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

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

RE: NEW HIRE REGISTRY SYSTEM

PROGRAMES AFFECTED: ALL

ORIGINATING OFFICE: OFFICE OF POLICY AND RESEARCH

SUMMARY:

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

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

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

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

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

AIMS:

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

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

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

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

CARES:

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

- The system generates alert code “990” (Potential New Hire Match) to the worker of record.

  The first tier of the alert will indicate the individual’s name. This can be accessed from option “D” (Alerts) on the CARES Main Menu and then option “B” (Priority Detail List).

  The second tier of the alert will list the individual’s name and social security number, employer’s name and address, and first day of work. In addition, the alert will also include the salary, pay frequency, and availability of medical benefits if this optional information is provided by the employer. This can be accessed by entering “Y” to the left of the alert and pressing the PF13 key.
The alert should be dispositioned from the ALPR (first tier) screen by entering the correct disposition code (see Attachment "A") to the right of the alert and pressing "Enter."

Once an alert is dispositioned, the case manager cannot retrieve it and enter a new disposition code. However, the alert can still be viewed by pressing PF23 from the customer's ADDR screen.

- A “New Hire Match Report” (Attachment "D") will be sent monthly to each LDSS and the FIA Bureau of Continuous Improvement (BCI) listing the previous month’s matches per case manager. This report should be used for supervisory review and tracking purposes.

- A “New Hire Match Report - District Office Summary” (Attachment "E") will be sent to each LDSS and BCI listing each case manager's number of matches and disposition codes. This report should be used for supervisory review and tracking purposes.

- A “New Hire Match Report - Statewide Summary” (Attachment "F") will be sent to BCI listing each district office's total number of matches and disposition codes. This report will be used for analysis and tracking purposes.

- The following additional New Hire reports will be generated effective May 1, 1998:
  - "New Hire Outstanding Alerts" report – lists all undispositioned alerts and indicates how many days the alert is overdue (Attachment "G"). Alerts undispositioned after 30 days will "drop off" if all associated AUs are either in a closed or denied status.
  - "New Hire Disposition" report – lists all alerts dispositioned after the month the alert was generated and if overdue, the number of days overdue (Attachment "H").

**ACTION DUE DATE:**

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

**CORRECTIVE ACTION INFORMATION:**

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

**ACTION REQUIRED OF:** All Local Departments of Social Services

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

cc: FIA Management Staff DHR Help Desk DHMH
    DHR Executive Staff CTF Constituent Services
NEW HIRE ALERT DISPOSITION CODES
(prior to March 20, 1998)

1 - Completed Timely - No Change, Employment Already Reported

2 - Completed Timely - Over Scale, Case Closed

3 - No Action Taken - Case Denied, Closed

4 - Completed Timely - Increased Earnings

5 - Completed Timely - Decreased Earnings

6 - Not Completed Timely - Resulted in Overpayment

7 - Not Completed Timely - Case Fell Off System

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

1 – No change due to New Hire Employment – already reported
   (includes cases closed/denied as a result of employment reported prior to New Hire alert)

2 – Case closed/denied as a result of New Hire information

3 – Case closed/denied for reason other than New Hire

4 – Benefits decreased as a result of New Hire information

5 – Benefits increased as a result of New Hire information

6 – No change as a result of New Hire – Income excluded (i.e. student earnings)

7 – Incorrect match

Attachment "A"
MARYLAND DEPARTMENT OF HUMAN RESOURCES

POTENTIAL NEW HIRE MATCH

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INDIVIDUAL ALERT

IDSS: 31  HOMELSS UNIT

RUN DATE: 08/13/

AS OF DATE: 07/3

CUSTOMER NAME: RANGER  DAN

SOCIAL SECURITY NUMBER: 123-45-6789

CASE NUMBER: 30999999

EMPLOYER NAME: UNCLE BOB'S FARM

EMPLOYER ADDRESS: 12 MOO COW LANE

HAYVILLE  MD.  20000

START DATE: 07/01/1997

PAY FREQUENCY:  W

SALARY:  $ 4073

MEDICAL BENEFITS:  N

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DISPOSITION CODE:  

---
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<thead>
<tr>
<th>CUSTOMER NAME</th>
<th>EMPLOYER NAME</th>
<th>EMPLOYER ADDRESS</th>
<th>CASE NUMBER</th>
<th>SSN</th>
<th>START DATE</th>
<th>PAY FREQ</th>
<th>SALARY</th>
<th>MEDICAL BENEFITS</th>
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<td>DAN</td>
<td>UNCLE BOB'S FARM</td>
<td>309999999</td>
<td>183-46-3799</td>
<td>07/01/1397</td>
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</tr>
</tbody>
</table>
ENTERING REQUIRED INFORMATION TO IDENTIFY THE RESPONSE TO BE VIEWED

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

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

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

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

   **OR:** Use the SVS5 procedure.

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

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

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

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

   **OR:** Use the SVS5 procedure.
IX. HOW TO INTERPRET An SVES RESPONSE

HOW TO VIEW RESPONSES

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

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

RESPONSE SCREEN 1

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

<table>
<thead>
<tr>
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<th>TODAY’S DATE:</th>
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<tbody>
<tr>
<td>SVES RESPONSE - SCREEN NUMBER 1</td>
<td>RESPONSE DATE:</td>
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</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO:</th>
<th>CAN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME:</td>
<td>FIRST MI</td>
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</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
<th>SEX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE AGENCY CODE:</td>
<td></td>
</tr>
<tr>
<td>RECORD CODE:</td>
<td></td>
</tr>
<tr>
<td>ERROR CONDITION:</td>
<td></td>
</tr>
<tr>
<td>SSN VERIFICATION CODE:</td>
<td></td>
</tr>
<tr>
<td>VERIFIED SSNS</td>
<td></td>
</tr>
<tr>
<td>CASE NUMBER / CLIENT ID:</td>
<td></td>
</tr>
<tr>
<td>WORKER LOGON ID:</td>
<td></td>
</tr>
</tbody>
</table>

OPTION => "I" = INQUIRE RESPONSE; N = NEXT PAGE; "P" = PREVIOUS PAGE "D" = DELETE REQUEST CLEAR TO EXIT

TODAY’S DATE: Current date

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

SSN, CAN, NAME, DATE OF BIRTH, SEX will display exactly as entered on the SVES request.
STATE AGENCY CODE: State which submitted the SVES request. Maryland is 021

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

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

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

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

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

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

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

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

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

NOTE 3: SSA may not return Title XVI information for a P VERIFICATION CODE.
R: VERIFIED by Title II or Title XVI. Last and First Name did not match NUMIDENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WORKER LOGONID: The Log-On ID of the person who initiated the SVES request, unless a CAN/BIC was submitted.
RESPONSE SCREEN 2

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

<table>
<thead>
<tr>
<th>SVEM9062</th>
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<tbody>
<tr>
<td>SVES RESPONSE - SCREEN NUMBER 2</td>
<td>RESPONSE DATE:</td>
<td></td>
</tr>
<tr>
<td>NAME:</td>
<td>SSN:</td>
<td>CAN:</td>
</tr>
<tr>
<td>TITLE II CAN:</td>
<td>STATE/COUNTY CODE:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| FIRST NAME: | MI: | DIRECT DEPOSIT: |
| LAST NAME: | DEFERRED PAY DATE: |
| DATE OF BIRTH: | SCHEDULE PAY INDICATOR: |
| SEX: | PROOF OF AGE: | CHECK INDICATOR: |
| LAF CODE: | PRIOR PAY: | RAILROAD RETIREMENT INDICATOR: |
| INITIAL ENTITLEMENT DATE: | PERSONS OWN SSN: |
| CURRENT ENTITLEMENT DATE: | DATE OF DEATH: |
| SUSPENSE/TERMINATE DATE: | DISABILITY ONSET DATE: |
| NET MONTHLY BENEFIT: |

OPTION => - "N" = NEXT PAGE, "P" = PREVIOUS PAGE

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

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

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

ADDRESS: Mailing address of the recipient.

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

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

SEX: Sex of the recipient.

M: Male
F: Female
U: Unknown

PROOF OF AGE: Method by which age was verified.

A: Alleged
B: Verified by Birth/Baptismal Certificate
C: Verified by Convincing Evidence
E: Previously Verified by SSA
Q: Verified by method other than B or C

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

F: Advanced filing for current payment through Railroad Retirement
J: Advanced filing for current payment not through Railroad Retirement
N: Disallowed claim
PT: Terminated from a pending or delayed claim. Not the same as a denial or disallowance.
A: Withdrawal for adjustment
AD: Adjusted for dual entitlement
AS: Adjusted for simultaneous entitlement
A9: All other adjustment actions
B: Abatement status
C: Current payment status (except Railroad Retirement)
D: Deferred Payment Status
DP: Deferred because of Public Assistance
DW: Deferred for Workers Compensation Offset
D1: Deferred for foreign work test
D2: Deferred for annual retirement test
D3: Deferred as an auxiliary of a beneficiary whose status is deferred for annual retirement test (LAF=D2)
D4: Deferred for no child-in-care
D5: Deferred as an auxiliary of a beneficiary whose status is deferred for foreign work test (LAF=D
D6: Deferred to cover overpayments not covered by any of the above reasons
0: Miscellaneous deferred not provided with specific reason
E: Current payment through Railroad Retirement Board
K: Advanced filing for deferred payment. Low order position same as LAF=D.
L: Advanced filing for conditional payment. Low order position same as LAF=S.
ND: Denied claim
P: Pending claim. No beneficiary in this claim is in a LAF other than B, N, P, T, U or X. Low position same as LAF=S. Used with delayed claims to show that upon denial adjudication it beneficiary is to be placed in LAF=S with the same subscript. For example, LAF=P2 would indicate that upon adjudication the LAF will become S2.
PB: Delayed claim. Another beneficiary in this claim has a LAF other than B, N, P, T, U or X
S: Conditional payment status
SB: Benefits due but not paid (usually less than $1.00)
SD: Technical entitlement
SF: Prouty beneficiary fails to meet residency requirements
SH: Prouty beneficiary receiving government pension
SJ: Alien suspension
SK: Deportation
SL: Barred payment country
SM: Refused old age insurance benefits
SP: Prouty beneficiary receiving public assistance
SS: Nonpayment to post secondary students during school months
SW: WC Offset
S0: Pending determination of continuing disability
S1: Worked outside the U.S.
S2: Worked inside the U.S.
S3: Insured person worked in the U.S.
S4: Failure to have child-in-care
S5: Insured person worked outside the U.S.
S6: For better address
S7: Refused vocational rehabilitation services
S8: Payee not determined
S9: All other reasons
T: Terminated Status
TA: Advanced filing claim terminated before maturity
TB: Mother, Father terminated. Entitled to disabled widow(er) benefits
TC: Disabled widow or widower attained age 65
TL: Termination of student (post secondary) benefits due to legislative changes in student requirements
TP: Terminated for change of payment identification code (PIC) on post entitlement actions
TR: Claim withdrawn
TX: DIB attained age 65 (also used for auxiliary beneficiaries)
T0: Benefits payable by some other agency
T1: Death of beneficiary
T2: Dependent terminated due to death of a primary beneficiary
T3: Divorce, marriage, remarriage
T4: Attainment of age 18 or 22 and not disabled. Mother/father terminated based on last...
child's attainment of age 18
T5: Entitled to other benefits equal or larger
T6: Termination of mother/father due to death, disability, or school attendance.
T7: Adoption of child. Mother terminated. Last entitled child adopted. Valid only if date of suspension or termination (DOST) is earlier than 10/72
T8: DIB no longer disabled. Mother/father terminated, child no longer disabled
T9: All other reasons
U: Active title XVIII status only
W: Withdrawal before entitlement
X: Title XVIII adjustment or termination status
XD: Withdrawal for adjustment
X8: Payee not determined
XK: Deportation
XR: Withdrawn from supplement medical insurance benefits (SMIB)
X0: Claim transferred to Railroad Retirement
X1: Death of beneficiary
X5: Entitled to other benefits
X7: Health Insurance benefits (HIB)/SMIB) terminated
X9: All other reasons

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

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

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

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

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

C: Checking account
S: Savings account

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

SCHEDULE PAY IND (INDICATOR): How scheduled payments are made.
P: Prior month accrual paid by daily update
R: Current month accrual paid by monthly merge
B: Prior month accrual only

PAY DATE: Date prior month accrual is made.

CURRENT PAY: Amount paid by current month accrual.
CHECK INDICATOR: Y or N indicates whether the scheduled payment or the scheduled prior payment was included in the regular monthly check.

PRIOR PAY: Regular monthly amount paid by scheduled check.

RAILROAD RETIREMENT INDICATOR: Status of Railroad Retirement claim.

A: Active claim
T: Terminated claim

PERSONS OWN SSN: Recipient's SSN.

DATE OF DEATH: Recipient's date of death.

DIS (DISABILITY) ONSET DATE: Onset date of disability.
RESPONSE SCREEN 3

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

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

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</table>

| DUAL ENTITLEMENT NO: | BIC: |

**OPTION =>** - **"N" = NEXT PAGE, "P" = PREVIOUS PAGE**

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

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

- **C:** No. Cessation
- **D:** No. Denied
- **F:** No. Invalid enrollment
- **G:** Yes. Good Cause
- **N:** No. No response
- **P:** Yes. Railroad Retirement has jurisdiction
R: No. Refused
S: No. No longer under renal disease provision
T: No. Terminated for nonpayment of premiums
W: No. Withdrawal
Y: Yes

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

STOP DATE: Date entitlement to Medicare Part B ended.

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

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

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

700: Premiums deducted from Civil Service Annuity
A01: Group payer for
   Part B
R99: (Private)
S01: Group payer for
   Part A
Z99: Zebley case
010: State buy-in
010: Alabama
020: Alaska
030: Arizona
040: Arkansas
050: California
060: Colorado
070: Connecticut
08A: Delaware (Blind)
080: Delaware (DPW)
090: District of Columbia
100: Florida
10A: Florida Cuban Refugees
110: Georgia
120: Hawaii

130: Idaho
140: Illinois
150: Indiana
60: Iowa
22A: Massachusetts (Blind)
170: Kansas
180: Kentucky
190: *Louisiana
200: Maine
210: Maryland
220: Massachusetts (DPW)
230: Michigan
240: Minnesota
250: Mississippi
260: Missouri
270: Montana
280: Nebraska
290: Nevada
300: New Hampshire
310: New Jersey
320: New Mexico
330: New York
340: North Carolina
350: North Dakota
360: Ohio
370: Oklahoma
380: Oregon
390: Pennsylvania
400: *Puerto Rico
410: Rhode Island
420: South Carolina
430: South Dakota
440: Tennessee
450: Texas
460: Utah
470: Vermont
480: Virgin Islands
490: Virginia
500: Washington
510: West Virginia
520: Wisconsin
530: *Wyoming
630: *Commonwealth of the Northern Mariana Isl.
640: *American Samoa
650: Guam

* Indicates State has no current buy-in agreement.
START: Date third party first paid Medicare Part B premium.

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

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

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

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

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

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

**STOP DATE:** MMYY entitlement to Medicare Part A ended.

**PREMIUM:** Current Medicare Part A premium.

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

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

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

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