXXX	CROSS REFERENCE XXX-XX-XXXX XX	
	DUAL/TRIPLE XXXXXX	DUAL CLAIM NO. XXX-XX-XXXX XX	TRIPLE CLAIM NO. XXX-XX-XXXX XX	
*1=MENU 3=NEXT 4=FRWD CLM 5=BACK CLM 6=FRWD SCRN 7=BACK SCRN CD/SCRN: X XXXX				
9=HELP STATE ID: XXXXXXXX SSN: XXX XX XXXX CLAIM: XXX XX XXXX XX				

The screen includes the following data:

- ◆ **FIELD USED TO MATCH** is the indicator of what match occurred.
- ◆ **SSN/CAN** is the social security number or the claim account number of the beneficiary.
- ◆ **STATE CONTROL DATA** is the Social Security Administration’s control number. The Department does not use this number for record keeping.
- ◆ **OLD BIC** indicates a beneficiary identification code determined by the Social Security Administration to be incorrect. The correct identification code is displayed with the claim number.

- ◆ **SSN** is the social security number of the beneficiary.
- ◆ **VALIDATED BOSSN** is the beneficiary's own social security number. This number is not necessarily the same as the social security number or claim account number.
- ◆ **CROSS REFERENCE** is another social security number or claim account number to which the client is connected. There may or may not be a claim associated with that number.
- ◆ **DUAL/TRIPLE** indicates that the beneficiary is entitled on two, or more than two, claims, although the client may not actually be receiving benefits on all claims.
- ◆ **DUAL CLAIM NO** is the number of the second claim.
- ◆ **TRIPLE CLAIM NO** is the number of the third claim.

**BEN4 = SSA Payment Information**

The BEN4 screen displays the current and previous social security payment information by state ID number and claim number or social security number.

BEN4		BENDEX INFORMATION FROM THE SSA				
		SSA PAYMENT INFORMATION				
STATE ID	CLAIM NUMBER	*----- NAME -----*				
XXXXXXXX	XXX-XX-XXXX XX	XXXXXXXX	X	XXXXXXXXXX		
CURRENT -----	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY		
PAY STATUS	EFFECTIVE DATE	INITIAL ENTITLE DATE	CURRENT ENTITLE DATE			
CP CURR PAY	MM/YY	MM/YY	MM/YY			
AMOUNT OF CHECK	ADJUSTED	GROSS AMOUNT	OVERPAYMENT	OP END DATE		
\$ZZZ9.99	\$ZZZ9.99	\$ZZZ9.99	\$ZZ9.99	MM/YY		
CURRENT AMOUNTS FOR BCW (THIS CLAIM ONLY)				EFFECT BEGIN		
FA: \$ZZZ9.99	FIP: \$ZZZ9.99	MED: \$ZZZ9.99	FAC: \$ZZZ9.99	MM/YY		
GARNISHMENT: \$ZZZ9.99		PREV. GARNISH: \$ZZZ9.99				
PREVIOUS -----	DATE RECEIVED IN C.O.	MM/DD/YY	SSA DATE	MM/DD/YY		
PAY STATUS	EFFECTIVE DATE	INITIAL ENTITLE DATE	CURRENT ENTITLE DATE			
CP CURR PAYMENT	MM/YY	MM/YY	MM/YY			
AMOUNT OF CHECK	ADJUSTED	GROSS AMOUNT	OVERPAYMENT	OP END DATE		
\$ZZZ9.99	\$ZZZ9.99	\$ZZZ9.99	\$ZZ9.99	MM/YY		
CURRENT AMOUNTS FOR BCW (THIS CLAIM ONLY)				EFFECT BEGIN		
FA: \$ZZZ9.99	FIP: \$ZZZ9.99	MED: \$ZZZ9.99	FAC: \$ZZZ9.99	MM/YY		
GARNISHMENT: \$ZZZ9.99		PREV. GARNISH: \$ZZZ9.99				
*1=MENU	3=NEXT	4=FRWD CLM	5=BACK CLM	6=FRWD SCRN	7=BACK SCRN	
9=HELP	STATE ID: XXXXXXXX	SSN: XXX XX XXXX	CLAIM: XXX XX XXXX XX	CD/SCRN: X XXXX		

The BEN4 screen includes the following data for the current payment and the immediately previous payment on each claim that the client has to social security benefits:

- ◆ **PAY STATUS** is the condition of the client's social security benefits, i.e. current, terminated, suspended. Benefits are payable only when the status is "CP" or "AM."

If the client is in a nonpay status, look at the definition of the code to determine how to proceed for eligibility for benefits. Use the "HELP" function (PF9) to see the definitions. NOTE: There are three definitions to the S7 SUSPENDED code. The definitions are:

- Refused voc rehab
- Imprisoned
- Extended trial work period

Act on the information according to program requirements.

- ◆ **EFFECTIVE DATE** is the beginning effective date of the payment amount.
- ◆ **INITIAL ENTITLEMENT DATE** is the date the client first became entitled to social security benefits.
- ◆ **CURRENT ENTITLEMENT DATE** is the beginning date of the current entitlement to social security benefits on this claim. (**Note:** The claim number may have previously been active, then became inactive, and now is active again.)
- ◆ **AMOUNT OF CHECK** is the adjusted social security entitlement amount, minus any amount withheld because of a previous overpayment, minus cents.
- ◆ **ADJUSTED** is the gross entitlement amount, minus the Medicare premium, minus any amount withheld because of a previous overpayment, minus any cents, plus the Medicare premium, plus any amount withheld because of a previous overpayment.
- ◆ **GROSS AMOUNT** is the social security amount to which the client is entitled before deductions.
- ◆ **OVERPAYMENT** is the amount withheld because of a previous overpayment incurred by the client.
- ◆ **OP END DATE** is the month and year the overpayment deduction will end.
- ◆ **CURRENT AMOUNTS FOR BCW (THIS CLAIM ONLY)** is the amount of social security income countable from the specific claim for Food Assistance, FIP, Medicaid, or facility eligibility and the effective date. This amount should be entered on the BCW2 screen for the client's state ID number.

If the client is entitled to multiple claims, page through using the PF4 and PF5 keys to get the payment amount on each claim. These amounts must be added together for BCW2 entry.

- ◆ **GARNISHMENT** is the amount withheld by the Social Security Administration. **Note:** Effective March 23, 2006, the Social Security Administration has stopped sending current and previous garnishment amounts other than zero in the **GARNISHMENT** and the **PREV. GARNISH** fields, pending a change in its computer system.
- ◆ **PREV. GARNISH** is the previous amount withheld by the Social Security Administration. See the note under [GARNISHMENT](#).

Entries in AMOUNT OF CHECK, ADJUSTED, GROSS AMOUNT, OVERPAYMENT, GARNISHMENT, and PREV. GARNISH allow you to calculate the amount to enter on the BCW2, if necessary.

**BEN5 = Medicare**

The BEN5 screen displays current and previous Medicare information by state identification number, claim number, and by the name.

BEN5		BENDEX INFORMATION FROM THE SSA						
		MEDICARE						
STATE ID	CLAIM NUMBER	*-----NAME-----*						
XXXXXXXX	XXX-XX-XXXX XX	XXXXXXXXXX	X	XXXXXXXXXX				
CURRENT -----		DATE RECEIVED IN C.O. MM/DD/YY			SSA DATE MM/DD/YY			
	COVERAGE	PREMIUM	START	TERM	THIRD	THIRD	PAYER	
PART A HOSPITAL	XXXXX	\$ZZZ9.99	MM/YY	MM/YY	START	TERM	XXXXX	
PART B SMI	XXXXX	\$ZZZ9.99	MM/YY	MM/YY	MM/YY	MM/YY	XXXXX	
PREVIOUS -----		DATE RECEIVED IN C.O. MM/DD/YY			SSA DATE MM/DD/YY			
	COVERAGE	PREMIUM	START	TERM	THIRD	THIRD	PAYER	
PART A HOSPITAL	XXXXX	\$ZZZ9.99	MM/YY	MM/YY	START	TERM	XXXXX	
PART B SMI	XXXXX	\$ZZZ9.99	MM/YY	MM/YY	MM/YY	MM/YY	XXXXX	
*1=MENU	3=NEXT	4=FRWD CLM	5=BACK CLM	6=FRWD SCRN	7=BACK SCRN	CD/SCRN: X XXXX		
9=HELP	STATE ID: XXXXXXXX			SSN: XXX XX XXXX		CLAIM: XXX XX XXXX XX		

The BEN5 screen displays the following information:

- ◆ **COVERAGE** indicates if the client is covered by Part A or Part B Medicare.
- ◆ **PREMIUM** shows the amount collectable. If the Medicare premium amount is not a standard amount, the field heading is highlighted.
- ◆ **START** shows the date of Medicare entitlement.
- ◆ **TERM** shows the date of Medicare termination.
- ◆ **THIRD START** refers to the date a third-party premium payer started.
- ◆ **THIRD TERM** refers to the date a third-party premium payer ended.
- ◆ **PAYER** indicates who pays the Medicare premium.

**BEN6 = SSI, Black Lung and Railroad Information**

The BEN6 screen displays information on SSI, Black Lung, and Railroad Retirement eligibility by state identification number, claim number, and by the name.

BEN6		BENDEX INFORMATION FROM THE SSA SSI, BLACK LUNG AND RAILROAD INFORMATION			
STATE ID XXXXXXXX	CLAIM NUMBER XXX-XX-XXXX XX	*-----NAME-----*			
		XXXXXXXX	X	XXXXXXXX	
CURRENT	-----	DATE RECEIVED IN C.O. MM/DD/YY		SSA DATE MM/DD/YY	
		ACCOUNT NUMBER	STATUS	ENTITLE/TERM DATE	PAYMENT
SSI		XXXXXXXX	XXXXXXXXXX	MM/YY	
BLACK LUNG		XXX-XX-XXXX XX	XXXXXXXXXX	MM/YY	\$ZZZ.99
RAILROAD		XXXXXXXXXXXX	XXXXXX		
PREVIOUS	-----	DATE RECEIVED IN C.O. MM/DD/YY		SSA DATE MM/DD/YY	
		ACCOUNT NUMBER	STATUS	ENTITLE/TERM DATE	PAYMENT
SSI		XXXXXXXX	XXXXXXXXXX	MM/YY	
BLACK LUNG		XXX-XX-XXXX XX	XXXXXXXXXX	MM/YY	\$ZZZ.99
RAILROAD		XXXXXXXXXXXX	XXXXXX		
*1=MENU		3=NEXT	4=FRWD CLM	5=BACK CLM	7=BACK SCRN CD/SCRN: X XXXX
9=HELP		STATE ID: XXXXXXXX SSN: XXX XX XXXX CLAIM: XXX XX XXXX XX			

The BEN6 screen displays the following information on current and previous benefits:

- ◆ **BLACK LUNG** and **RAILROAD ACCOUNT NUMBER** indicate account numbers. Refer to SDXD system for individual SSI account number information.
- ◆ **STATUS** shows the client's current status for SSI, Black Lung, and Railroad Retirement benefits.
- ◆ **ENTITLE/TERM DATE** shows the entitlement or termination date for SSI and Black Lung benefits.
- ◆ **PAYMENT** is the benefit amount for the Black Lung account number listed. The amount is considered verified for Food Assistance, FIP, FMAP-related and SSI-related Medicaid, and facility eligibility determination. Enter the amount on the BCW2 screen with source code "T."

**Note:** Black Lung benefits may be issued either by the Social Security Administration or by the Department of Labor. When the Social Security Administration issues benefits, the cents are dropped from the amount. When the Department of Labor issues benefits, the amount includes cents.

Refer to SDXD system for individual SSI payment information. (See 14-E, [SSI STATE DATA EXCHANGE](#), for information on SDX data.) Verify Railroad Retirement benefits with the client or with the source.

### **BEN7 = ABC Information Sent to the SSA**

The BEN7 screen displays the ABC data that were sent to the Social Security Administration by the state identification number. If more than one claim number exists for a state identification number, the records are displayed in ascending numeric order.

BEN7		ABC INFORMATION SENT TO THE SSA				
STATE ID XXXXXXXX						
CLAIM OR SSN XXX-XX-XXXX XX	DATE SENT MM/DD/CCYY	*	*----- CLIENT NAME -----*	SEX X	BIRTH DATE MM/DD/CCYY	
EARN XXX	CATEGORY OF ASSISTANCE XXXXXXXXXX		DEATH DATE MM/DD/CCYY	COMM XXXXXXX	STATE CONTROL XXXXXXXXXXXX	
CLAIM OR SSN XXX-XX-XXXX XX	DATE SENT MM/DD/CCYY		*----- CLIENT NAME -----*	SEX X	BIRTH DATE MM/DD/CCYY	
EARN XXX	CATEGORY OF ASSISTANCE XXXXXXXXXX		DEATH DATE MM/DD/CCYY	COMM XXXXXXX	STATE CONTROL XXXXXXXXXXXX	
CLAIM OR SSN XXX-XX-XXXX XX	DATE SENT MM/DD/CCYY		*----- CLIENT NAME -----*	SEX X	BIRTH DATE MM/DD/CCYY	
EARN XXX	CATEGORY OF ASSISTANCE XXXXXXXXXX		DEATH DATE MM/DD/CCYY	COMM XXXXXXX	STATE CONTROL XXXXXXXXXXXX	
*1=MENU    3=NEXT    4=FORWARD    5=BACKWARD					CD/SCRN: X XXXX	
9=HELP		STATE ID: XXXXXXXX			SSN: XXX XX XXXX CLAIM: XXX XX XXXX XX	

Data elements are explained on previous screens except:

- ◆ **EARN** is an indicator that the Department requested earnings records from the Social Security Administration. These records are requested on everyone age 14 or older.
- ◆ **DEATH DATE** is the death date the Department sent to the Social Security Administration.

### **HIST = SSA Benefit History**

The HIST screen shows the past social security payment information by state ID and claim number. The history starts with the most recent data, and scrolls backward in effective date order, first, then by claim number within each date.

HIST STATE ID: XXXXXXXX	SSA BENEFIT HISTORY	FFFFFF	I	LLLLL
-----				
AMOUNTS FOR ONE CLAIM ONLY				
-----				
EFFECT: MM/YY	RCVD IN C.O.: MM/DD/YY	PROCESSED: MM/DD/YY	CLAIM: XXX-XX-XXXX XX	
SSA PAYMENTS STOPPED - STATUS CODE: XX				
-----				
EFFECT: MM/YY	RCVD IN C.O.: MM/DD/YY	PROCESSED: MM/DD/YY	CLAIM: XXX-XX-XXXX XX	
TO BE USED AS SSA INCOME, BY PROGRAM:				
FS: \$ZZZ9.99	ADC: \$ZZZ9.99	MED: \$ZZZ9.99	FAC: \$ZZZ9.99	\$ZZZ.99    \$ZZZ.99    XXXXX
AMT OF CHECK: \$ZZZ9.99	ADJUSTED: \$ZZZ9.99	GROSS: \$ZZZ9.99	OVERPAY: \$ZZ9.99	
*1=MENU	3=NEXT	4=FORWARD	5=BACKWARD	CD/SCRN: X XXXX
8=CALC HELP	9=HELP	STATE ID: XXXXXXXX	SSN: XXX XX XXXX	CLAIM: XXX XX XXXX XX

**HELPHIST = SSA Benefit History: Calculations Used for BCW**

Press the PF8 key on the HIST screen to bring you to the HELPHIST screen. This screen shows how the amounts for BCW2 entry for the budget month were computed for the period listed at the top of the screen.

HELPHIST	SSA BENEFIT HISTORY
	CALCULATIONS USED FOR BCW
STATE ID: XXXXXXXX	
FOR EFFECTIVE DATES BEGINNING 01/92	
FS, ADC, MED:	
ADJUSTED AMOUNT MINUS OVERPAYMENT = BCW AMOUNT	
FACILITY:	
ADJUSTED AMOUNT = BCW AMOUNT	
***	2=RETURN

**MULT = Multiple Clients Per Claim or SSN**

The MULT screen is displayed when there are multiple claim numbers for a social security number. This screen is accessed when a social security number or claim number is entered, rather than the state identification number; and a BENDEX screen other than BEN1 or HIST is chosen. (BEN1 and HIST require an entry of the state identification number.) Choose a specific client and press the PF3 key to go to the requested screen.

MULT	BENDEX					
	MULTIPLE CLIENTS PER CLAIM OR SSN					
SSN OR CLAIM NUMBER KEY ENTERED, BUT THERE IS MORE THAN ONE STATE ID FOR THAT KEY. PLACE THE CURSOR ANYWHERE ON THE LINE OF THE PERSON YOU WANT, THEN PRESS PF KEY 3.						
CLAIM/SSN XXX-XX-XXXX XX						
	-----	CLIENT NAME	-----	STATE-ID	SEX	BIRTHDATE
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
	FIRSTNNN	LASTNNNNNNNNN	TI	NNNNNNNA	X	MM/DD/CCYY
*1=MENU                      3=NEXT                      4=FRWD CLM                      5=BACK CLM                      CD/SCRN: X XXXX 9=HELP                      STATE ID: XXXXXXXX SSN: XXX XX XXXX CLAIM: XXX XX XXXX XX						

**REPORTS**

**Deceased Individuals Match Report, S470X398-A**

Revised March 18, 2011

Iowa Department of Human Services

**Title 14** Management Information

**Chapter G** Exchange of Data With Other Agencies

**REPORTS**

**Deceased Individuals Match Report, S470X398-A**

The *Deceased Individuals Match Report, S470X398-A*, lists individuals identified in a match with federal and state agencies who have been reported as deceased. The report is prepared and posted to the Mainframe Reports Viewer around the 12<sup>th</sup> of each month.

REPORT ID: S470X398 - A	IOWA DEPARTMENT OF HUMAN SERVICES	PAGE: 1					
	SYSTEM MONTH (Month), (Year)	DATE: MM/DD/YY					
THIS REPORT LISTS INDIVIDUALS IDENTIFIED BY SSA AS A DECEASED PERSONS MATCH							
SERVICE AREA-1							
COUNTY WORKER							
COWKER							
INDV STATUS							
CASE NUMBER	STATE ID	FA FIP MED	LAST NAME, FIRST	DATE OF BIRTH	SSN	DATE OF DEATH	SOURCE
-----	-----	-----	-----	-----	-----	-----	-----
XXXXXX-XX-X	XXXXXXXX	S S C	XXXXXX, XXXXXXX	MM-DD-YYYY	XXX-XX-XXXX	MM-DD-YYYY	SSA

**Data Elements**

The data on the report are:

- ◆ **CASE NUMBER** identifies the ABC case that meets the report criteria.  
**NOTE:** An \* appears next to the case number if the individual has multiple cases with multiple workers that appear on the report.
- ◆ The following data shown as the individual appeared on the case at the time the information was pulled for the match file.
  - **STATE ID**
  - **INDIVIDUAL FA, FIP, and MED STATUS**
  - **LAST NAME, FIRST NAME, DATE OF BIRTH, and SSN**
- ◆ **DATE OF DEATH** is the date reported by the agency.
- ◆ **SOURCE** is the reporting agency.

**NOTE:** An individual will be listed on the report under each active or recently closed case that the individual is associated with. Medicaid includes recently closed individuals on the report. TD03 information rolls to all cases, including cases on which the individual has not been recently active.

**Worker Action Required**

Check the *Deceased Individuals Match Report* every month to determine if any of your cases are affected. If you have a match, also check KinderTrack to identify any child care cases that could be affected.

The information contained in the report **is not considered verified**. You must verify the information in order to determine how to proceed. If a recently closed individual appears on your list for Medicaid, make sure that this person was associated with the listed case when that individual closed. You do not need to contact those households.

If you have a match and do not know how to proceed, send the specific case details to SPIRS for assistance.

**Foster Care BENDEX Report, S470X325-A**

The *Foster Care BENDEX Report, S470X325-A*, reports BENDEX information to you.

S470X325-A	IOWA DEPARTMENT OF HUMAN SERVICES	PAGE ZZ, ZZ9
	FOSTER CARE BENDEX REPORT	DATE PRINTED MM/DD/YY
WORKER COUNTY XX		RECEIVED IN C.O. MM/DD/YY
WORKER NUMBER XXXX		
THIS IS SOCIAL SECURITY ADMINISTRATION INFORMATION. INCOME MAINTENANCE HAS BEEN NOTIFIED. THIS UNEARNED INCOME IS TO BE USED IN PARENTAL LIABILITY DETERMINATIONS.		
IABC CASE NAME		IABC CASE NUMBER
XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XX		XXXXXX-XX-X-X
CLIENT NAME	STATE ID	BIRTHDATE
XXXXXXXXXXXXXXXXXXXXXXXXXX XX	XXXXXXXX	MM/DD/YY
	SEX	COUNTY OF RESIDENCE
	X	XXXXXXXXXXXXXXXX
CLIENT SSN	CLIENT CLAIM NO.	
XXX-XX-XXXX	XXX-XX-XXXX XX	
SSA EFFECTIVE DATE		AMOUNT OF SSA CHECK
MM/YY		\$Z,ZZZ,Z9
BLACK LUNG ACCOUNT NO.	BLACK LUNG EFFECTIVE DATE	AMOUNT OF BLACK LUNG PAYMENT
XXX-XX-XXXX XX	MM/YY	\$Z,ZZZ.Z9
THE INFORMATION ON THIS REPORT IS CONFIDENTIAL AND MAY NOT BE RELEASED TO A THIRD PARTY		

### **Data Elements**

The data on the report are:

- ◆ **DATE PRINTED** is the date the report is printed in Central Office.
- ◆ **RECEIVED IN C.O.** is the date the information is received in Central Office. This is the date that is used to determine the time frame for action on the material.
- ◆ **WORKER COUNTY, WORKER NUMBER, ABC CASE NAME, and ABC CASE NUMBER** list identifying case information.
- ◆ **CLIENT NAME, STATE ID, BIRTHDATE, SEX, COUNTY OF RESIDENCE, CLIENT SSN, and CLIENT CLAIM NO.** show the information as it appears on the ABC system.
- ◆ **SSA EFFECTIVE DATE** is the effective date of the social security payment amount.
- ◆ **AMOUNT OF SSA CHECK** is the actual amount the client receives.
- ◆ **BLACK LUNG ACCOUNT NUMBER** is the number assigned to the client by the Social Security Administration, if the client receives Black Lung payments.
- ◆ **BLACK LUNG EFFECTIVE DATE** is the effective date of the payment amount.
- ◆ **AMOUNT OF BLACK LUNG PAYMENT** is the actual amount the client receives.

### **Worker Action Required**

Act on the income information. The receipt of this form may be the first indication that there is a social security payment and that the Department needs to arrange for the Department to be the payee for the payment.

If the client alleges that the Social Security or Black Lung income on the BENDEX report is incorrect or reflects an overpayment, but has no documentation to verify the allegation, request a TPQ2 query from the IEVS menu to verify the income. See [TPQ2 = Request WTPY INFO](#) instructions to generate a TPQ2 query.

Keep the information confidential except for administration of the foster care program. There are civil and criminal sanctions for disclosing BENDEX information to anyone other than:

- ◆ The person for whom the BENDEX is created.
- ◆ The case name or the representative of the client acting on behalf of the client.
- ◆ People within the Department (including Appeals and Quality Control staff).
- ◆ DHS counterpart human service agencies in other states.

**IRS Match Report, S470X615-A**

The *IRS Match Report* lists unearned income reported to IRS from tax forms submitted by financial institutions or by organizations for the preceding tax year. This report may be an indication of unreported income or resources.

FEDERAL TAX DATA	FEDERAL TAX DATA	FEDERAL TAX DATA
S470X615-A	IOWA DEPARTMENT OF HUMAN SERVICES IRS MATCH FOR TAX YEAR XXXX	PAGE x DATE PRINTED mm-dd-yy DATE RECEIVED IN C.O. mm-dd-yy
CNTY/WORKER CASE NAME CASE NUMBER STATE ID CLIENT SSN CLIENT NAME		ABC STATUS CODES FS ADC MED
*****		
PAYEE NAME(S)/ADDRESS		PAYOR NAME(S)/ADDRESS
DOCUMENT TYPE xx	PAYOR ID xxxxxxxxxx INCOME TYPE	PAYEE ACCT AMOUNT
INCOME EXPLANATION		
*****		
THE IRS INFORMATION ON THIS REPORT IS CONFIDENTIAL AND MUST BE SAFEGUARDED. IT MAY NOT BE RELEASED TO A THIRD PARTY. REFER TO EMPLOYEE'S MANUAL I-C.		
FEDERAL TAX DATA	FEDERAL TAX DATA	FEDERAL TAX DATA

The report is issued for applicants, recipients, and people whose income may be considered for the FIP, Food Assistance, Medicaid (except for SSI-related Medicaid only), State Supplementary Assistance, Refugee Cash Assistance, and Refugee Medical Assistance. The report is prepared and issued annually for recipients and monthly for people who have been added to cases on ABC since the last IRS run.

## REPORTS

### IRS Match Report, S470X615-A

Revised March 18, 2011

Iowa Department of Human Services

**Title 14** Management Information

**Chapter G** Exchange of Data With Other Agencies

---

The report is completed after the Department sends IRS a file of applicants, recipients, and other people whose income is considered and whose individual program status indicates recent, current, or potential eligibility.

Specifically, people are selected if they have a program status code on the ABC system of “A through J.” People with a status code of “N” or “K” are also selected if the effective date of cancellation is for the current month or next month.

**NOTE:** If the financial institution errs in reporting to IRS, the IEVS report will be wrong. For example, the institution may:

- ◆ Err in reporting the social security number or the number of the organization, or
- ◆ Report information for joint owners to IRS under only one social security number, or
- ◆ Report the income using the social security number of a representative rather than the actual recipient.

#### **Data Elements**

The data on the report are:

- ◆ **DATE PRINTED** is the date the report is printed.
- ◆ **DATE RECEIVED IN C.O.** is the date the Department received information from IRS.
- ◆ **COUNTY, WORKER, CASE NAME, CASE NUMBER, STATE ID, CLIENT SSN,** and **CLIENT NAME** list identifying case information from the ABC system.
- ◆ **ABC STATUS CODES** indicate whether the person was active for FIP, Food Assistance, Refugee Cash Assistance, Refugee Medical Assistance, or Medicaid.
- ◆ **IRS PAYEE INFORMATION** includes the person’s name and address as shown on the IRS records.
- ◆ **PAYOR NAME(S)/ADDRESS** is the name and address of the institution, organization, etc., reporting the income to IRS.
- ◆ **DOCUMENT TYPE** is the IRS form on which income is reported.
- ◆ **PAYOR ID** is the identifying number of the payor.

- ◆ **INCOME TYPE** and **INCOME EXPLANATION** define what type of income is reported for this person. The income types targeted include:
  - Aggregate profit or loss: Total profit or loss from dealing in securities.
  - Agricultural subsidies: Income from agricultural subsidies.
  - Dividends: Income from a corporation in the form of distributed property, a corporation, an estate or trust, or a partnership.
  - Gross income: Money received as proceeds from profit-sharing or retirement plans.
  - Gross pension distribution: Income from liquidation of money market funds or stocks.
  - Interest: Income from a corporate bond (in the form of a bonus), a corporation, an estate or trust, financial institutions, or a partnership.
  - IRA pension distribution: Money received as a distribution from individual retirement accounts, annuities, retirement or profit-sharing plan.
  - Long-term care insurance: Money received from long-term care insurance contracts.
  - Medical savings account: Money received from a medical savings account (MSA).
  - Original issue discount: Amount reported at the purchase of a bond or other money market instrument.
  - Other income: Money received as proceeds from annuity, endowments, life insurance, or U.S. retirement bonds.
  - Other pension distribution: Gross proceeds from the sale of stocks or bonds.
  - Other taxable income: Real estate rental, business and other income, royalties.
  - Patronage dividends: Income from participation in a cooperative.
  - Prior year refund: Refund or credit from a prior year's federal tax return.
  - Prizes and awards: Income or merchandise received from an employer or as a prize.
  - Real estate sales: Money received as proceeds from the sale of property.

## REPORTS

### IRS Match Report, S470X615-A

Revised March 18, 2011

Iowa Department of Human Services

**Title 14** Management Information

**Chapter G** Exchange of Data With Other Agencies

---

- Rents: Income from rental of business property such as farmland or commercial property.
  - Royalties: Income from publishers, oil, firms, etc., in the form of royalties.
  - Saving bonds: Interest income from cashed-in savings bonds.
  - Unemployment: Money received from Railroad Retirement, unemployment compensation, or out-of-state benefits.
  - Winnings: Net income (after 20% federal withholding tax) from gambling on horse racing, dog racing, lottery, etc.
- ◆ **PAYEE ACCT** is the number the reporter of income assigned to the payee's account.
  - ◆ **AMOUNT** is the amount of income reported to IRS for the previous year's income tax return.

### **Worker Action Required**

Log in reports when they are received from central office, using form 470-3563, *IRS Tracking Log*. You can log reports by batch. Include in the log the date received, the print date, and the name of the person who opens the envelope or mail.

Information furnished by the IRS may be disclosed only to:

- ◆ Programs required to participate in IEVS.
- ◆ The person about whom the report is printed.
- ◆ The person in whose name the case is recorded.
- ◆ A representative acting on behalf of the client.

**IMPORTANT:** Be aware that information received on this report is confidential and to be used only in the administration of these programs. Unauthorized disclosure is a felony that may be punishable by a fine or imprisonment or both.

Use the report as an indicator of unreported income or resources. When the report shows income or indicates a resource, compare it to the information in the case record to see if the income or resource was correctly reported and considered. Contact the client to ask for verification of the income or resource if it has not been reported.

Interest paid by IRS (see the prior year refund) is considered verified. If a state or local government paid the interest, verification must come from that agency.

If the client is unable to provide verification, use the procedures in the respective policy manual to assist as applicable. See:

- ◆ 4-B, [Verification](#);
- ◆ 4-G, [Providing Information and Verification](#);
- ◆ 4-G, [Changes Reported From Automated Sources](#);
- ◆ 6-B, [Verification](#);
- ◆ 7-B, [Verification](#);
- ◆ 7-G, [Acting on IEVS and Other Automated Reports](#);
- ◆ 8-B, [Verification](#);
- ◆ 8-G, [Supplying Information and Verification](#);
- ◆ 8-G, [Changes Reported From IEVS and Other Automated Sources](#).

Upon verification of the income or resource, take appropriate action. This action may be a notation in the case record, a *Notice of Decision* reducing or canceling assistance, or initiating recoupment. Action must be taken within 30 days from the date the information was received in Central Office.

Do not file new IRS reports in the case record. File them in a locked drawer or cabinet and keep them for up to one year. IRS does not require that the reports be retained for any specific period. However, consider retaining the IRS reports until any appeal time has elapsed.

When a case is transferred out of county, remove any old IRS records that have been acted upon and keep them in the originating county. If the IRS records have not been acted upon, send them to the receiving county in a double-sealed envelope with the inside envelope, marked “Confidential - to be opened by authorized personnel only.”

Also keep a log for the destruction of any IRS report or paper containing IRS data. A DHS employee must witness the destruction if the destruction is performed by a non-DHS person or a DHS person that does not have a “need to know.”

If the IRS data is shredded, the paper must be inserted so that the lines of print are **perpendicular** to the cutting line. The paper strips from the shredder should not be any wider than 5/16 of an inch.

You may also destroy IRS data by burning, mulching, pulping, or disintegrating. Hand tearing and burying information in a landfill are unacceptable methods of disposal.

**REPORTS**

**Prisoner Match Report, S478X438-A**

March 18, 2011

Iowa Department of Human Services

**Title 14** Management Information

**Chapter G** Exchange of Data With Other Agencies

**Prisoner Match Report, S478X438-A**

The *Prisoner Match Report, S478X438-A*, lists individuals identified in a match with federal, state and local agencies who are or have been imprisoned in the 90 days before the report was created. The report is prepared and posted to the Mainframe Reports Viewer by the 10<sup>th</sup> of each month.

REPORT ID: S478X438 - A		IOWA DEPARTMENT OF HUMAN SERVICES				PAGE: 1	
		THIS REPORT LISTS INDIVIDUALS IDENTIFIED BY SSA AS A PRISONER MATCH				DATE: MM/DD/YY	
		SYSTEM MONTH		MONTH, YEAR			
SERVICE AREA-1							
COUNTY WORKER							
COWKER							
INDIVIDUAL STATUS							
CASE NUMBER	FA	FIP	MED	LAST NAME	FIRST	FACILITY TYPE	FACILITY NAME
STATE ID	SSN			DOB	START DATE	RELEASE DATE	FACILITY CITY STATE FACILITY PHONE
-----							
XXXXXX-XX-X-X	A	A	A	XXXX	XXXX	STATE PRISON	XXXXX CORRECTIONAL CENTER
0000000A	XXX-XX-XXXX			MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	CITY ST 555-555-5555

**Data Elements**

The data on the report are:

- ◆ **CASE NUMBER** is the ABC case that meets the report criteria. **Note:** An \* will appear next to the case number if the individual has multiple cases with multiple workers that appear on the report.
- ◆ **INDIVIDUAL FA, FIP and MED STATUS** are shown as the statuses appeared on the case at the time the information was pulled for the match file.
- ◆ **LAST NAME, FIRST NAME, STATE ID, SSN, and DOB** are shown as they appear on ABC.
- ◆ **FACILITY NAME, TYPE, CITY, STATE, and PHONE** are shown as they appear in the match file from federal, state and local agencies.
- ◆ **START DATE** indicates the date that the client was incarcerated at this facility.
- ◆ **RELEASE DATE** indicates the date that the client was released from this facility. **NOTE:** If this field is blank, it does not necessarily mean that the client is still incarcerated, as agencies do not always report release dates. If this field has a date in it, it does not necessarily mean that the client has been released. It may mean the client has been transferred from this facility to another facility.

**NOTE:** FIP and Medicaid include recently closed individuals on the report. TD03 information rolls to all cases, including cases on which the individual has not been recently active.

### **Worker Action Required**

Check the *Prisoner Match Report* every month to determine if any of your cases are affected. An individual will be listed on the report under one case number only. If you have a match, you need to check ST01 and Kindertrack to identify any other cases that could be affected by this information.

The information contained in the report **is not considered verified**. Send form 200-0001, *Request for Information*, to the household in order to determine how to proceed. If a recently closed individual appears on your list for FIP or Medicaid, make sure that this person was associated with the listed case when that individual closed. You do not need contact those households.

The following policy manuals provide program specific information on how to consider an individual who has been incarcerated:

- ◆ 7-C, [NONFINANCIAL ELIGIBILITY](#) (FIP)
- ◆ 7-G, [CASE MAINTENANCE](#) (FIP)
- ◆ 4-C, [NONFINANCIAL ELIGIBILITY](#) (Food Assistance)
- ◆ 4-G, [CASE MAINTENANCE](#) (Food Assistance)
- ◆ 8-C, [NONFINANCIAL ELIGIBILITY](#) (Medicaid)
- ◆ 8-G, [CASE MAINTENANCE](#) (Medicaid)

### **SSA Earnings and Pension Report, S470X425-A**

The *SSA Earnings and Pension Report*, S470X425-A, lists certain wages, self-employment income, and pensions that are reported to the Social Security Administration. The Social Security Administration receives some of this data from the IRS, so this report falls under IRS regulations on safeguarding data. See 1-C, [Maintaining Security of IRS Data](#).



The Department matches records on the Family Investment Program (FIP), Food Assistance, Medicaid (other than SSI-related Medicaid only), State Supplementary Assistance, Refugee Cash Assistance, and Refugee Medical Assistance.

The Department sends the Social Security Administration a file of the applicants, recipients, and other people whose income is considered for any one of these programs, and whose program status indicates recent, current, or potential eligibility.

Specifically, people are listed if an individual program status code on the ABC system is “A through J.” People with a status code of “N” or “K” are also selected if the effective date of cancellation is for the current month or next month.

The Social Security Administration returns information on people who have wages (including agricultural wages), self-employment income, or pensions. The information is transmitted to the Department via the “Beneficiary Earnings Exchange Record (BEER).” The match results are compared to the income history file from the ABC system.

The match report is printed when this comparison indicates that it provides a lead to unreported income. Reports are prepared and issued twice a month. A report is printed when all of these conditions are met:

- ◆ The person is:
  - An applicant, or
  - A recipient who has a history of FIP payment or Refugee Cash Assistance payment or Food Assistance benefits or has an active Medicaid fund code in the quarter or year.
- ◆ The person has the specified income and a report has not been previously issued for the calendar year.
- ◆ The employer does not have an Iowa address. (Wages from Iowa employers are on the *Wage Report*).

### **Data Elements**

The data on the report are:

- ◆ **IDENTIFYING INFORMATION**
- ◆ **DATE PRINTED** is the date the report is printed in Central Office.

## REPORTS

### SSA Earnings and Pension Report, S470X425-A

Revised January 15, 2002

Iowa Department of Human Services

Title 14 Management Information

Chapter G Exchange of Data With Other Agencies

---

- ◆ **DATE RECEIVED IN C.O.** is the date the information is received in Central Office. This is the date that is used to determine the time frame for acting on the report.
- ◆ **COUNTY, WORKER, CASE NAME, and CASE NUMBER** list identifying case information.
- ◆ **CLIENT INFORMATION FROM ABC/IEVS**
- ◆ **CLIENT NAME, STATE ID, BIRTHDATE, SEX, CLAIM NUMBER, and SSN** show the information as it appears on the ABC system.
- ◆ **CASE NUMBER** indicates the different cases under which the person is receiving or has received assistance. Current program status codes are printed for each case.
- ◆ **ALTERNATIVE SOCIAL SECURITY NUMBERS and ALTERNATIVE CLAIM NUMBERS** are shown as they appear on the IEVS files. This information is printed only when it is different from the ABC information.
- ◆ **EARNINGS INFORMATION**
- ◆ **NAME, BIRTHDAY, SEX, SSN, BIC, and 2ND NAME** are shown as they appear on the Social Security Administration file.
- ◆ **EMPLOYER NUMBER, NAME, and ADDRESS** are listed as they appear on the Social Security Administration file.
- ◆ **INCOME TYPE** indicates if income was from earnings, pensions, self-employment or agriculture.
- ◆ **FOOD STAMPS, ADC/MEDICAL, and FACILITY** columns list the amount of income reported on the ABC system for the reporting period for each program.
- ◆ **REPORTING PERIOD** is the time period Social Security Administration covered in this report, designated by quarter or year.
- ◆ **COMPENSATION** is the amount of income reported by Social Security Administration for the reporting period.

The Earnings Information Section can display two sets of employer data.

### Worker Action Required

Log in reports when they are received from Central Office, using form 470-3563, *IRS Tracking Log*. You can log reports by batch. Include in the log: the date received, the print date, and the name of the person who opens the envelope or mail.

IMPORTANT: Be aware that information received on this report is confidential and to be used only in the administration of Department programs. Unauthorized disclosure of the information is a felony that may be punishable by a fine or an imprisonment or both.

Use this report as an indicator of unreported income. When the report shows income, compare it to information in the case record to determine if it represents unreported income. If so, contact the client to ask for verification of the income.

If the client is unable to provide verification, use the procedures in the policy manuals to assist as applicable. See:

- ◆ 4-B, [Verification](#);
- ◆ 4-G, [Providing Information and Verification](#);
- ◆ 4-G, [Changes Reported From Automated Sources](#);
- ◆ 6-B, [Verification](#);
- ◆ 7-B, [Verification](#);
- ◆ 7-G, [Acting on Automated Reports](#);
- ◆ 8-B, [Verification](#);
- ◆ 8-G, [Supplying Information and Verification](#); and
- ◆ 8-G, [Changes Reported From IEVS and Other Automated Sources](#).

Upon verification, take appropriate action. This action may be a notation in the case record, a *Notice of Decision* reducing or canceling assistance, or initiating recoupment. You must take action within 30 days from the date the information was received in Central Office.

Do not file new IRS reports in the case record. File them in a locked drawer or cabinet and keep them for up to one year or until your office decides to destroy them. IRS does not require that the reports be retained for any specific period. However, consider retaining the IRS reports until any appeal time has elapsed.

When a case is transferred out of county, remove any old IRS records that have been acted upon and keep them in the originating county. If the IRS records have not been acted upon, send them to the receiving county in a double-sealed envelope, with the inside envelope marked “Confidential - to be opened by authorized personnel only.”

**REPORTS**

**SSA Earnings and Pension Report, S470X425-A**

Revised May 8, 2009

Iowa Department of Human Services

**Title 14** Management Information

**Chapter G** Exchange of Data With Other Agencies

Also keep a log for the destruction of any IRS report or paper containing IRS data. A DHS employee must witness the destruction of the IRS data if a non-DHS person or a DHS person that does not have a “need to know” performs the destruction

If the IRS data are shredded, the paper must be inserted so that the lines of print are **perpendicular** to the cutting line. The paper strips from the shredder should not be any wider than 5/16 of an inch. IRS data may also be destroyed by burning, mulching, pulping, or disintegrating. Hand-tearing and burying information in a landfill are unacceptable methods of disposal.

**SSA Enumeration Error Report, S470X560-A**

An exception to the enumeration match occurs when the Social Security Administration sends a record that has no matching record on the ABC system. Exceptions occur when:

- ◆ The person record was not on the ABC system when the SS-5 or SS-5 (Sp) was sent, or
- ◆ The Department and the Social Security Administration have different names or birth dates.

The exception is printed on the *SSA Enumeration Error Report*. Data items on this report are as shown on Social Security Administration records.

S470X560-A	IOWA DEPARTMENT OF HUMAN SERVICES		PAGE ZZ9	
	ENUMERATION ERROR REPORT		DATE PRINTED MM/DD/YY	
COUNTY XX WORKER XXXX			RECEIVED IN C.O. MM/DD/YY	
----- FROM SSA -----				
REFERENCE				
CASE NAME	PERSON NAME	BIRTHDATE	SEX	NEW SSN
XXXXXXX	XXXXXXXXXXXXX XXXXXXXXXX X	MM/DD/CCYY	X	999-99-9999

Even if there is an exception on this match, the Department will continue to send the social security number to the Social Security Administration for verification, so that if Social Security data or ABC data change, the social security number can be matched.

Correct the data on the ABC system to match the Social Security Administration data or resolve the discrepancy, if it appears that the Social Security Administration data are erroneous. (See 14-G-Appendix, [Application for a Social Security Card, Forms SS-5 and SS-5-SP](#), for instructions on using this form to resolve discrepancies.) When you have acted on the report, destroy it.



**REPORTS****SSA Validation Error Report, S470X535-A**

January 9, 2001

Iowa Department of Human Services

**Title 14** Management Information**Chapter G** Exchange of Data With Other Agencies

---

Data elements on this report are as follows:

- ◆ **PAGE** is the number of the page in the state-wide report.
- ◆ **DATE PRINTED** is the date the report was run.
- ◆ **RECEIVED IN C.O.** is the date the data were received by the Department from the Social Security Administration.
- ◆ **COUNTY, WORKER, CASE NAME, and CASE NUMBER** list identifying case information.
- ◆ **CLIENT INFORMATION FROM ABC/IEVS** gives the client name, state ID number, date of birth, sex, and social security number from the IEVS System. The individual program status codes from the ABC system are listed after the case number to which they correspond. Alternate social security numbers are also listed.
- ◆ **INFORMATION USED TO MATCH WITH SOCIAL SECURITY ADMINISTRATION** gives the information that was sent to Social Security Administration and resulted in the error message printed. There are three error messages:
  - THE SOCIAL SECURITY NUMBER IS NOT IN SOCIAL SECURITY ADMINISTRATION 'S NUMIDENT FILE.
  - THE SOCIAL SECURITY NUMBER IS IN SOCIAL SECURITY ADMINISTRATION 'S FILE. THE NAME MEETS MATCH CRITERIA BUT THE DATE OF BIRTH DOES NOT.
  - THE SOCIAL SECURITY NUMBER IS IN SOCIAL SECURITY ADMINISTRATION 'S FILE. THE NAME DOES NOT MEET MATCH CRITERIA, SO THE DATE OF BIRTH WAS NOT CHECKED.



## REPORTS

### Unemployment Compensation Report, S470X160-A

Revised November 26, 2004

Iowa Department of Human Services

Title 14 Management Information

Chapter G Exchange of Data With Other Agencies

---

The Department sends the Iowa Workforce Development Department a file of the applicants, recipients, and other people whose income is considered in one of the following programs:

- ◆ FIP
- ◆ Refugee Cash Assistance
- ◆ Food Assistance
- ◆ State Supplementary Assistance
- ◆ Refugee Medical Assistance
- ◆ Medicaid, except for SSI-related Medicaid-only cases. (Nursing facility clients are listed only at the time of application.)

People included in the file are aged 17 or older, and their individual program status indicates recent, current, or potential eligibility. Specifically, people are listed if an individual program status code on the ABC system is “A through J.” People with a status code of “K” or “N” are also selected, if the effective date of cancellation is for the current month or next month.

The first report is issued early in the month. It reports people who were on the ABC system the last day of the previous month. The second report is issued the middle of the month. It reports people who were not listed on the first report but were added to the ABC system between the first working day of the current calendar month and the first Saturday following MRTL cutoff.

#### **Data Elements**

The data on the report are:

- ◆ **DATE PRINTED** is the date the report is printed in Central Office.
- ◆ **DATE RECEIVED IN C.O.** is the date the Department received the information from the IWD.
- ◆ **COUNTY** lists two-digit county number.
- ◆ **WORKER** lists the four-digit worker number.
- ◆ **CASE NAME** lists identifying case name.
- ◆ **CASE NUMBER** lists identifying case number.

- ◆ **DHS CLIENT INFO** is the client's social security number, state ID number, name, and address from the ABC system.

The benefit information section gives complete information regarding the unemployment compensation payments from an Iowa claim. The section is not printed when the message "INTERSTATE CLAIM" appears. The message alerts the worker that unemployment compensation may be received from another state.

- ◆ **EMPLOYMENT SERVICES CLAIMANT INFO** gives the unemployment compensation recipient's name, address, and number of dependents, as shown on the unemployment compensation records.
- ◆ **BENEFIT YEAR BEGINNING DATE** is the first date that unemployment compensation benefits were paid on this claim.
- ◆ **BENEFIT YEAR ENDING DATE** is the last date unemployment compensation benefits can be paid for this claim.
- ◆ **REMAINING BALANCE** shows the amount of money remaining in this person's unemployment compensation account as of the match date.
- ◆ **LESS THAN WEEKLY BENEFIT AMOUNT** is printed only when the remaining balance of the unemployment compensation account is less than the weekly entitlement as of the match date. This may be an indicator that prospective income should be adjusted.
- ◆ **DATE RECEIVED** is the date the benefit is assumed to be received. This date includes the two mail days for delivery.
- ◆ **BENEFIT WEEK END DATE** identifies the week covered by unemployment compensation.
- ◆ **REGULAR WEEKLY BENEFIT AMOUNT** is the amount of the weekly entitlement before deductions.
- ◆ **VAC/EARN** gives the amount of vacation pay or earned income reported to Iowa Workforce Development for the benefit week's end date. This may indicate unreported income and may require further investigation. This amount is considered in determining the amount of unemployment compensation benefit received but is not a dollar-for-dollar reduction.

## REPORTS

### Unemployment Compensation Report, S470X160-A

January 9, 2001

Iowa Department of Human Services

Title 14 Management Information

Chapter G Exchange of Data With Other Agencies

---

- ◆ **PENSION** gives the amount of pension reported to Iowa Workforce Development. This may indicate unreported income and may require further investigation. Pensions may not result in an exact dollar reduction of the unemployment compensation benefit due to the rounding process.
- ◆ **CSRU** shows the amount of child support withheld from the unemployment compensation benefit.
- ◆ **OVERPAY/RECOUP** gives the amount of unemployment compensation withheld to repay an unemployment compensation overpayment.
- ◆ **AMOUNTS RECEIVED** gives the amount of unemployment compensation actually received.

#### **Worker Action Required**

Consider unemployment compensation as verified income. Apply it to the applicable benefit month.

Do not use vacation, earnings, and pensions as verified income. Consider this an indicator of unreported income.

The message "INTERSTATE CLAIM" indicates the client may receive unemployment compensation from another state. Contact the client for more information.

File the report in the case record and retain for three years.

**IMPORTANT:** Information received on this report is confidential. Use this information only for the administration of Department programs.

### **Wage Report, S470X225-A**

The *Wage Report, S470X225-A*, lists wages reported by employers to the Department of Iowa Workforce Development (IWD) for Department of Human Services clients.

These clients are people who receive or have applied for, or whose income is considered in determining eligibility for, FIP, Food Assistance, State Supplementary Assistance, Refugee Cash Assistance, Refugee Medical Assistance, or Medicaid, except that people who receive only SSI-related Medicaid are not included.

The Department sends IWD a file of applicants and recipients whose individual program status indicates recent, current, or potential eligibility. Specifically, a record is sent to IWD if a person's individual program status code on the ABC system is "A through J." Records with a status code of "N" or "K" are also selected, if the effective date of cancellation is for the current month or next month.

IWD returns available Iowa wage data reported by employers for the previous calendar quarter. For example, the employer reports wages paid for the quarter January through March to IWD by the ending month of the second quarter (June), and the wage data are available to the Department by July.

The reports are prepared and issued twice a month. The first report is issued early in the month. It contains the people who were on the ABC system the last day of the previous month. Once each quarter (April, July, October, and January) this first-of-the-month batch of reports also includes a report for all ongoing cases (people) who had wages reported in the preceding quarter.

The second report is issued the middle of the month. It contains the people who were not listed on the first report but were added to the ABC system between the first working day of the current calendar month and the first Saturday following MRTL cutoff.

S470X225-A	IOWA DEPARTMENT OF HUMAN SERVICES	PAGE ZZ,ZZ9
	WAGE REPORT	DATE PRINTED MM-DD-YY
		DATE RECEIVED IN C.O. MM-DD-YY
CNTY/WORKER 99/XXXX		
CASE NAME XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XX		CASE NUMBER XXXXXX-XX-X-X
DHS CLIENT INFO		
SSN XXX-XX-XXXX	NAME XXXXXXXX XXXXXXXXXXXXXXXX X	STATE ID XXXXXXXX
		QTRLY ELIGIBILITY MONTHS AND PROGRAMS
		MONTHS FS ADC MED
		MM-YY X X X
EMPLOYMENT SERVICES EMPLOYER INFO.		MM-YY X X X
EMPL. ID. XXXXXXXXXXXXXXXX		MM-YY X X X
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
TRADE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
LOCATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX-XXXX	Q-YY	QTRLY WAGES ZZ,ZZ9
	TOTAL	QTRLY WAGES ZZZ,ZZ9
	DHS	QTRLY WAGES ZZZ,ZZ9
		DIFFERENCE ZZ,ZZ9
DHS CLIENT INFO		
SSN XXX-XX-XXXX	NAME XXXXXXXX XXXXXXXXXXXXXXXX X	STATE ID XXXXXXXX
		QTRLY ELIGIBILITY MONTHS AND PROGRAMS
		MONTHS FS ADC MED
		MM-YY X X X
EMPLOYMENT SERVICES EMPLOYER INFO.		MM-YY X X X
EMPL. ID. XXXXXXXXXXXXXXXX		MM-YY X X X
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
TRADE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
LOCATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX-XXXX	Q-YY	QTRLY WAGES ZZ,ZZ9
	TOTAL	QTRLY WAGES ZZZ,ZZ9
	DHS	QTRLY WAGES ZZZ,ZZ9
		DIFFERENCE ZZ,ZZ9
DHS CLIENT INFO		
SSN XXX-XX-XXXX	NAME XXXXXXXX XXXXXXXXXXXXXXXX X	STATE ID XXXXXXXX
		QTRLY ELIGIBILITY MONTHS AND PROGRAMS
		MONTHS FS ADC MED
		MM-YY X X X
EMPLOYMENT SERVICES EMPLOYER INFO.		MM-YY X X X
EMPL. ID. XXXXXXXXXXXXXXXX		MM-YY X X X
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
TRADE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MM-YY X X X
LOCATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX-XXXX	Q-YY	QTRLY WAGES ZZ,ZZ9
	TOTAL	QTRLY WAGES ZZZ,ZZ9
	DHS	QTRLY WAGES ZZZ,ZZ9
		DIFFERENCE ZZ,ZZ9

THE INFORMATION ON THIS REPORT IS CONFIDENTIAL  
 AND MAY NOT BE RELEASED TO A THIRD PARTY.

### **Data Elements**

The data on the report are:

- ◆ **DATE PRINTED** is the date the report is printed.
- ◆ **DATE RECEIVED IN C.O.** is the date the Department received the match file from Iowa Workforce Development (IWD). This date is used to determine the time for acting on the material.
- ◆ **COUNTY** lists the two-digit count number.
- ◆ **WORKER** lists the four-digit worker number.
- ◆ **CASE NAME** lists identifying case name.
- ◆ **CASE NUMBER** lists identifying case number.
- ◆ **DHS CLIENT INFO** includes the client's social security number, name, and state ID number from ABC.
- ◆ **QTRLY ELIGIBILITY MONTHS AND PROGRAMS** indicates whether the person was active on ABC for FIP, Food Assistance, Medicaid, Refugee Cash Assistance, or Refugee Medical Assistance for the specified months within the match quarter.
- ◆ **EMPLOYMENT SERVICES EMPLOYER INFO** is employer information provided by IWD. Multiple employers and quarterly wages are printed when a person works for more than one employer.
- ◆ **EMPLOYER ID** is the employer identification number used by IWD.
- ◆ **NAME** is the name of the employer or payroll office reporting the employee's earnings. When the employer's name is the same as the "TRADE" entry, the message "SAME AS TRADE NAME" is printed.
- ◆ **TRADE** is the name of the employer or company at the employee's work site.
- ◆ **LOCATION** is the mailing address of the employer. This is not necessarily the work site address of the employee.
- ◆ **QTR WAGES** shows the wages paid during a quarter of a year.
- ◆ **TOTAL QTRLY WAGES** are the total wages from all employers reported in a quarter.

- ◆ **DHS QTRLY WAGES** represents the amount of wages recorded on ABC and used to calculate benefits for the quarter for a recipient who was continuously eligible for benefits.
- ◆ **DIFFERENCE** is the discrepancy between wages reported by IWD and the wages printed from the ABC System. The months and quarters reported by IWD are compared to earnings on ABC for the same period.

### **Worker Action Required**

Use this report as an indicator of income. Compare the income reported by IWD to the Department's information in the case record to determine if the income has been correctly reported and considered. If the income was unreported, contact the client to ask for verification of the income.

If the client is unable to provide verification, use the procedures in the policy manuals to assist as applicable. See:

- ◆ 4-B, [Verification](#);
- ◆ 4-E, [Income Verification Requirements](#);
- ◆ 6-B, [Verification](#);
- ◆ 7-B, [Verification](#);
- ◆ 7-G, [Acting on Automated Reports](#);
- ◆ 8-B, [Verification](#);
- ◆ 8-E, [Verification of Income](#); and
- ◆ 8-G, [Changes Reported From IEVS and Other Automated Sources](#).

Upon verification of wages, take appropriate action. This action may be a notation in the case record, a *Notice of Decision* reducing or canceling assistance, or initiation of recoupment. You must act within 30 days from the date the information was received in Central Office.

File the report in the case record and keep it for three years.

**IMPORTANT:** Information furnished by IWD may be disclosed only to:

- ◆ Programs required to participate in IEVS.
- ◆ Quality Control and Appeals staff.
- ◆ The person about whom the report is printed.
- ◆ The person in whose name the case is recorded.
- ◆ A representative of the client acting on behalf of the client.