Exchange of Data With Other Agencies

Page

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:

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

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┌──────────────────────────────┐                    ┌──────────┐
│ Iowa Workforce Development   │                    │   IRS    │
└──────────────────────────────┘                    └──────────┘
        │                 │                                │
      Wage         Unemployment                          IRS
      Match        Compensation Match                    Match
        │                 │                                │
┌────────────────────────────────────────────────────────────────┐
│ IEVS Client Records                                            │
│   o SSN verification record                                   │
│   o Alternate SSNs                                            │
│   o Replacement prints for IEVS                              │
│   o Information needed for all matches --                    │
│     programs, names, county, worker, etc.                    │
└────────────────────────────────────────────────────────────────┘
        │           │             │            │
              ┌──────────────┐          ┌──────────────┐
              │ Alternate SSN &│          │ ABC Case and │
              │ SS Claim Numbers│          │ Master Files │
              └──────────────┘          └──────────────┘
                                                │          │
                        Bendex                Buy-In    Income
        SSN             Match                           History
      Validation
                  SSA
                  Bendex
  ┌────────────┐        ┌────────────────┐   ┌──────────────────┐
  │ Enumeration│        │Buy-In Information│  │ SSA Earnings &   │
  └────────────┘        └────────────────┘   │ Pensions Match   │
                                              └──────────────────┘
┌────────────────────────────────────────────────────────────────┐
│              Social Security Administration                    │
└────────────────────────────────────────────────────────────────┘
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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 --
                                        (ENTER STATE ID, AND SSN OR CLAIM)
IEV0 = SYSTEM MENU                      BEN1 = QUICK VIEW (ENTER STATE ID ONLY)
IEV1 = SOCIAL SECURITY                  BEN2 = CLIENT INFORMATION
       AND CLAIM NUMBERS                BEN3 = NUMBERS (SSNS AND CLAIMS)
       (ENTER STATE ID)                 BEN4 = SSA PAYMENT INFORMATION
IEV2 = LOST FORM                        BEN5 = MEDICARE INFORMATION
       REPLACEMENT REQUEST              BEN6 = SSI, BLACK LUNG, RAILROAD
       (ENTER ONLY THE OPTION)          BEN7 = INFO SENT TO THE SSA
TPQ1 = DISPLAY WTPY INFO                HIST = HISTORY OF PAYMENT AMOUNTS
TPQ2 = REQUEST WTPY INFO                        (ENTER STATE ID ONLY)
LINK = OTHER DHS SYSTEMS



               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.

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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:
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Social Security Number Verification

The Family Investment Program (FIP), SNAP, 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.

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Numbering System

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

BIC Code	Type of Benefit or Payment
& and 0	Wage earner spouse
A	Primary claimant or wage earner
B	Aged wife, age 62 or over (1st claimant)
B1	Aged husband, age 62 or over (1st claimant)
B2	Young wife, with a child in her care (1st claimant)
B3	Aged wife (2nd claimant)
B4	Aged husband (2nd claimant)
B5	Young wife (2nd claimant)
B6	Divorced wife, age 62 or over (1st claimant)
B7	Young wife (3rd claimant)
B8	Aged wife (3rd claimant)
B9	Divorced wife (2nd claimant)
BA	Aged wife (4th claimant)
BD	Aged wife (5th claimant)
BG	Aged husband (3rd claimant)
BH	Aged husband (4th claimant)
BJ	Aged husband (5th claimant)
BK	Young wife (4th claimant)
BL	Young wife (5th claimant)
BN	Divorced wife (3rd claimant)
BP	Divorced wife (4th claimant)
BQ	Divorced wife (5th claimant)
BR	Divorced husband, age 62 or older (1st claimant)
BT	Divorced husband (2nd claimant)
BW	Young husband (2nd claimant)
BY	Young husband, with a child in his care (1st claimant)
C1 - C9	Child (includes minor, student or disabled child)
CA - CK	Child (includes minor, student or disabled child)
D	Aged widow, age 60 or over (1st claimant)
D1	Aged widower, age 60 or over (1st claimant)
D2	Aged widow (2nd claimant)
D3	Aged widower (2nd claimant)
D4	Widow (remarried after attainment of age 60) (1st claimant)
D5	Widower (remarried after attainment of age 60) (1st claimant)
D6	Surviving divorced wife, age 60 or over (1st claimant)
D7	Surviving divorced wife (2nd claimant)
D8	Aged widow (3rd claimant)
D9	Remarried widow (2nd claimant)
DA	Remarried widow (3rd claimant)
DC	Surviving divorced husband, age 60 or over (1st claimant)

BIC Code	Type of Benefit or Payment
DD	Aged widow (4th claimant)
DG	Aged widow (5th claimant)
DH	Aged widower (3rd claimant)
DJ	Aged widower (4th claimant)
DK	Aged widower (5th claimant)
DL	Remarried widow (4th claimant)
DM	Surviving divorced husband (2nd claimant)
DN	Remarried widow (5th claimant)
DP	Remarried widower (2nd claimant)
DQ	Remarried widower (3rd claimant)
DR	Remarried widower (4th claimant)
DS	Surviving divorced husband (3rd claimant)
DT	Remarried widower (5th claimant)
DV	Surviving divorced wife (3rd claimant)
DW	Surviving divorced wife (4th claimant)
DX	Surviving divorced husband (4th claimant)
DY	Surviving divorced wife (5th claimant)
DZ	Surviving divorced husband (5th claimant)
E	Mother (widow) (1st claimant)
E1	Surviving divorced mother (1st claimant)
E2	Mother (widow) (2nd claimant)
E3	Surviving divorced mother (2nd claimant)
E4	Father (widower) (1st claimant)
E5	Surviving divorced father (widower) (1st claimant)
E6	Father (widower) (2nd claimant)
E7	Mother (widow) (3rd claimant)
E8	Mother (widow) (4th claimant)
E9	Surviving divorced father (widower) (1st claimant)
EA	Mother (widow) (5th claimant)
EB	Surviving divorced mother (3rd claimant)
EC	Surviving divorced mother (4th claimant)
ED	Surviving divorced mother (5th claimant)
EF	Father (widower) (3rd claimant)
EG	Father (widower) (4th claimant)
EH	Father (widower) (5th claimant)
EJ	Surviving divorced father (3rd claimant)
EK	Surviving divorced father (4th claimant)
EM	Surviving divorced father (5th claimant)
F1	Parent (father)
F2	Parent (mother)
F3	Parent (stepfather)
F4	Parent (stepmother)
F5	Parent (adopting father)

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BIC Code	Type of Benefit or Payment
F6	Parent (adopting mother)
F7	Parent (2nd alleged father)
F8	Parent (2nd 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) (1st claimant)
K2	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (1st claimant)
K3	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (1st claimant)
K4	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (1st claimant)
K5	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (2nd claimant)
K6	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (2nd claimant)
K7	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (2nd claimant)
K8	Prouty wife not entitled to HIB (less than 3 QCs) (general fund) (3rd claimant)
KA	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (3rd claimant)
KB	Prouty wife not entitled to HIB (less that 3 QCs) (general fund) (3rd claimant)
KC	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (3rd claimant)
KD	Prouty wife entitled to HIB (less than 3 QCs) (general fund) (4th claimant)
KE	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (4th claimant)
KF	Prouty wife not entitled to HIB (less that 3 QCs) (general fund) (4th claimant)
KG	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (4th claimant)
KH	Prouty wife entitled to HIB (less than 3 QCs) (general fund) (5th claimant)
KJ	Prouty wife entitled to HIB (over 2 QCs) (RSI trust fund) (5th claimant)
KL	Prouty wife not entitled to HIB (less that 3 QCs) (general fund) (5th claimant)
KM	Prouty wife not entitled to HIB (over 2 QCs) (RSI trust fund) (5th claimant)

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BIC Code	Type of Benefit or Payment
M	Uninsured beneficiary (not qualified for automatic HIB)
M1	Uninsured beneficiary (qualified for automatic HIB but request only SMIB)
T	♦ Fully insured beneficiaries who have elected entitlement to hospital insurance only (usually but not always along with SMIB) ♦ Uninsured beneficiary or renal disease beneficiary only ♦ Deemed insured (hospital insurance only)
TA	Medicare qualified government employment (MQGE) (primary beneficiary)
TB	MQGE aged spouse (1st claimant)
TC	MQGE childhood disability benefits (1st claimant)
TD	MQGE aged widow(er) (1st claimant)
TE	MQGE young widow(er) (1st claimant)
TF	MQGE parent (male)
TG	MQGE aged spouse (2nd claimant)
TH	MQGE aged spouse (3rd claimant)
TJ	MQGE aged spouse (4th claimant)
TK	MQGE aged spouse (5th claimant)
TL	MQGE aged widow(er) (2nd claimant)
TM	MQGE aged widow(er) (3rd claimant)
TN	MQGE aged widow(er) (4th claimant)
TP	MQGE aged widow(er) (5th claimant)
TQ	MQGE parent (female)
TR	MQGE young widow(er) (2nd claimant)
TS	MQGE young widow(er) (3rd claimant)
TT	MQGE young widow(er) (4th claimant)
TU	MQGE young widow(er) (5th claimant)
TV	MQGE disabled widow(er) (1st claimant)
TW	MQGE disabled widow(er) (1st claimant)
TX	MQGE disabled widow(er) (2nd claimant)
TY	MQGE disabled widow(er) (3rd claimant)
TZ	MQGE disabled widow(er) (4th claimant)
T2 - T9	MQGE childhood disability benefits (2nd to 9th claimant)
W	Disabled widow, age 50 or over (1st claimant)
W1	Disabled widower, age 50 or over (1st claimant)
W2	Disabled widow (2nd claimant)
W3	Disabled widower (2nd claimant)
W4	Disabled widow (3rd claimant)
W5	Disabled widower (3rd claimant)
W6	Disabled surviving divorced wife (1st claimant)
W7	Disabled surviving divorced wife (2nd claimant)
W8	Disabled surviving divorced wife (3rd claimant)
W9	Disabled widow (4th claimant)

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BIC Code	Type of Benefit or Payment
WB	Disabled widower (4th claimant)
WC	Disabled surviving divorced wife (4th claimant)
WF	Disabled widow (5th claimant)
WG	Disabled widower (5th claimant)
WJ	Disabled surviving divorced wife (5th claimant)
WR	Disabled surviving divorced husband (1st claimant)
WT	Disabled surviving divorced husband (2nd claimant)

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 SNAP 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

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Social Security Number Verification
Wire Third Party Query
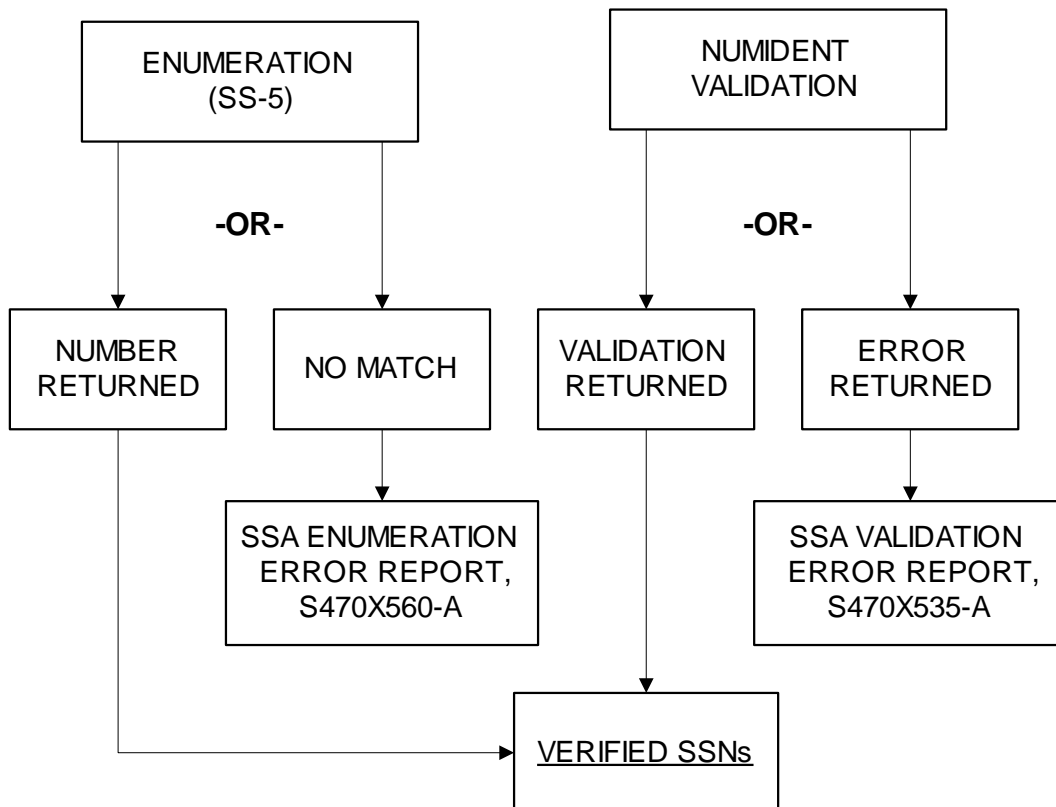
Wire Third-Party Query

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:      │
│                                                                             │
│  TPQY CONFIDENTIAL SOCIAL SECURITY DATA:                                    │
│                                                                             │
│                                                                             │
│                                                                             │
│  BLACK LUNG PAYMENT STATUS CODE:                                            │
│                                                                             │
│  BENEFIT HISTORY:                                                           │
│  DATE                 GROSS BENEFIT                                          │
│  -------               ----------------------                               │
│                                                                             │
│  H1=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 #: XXXXXXXXXXXX
        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.

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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, SNAP, 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 SNAP.

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
STATE ID                  ON THE LINE OF THE CLAIM OR SSN YOU WANT, IN THE
XXXXXXXX                  CLIENT, NUMBERS OR PAYMENT AREA, THEN PRESS PF KEY 3.
                                                    * – – – 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, such as:
  • 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.

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BENDEX
BEN2 = Client

♦ **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
XXXXXXXX                      XXX-XX-XXXX XX            XXX XXXXXXXXXXXXXXXXXXX

              BENDEX EXCHANGE HAS TRANSFERRED FROM IOWA TO XXXXXXXXXXXXXX
              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                 CLAIM/SSN        *----NAME----*
XXXXXXXX                 XXX-XX-XXXX XX    XXXXXXX  X  XXXXXXX


   CURRENT  ------  DATE RECEIVED IN C.O. MM/DD/YY       SSA DATE MM/DD/YY
   FIELD USED TO MATCH       SSN/CAN        STATE CONTROL DATA        OLD BIC
   XXXXXXXXXXXXX             XXX-XX-XXXX XX    XXXXXXXXXXXX              XX
                            SSN            VALIDATED BOSSN      CROSS REFERENCE
                            XXX-XX-XXXX       XXX-XX-XXXX         XXX-XX-XXXX XX
                            DUAL/TRIPLE       DUAL CLAIM NO.      TRIPLE CLAIM NO.
                            XXXXXX            XXX-XX-XXXX XX       XXX-XX-XXXX XX

   PREVIOUS -------  DATE RECEIVED IN C.O. MM/DD/YY      SSA DATE MM/DD/YY
   FIELD USED TO MATCH       SSN/CAN        STATE CONTROL DATA        OLD BIC
   XXXXXXXXXXXXX             XXX-XX-XXXX XX    XXXXXXXXXXXX              XX
                            SSN            VALIDATED BOSSN      CROSS REFERENCE
                            XXX-XX-XXXX       XXX-XX-XXXX         XXX-XX-XXXX XX
                            DUAL/TRIPLE       DUAL CLAIM NO.      TRIPLE CLAIM NO.
                            XXXXXX            XXX-XX-XXXX XX       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     XXXXXXX  X  XXXXXXXXX
     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 CD/SCRN: X XXXX
9=HELP                STATE ID: XXXXXXXX    SSN: XXX XX XXXX        CLAIM: XXX XX XXXX XX
```

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Chapter G: Exchange of Data With Other Agencies
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BENDEX
BEN4 = SSA Payment Information

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 SNAP, 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.

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BENDEX
BEN4 = SSA Payment Information

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      XXXXXXXXX  X  XXXXXXXXX


    CURRENT - - - - - -      DATE RECEIVED IN C.O. MM/DD/YY          SSA DATE MM/DD/YY
                                                        THIRD        THIRD
                         COVERAGE   PREMIUM   START   TERM   START   TERM       PAYER
PART A HOSPITAL          XXXXX      $ZZZ9.99  MM/YY   MM/YY                 MM/YY      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
                                                        THIRD        THIRD
                         COVERAGE   PREMIUM   START   TERM   START   TERM       PAYER
PART A HOSPITAL          XXXXX      $ZZZ9.99  MM/YY   MM/YY                 MM/YY      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             CLAIM NUMBER      * – – – – NAME – – – – *
XXXXXXXX             XXX-XX-XXXX XX    XXXXXXX  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    MM/YY
BLACK LUNG      XXX-XX-XXXX XX     XXXXXXXXXX   MM/YY              $ZZZ.99
RAILROAD        XXXXXXXXXXX        XXXXXX


    PREVIOUS  -------   DATE RECEIVED IN C.O. MM/DD/YY         SSA DATE MM/DD/YY


                ACCOUNT NUMBER     STATUS      ENTITLE/TERM DATE    PAYMENT
SSI                                XXXXXXXX    MM/YY
BLACK LUNG      XXX-XX-XXXX XX     XXXXXXXXXX   MM/YY              $ZZZ.99
RAILROAD        XXXXXXXXXXX        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 SNAP, 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       DATE SENT     *   *– – – – CLIENT NAME – – – –*     SEX    BIRTH DATE
XXX-XX-XXXX XX     MM/DD/CCYY         FFFFFFFFF I LLLLLLLLLLLLLL       X      MM/DD/CCYY
EARN      CATEGORY OF ASSISTANCE        DEATH DATE     COMM             STATE CONTROL
XXX              XXXXXXXXXX              MM/DD/CCYY     XXXXXXX          XXXXXXXXXXXX

CLAIM OR SSN       DATE SENT         *– – – – CLIENT NAME – – – –*     SEX    BIRTH DATE
XXX-XX-XXXX XX     MM/DD/CCYY         FFFFFFFFF I LLLLLLLLLLLLLL       X      MM/DD/CCYY
EARN      CATEGORY OF ASSISTANCE        DEATH DATE     COMM             STATE CONTROL
XXX              XXXXXXXXXX              MM/DD/CCYY     XXXXXXX          XXXXXXXXXXXX

CLAIM OR SSN       DATE SENT         *– – – – CLIENT NAME – – – –*     SEX    BIRTH DATE
XXX-XX-XXXX XX     MM/DD/CCYY         FFFFFFFFF I LLLLLLLLLLLLLL       X      MM/DD/CCYY
EARN      CATEGORY OF ASSISTANCE        DEATH DATE     COMM             STATE CONTROL
XXX              XXXXXXXXXX              MM/DD/CCYY     XXXXXXX          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 LLLLLL
--------------------------------------------------------------------------------
                       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:              PREM: STD    ACTUAL    PAYER
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
```

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Revised March 5, 2021   HELPHIST = SSA Benefit History: Calculations…

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


*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

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 12th 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
XXXXXXXXX X XXXXXXXXXXXXXXX XX                        XXXXXX-XX-X-X

CLIENT NAME                       STATE ID    BIRTHDATE   SEX    COUNTY OF RESIDENCE
XXXXXXXX XXXXXXXXXXXX XX           XXXXXXXX    MM/DD/YY    X      XXXXXXXXXXXXX

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 and 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 in ABC.

♦ **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 their behalf.

♦ 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        PAGE       x
                             IRS MATCH              DATE PRINTED mm-dd-yy
                          FOR TAX YEAR XXXX     DATE RECEIVED IN C.O. mm-dd-yy

                                                       ABC
CNTY/WORKER                                        STATUS CODES   FS   ADC   MED
CASE NAME
CASE NUMBER
STATE ID
CLIENT SSN
CLIENT NAME

***********************************************************************************
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, SNAP, 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.

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, SNAP, 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.

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Reports
IRS Match Report, S470X615-A

- 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.

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 10th of each month. This information is converted into an alert that is generated to the casefile in WISE.

Data Elements

The data on the report are:

♦ **REPORT ID** always the same number for this report, S478X438-A meets the report criteria.

♦ **SERV AREA, COUNTY, WORKER** are the information based on where the electronic case file is located.

♦ **CASE NUMBER** is the ABC case that meets the report criteria.

♦ **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

Workers will receive an alert in WISE based on the information from the Prisoner Match Report. Workers should follow the alert action requirement found in the WISE User Guide under Data Sources, Incarceration.

The information contained in the report **is not considered verified** unless otherwise stated in the WISE User Guide. The following policy manuals provide program specific information on how to consider an individual who has been incarcerated:

- 4-C, *Nonfinancial Eligibility* (FIP)
- 4-G, *Case Maintenance* (FIP)
- 7-C, *Nonfinancial Eligibility* (SNAP)
- 7-G, *Case Maintenance* (SNAP)
- 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*.

```
 FEDERAL TAX DATA           FEDERAL TAX DATA          FEDERAL TAX DATA
S470X425-A            IOWA DEPARTMENT OF HUMAN SERVICES       PAGE      x
                      SSA EARNINGS AND PENSION REPORT   DATE PRINTED mm-dd-yy
COUNTY XX        WORKER XXXX     XXXXXX PERSON      RECEIVED IN C.O. mm-dd-yy

CASE NAME                                              CASE NUMBER
                      CLIENT INFORMATION FROM ABC/IEVS

 -------- CLIENT NAME --------* STATE-ID   BIRTHDATE    SEX   CLAIM NO.    SSN

   CASE NUMBER          FS    ADC    MED    FAC    FC




                      ALTERNATIVE CLAIM NUMBERS

********************************************************************

                      EARNINGS INFORMATION

STATE INFO ACCORDING TO SSA ----------------------------------* FROM SSA
        NAME            BIRTHDAY     SEX    SSN          BIC    2ND NAME



<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

EMPLOYER NUMBER                            ADDRESS
NAME

      INCOME TYPE EARNED

--------------------------ABC ------------------------      ----FROM SSA ----
BENEFIT                                      REPORTING
MONTH         FOOD STAMPS-ST  ADC/MEDICAL--ST  FACILITY-ST  PERIOD   COMPENSATION


           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 Department matches records on the Family Investment Program (FIP), SNAP, 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 SNAP 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.
♦ **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 IEVS and Other 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."

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    XXXXXXXXXXXXXX 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.

SSA Validation Error Report, S470X535-A

When the Numident validation process does not result in verification of a social security number, an *SSA Validation Error Report*, S470X535-A, is generated. The report results from error messages returned to the Department when Social Security Administration cannot match or verify a social security number. It is sent to each worker who has been assigned an active or pending case which includes that social security number.

```
S470X535-A              IOWA DEPARTMENT OF HUMAN SERVICES              PAGE Z,ZZZ,ZZ9
                             VALIDATION ERROR REPORT                 DATE PRINTED MM/DD/YY
COUNTY XX WORKER XXXX                                              RECEIVED IN C.O. MM/DD/YY
CASE NAME
XXXXXXXXXX XXXXXXXXXXXXXXXX                                             CASE NUMBER
                                                                      XXXXXX-XX-X-X

                          CLIENT INFORMATION FROM ABC/IEVS
---------- CLIENT NAME ----------   STATE-ID           BIRTHDATE      SEX     SSN
XXXXXXXX XXXXXXXXXXXXX XX          XXXXXXXX           MM/DD/CCYY       X     XXX-XX-XXXX
CASE NUMBER      FS   ADC  MED  FAC  FC   ALTERNATIVE    SOCIAL SECURITY NUMBERS
XXXXXX-XX-X-X    X    X    X    X    X    XXX-XX-XXXX     XXXXXXXXXXXXXXXXXXXX
XXXXXX-XX-X-X    X    X    X    X    X    XXX-XX-XXXX     XXXXXXXXXXXXXXXXXXXX
XXXXXX-XX-X-X    X    X    X    X    X    XXX-XX-XXXX     XXXXXXXXXXXXXXXXXXXX
XXXXXX-XX-X-X    X    X    X    X    X    XXX-XX-XXXX     XXXXXXXXXXXXXXXXXXXX
XXXXXX-XX-X-X    X    X    X    X    X    XXX-XX-XXXX     XXXXXXXXXXXXXXXXXXXX
                        INFORMATION USED TO MATCH WITH SSA
--------- NAME ---------   STATE-ID          BIRTHDATE    SEX          SSN
XXXXXXXX                  XXXXXXXX          MM/DD/YY      X          XXX-XX-XXXX
XXXXXXXXXXXXX
            ERROR  X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

The Department continues to send the social security number to Social Security Administration for verification after an error is received, so that if Social Security Administration data or ABC data change, the social security number can be matched. If the person record is closed for all programs on all cases at the time of the error, the social security number is resubmitted when the ABC person record is reopened or pended.

NOTE: If there is an SDX or BENDEX match with a social security number for the person that matches the social security number on ABC, no further action on social security number verification is necessary.

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.

Unemployment Compensation Report, S470X160-A

The *Unemployment Compensation Report*, S470X160-A, lists unemployment compensation (job insurance benefits). Reports are prepared and issued twice a month. They report all people receiving unemployment compensation who are on the file sent by the Department.

```
S470X160-A              IOWA DEPARTMENT OF HUMAN SERVICES           PAGE ZZZ,ZZ9
                        UNEMPLOYMENT COMPENSATION REPORT

                                                            DATE PRINTED MM-DD-YY


CNTY/WORKER  XX/XXXX                          DATE RECEIVED IN C.O. MM-DD-YY
CASE NAME     XXXXXXXXXX X XXXXXXXXXXXXXXXX XX
CASE NUMBER  XXXXXX-XX-X-X


DHS CLIENT INFO                          EMPLOYMENT SERVICES CLAIMANT INFO
(SSN, STATE ID, NAME, ADDRESS)           (NAME, ADDRESS, DEPENDENTS)


XXX-XX-XXXX       XXXXXXXX               XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X
XXXXXXXXXXXXXXXX XX XXXXX                NO. OF DEPENDENTS Z9 ***NINE OR MORE***


BENEFIT YEAR BEGINNING DATE MM-DD-YY     REMAINING BALANCE ZZZZ9
BENEFIT YEAR ENDING     DATE MM-DD-YY    *** LESS THAN WEEKLY BENEFIT AMOUNT ***


    DATE         BENEFIT WEEK   REG. WEEKLY   VAC/   PENSION   CSRU    OVERPAY    AMOUNTS
  RECEIVED        END DATE      BENEFIT AMT   EARN                     RECOUP    RECEIVED

MM-DD-YY         MM-DD-YY          ZZZ9       ZZ9    ZZZZ9     ZZ9      ZZ9        ZZ9
MM-DD-YY         MM-DD-YY          ZZZ9       ZZ9    ZZZZ9     ZZ9      ZZ9        ZZ9
MM-DD-YY         MM-DD-YY          ZZZ9       ZZ9    ZZZZ9     ZZ9      ZZ9        ZZ9


                                     T O T A L S     ZZZ9       ZZZ9       ZZZ9


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

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
♦ SNAP
♦ 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.

♦ **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, SNAP, 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     XXXXXXXXX X XXXXXXXXXXXXXXX XX        CASE NUMBER  XXXXXX-XX-X-X
DHS CLIENT INFO
SSN XXX-XX-XXXX           NAME  XXXXXXXX XXXXXXXXXXXXX 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        XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  TRADE       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  LOCATION    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXX XX 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 XXXXXXXXXXXXX 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        XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  TRADE       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  LOCATION    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXX XX 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 XXXXXXXXXXXXX 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        XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  TRADE       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM-YY     X     X      X
  LOCATION    XXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXX XX 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, SNAP, 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/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 IEVS and Other 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.