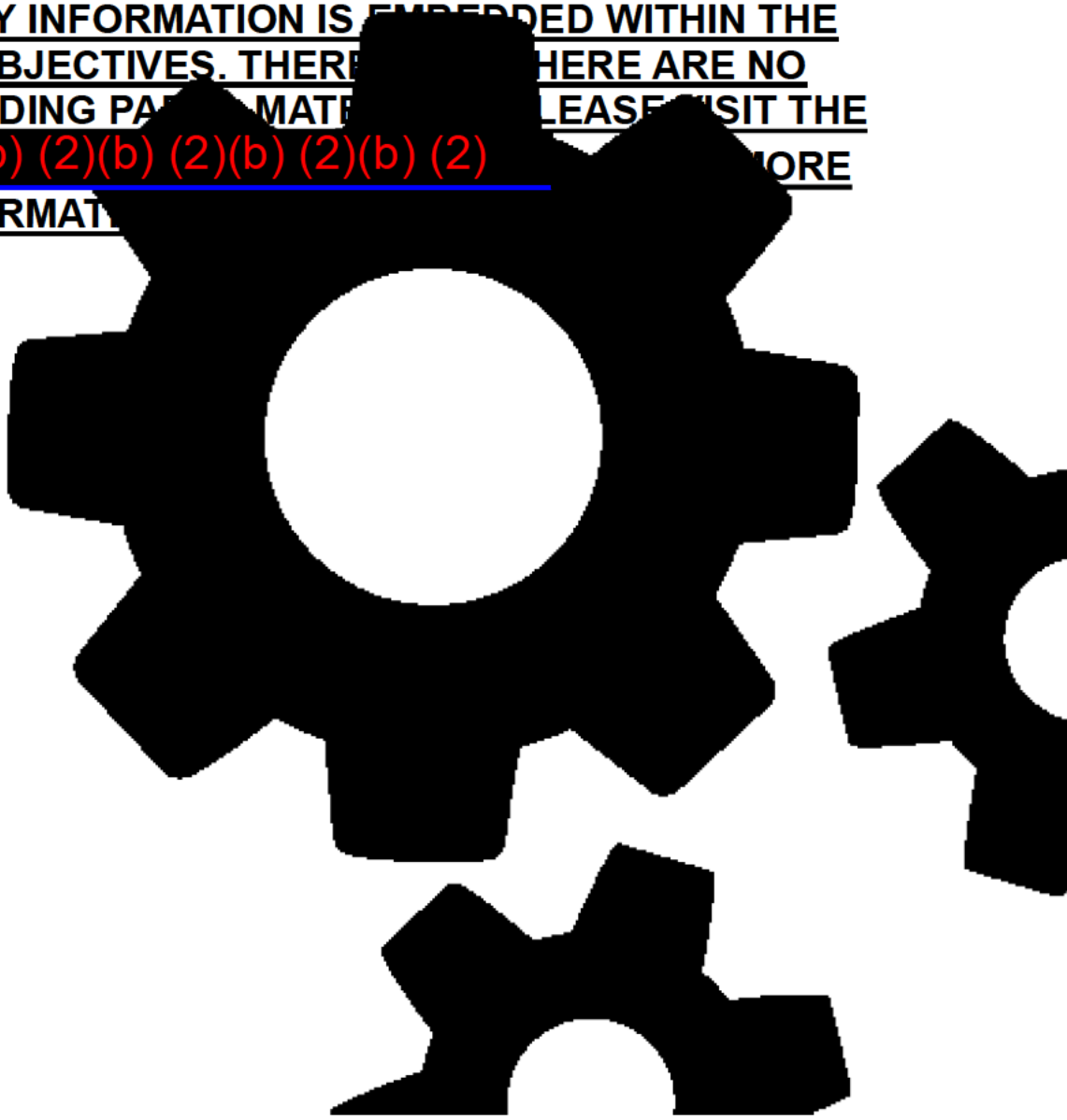
Title XVI Claims Specialist
Basic Training Curriculum

Unit 6
Module 06
Claims Procedures and Other Issues

SOCIAL SECURITY ADMINISTRATION,
Office of Human Resources, Office of Learning
SSA PUB. No 25-1342

2018-2

AS WE REDESIGN ENTRY-LEVEL TRAINING, WE ARE ELIMINATING THE NEED FOR PAPER COURSE MATERIALS. THE MATERIAL PREVIOUSLY TAUGHT FOR THIS MODULE HAS BEEN CONVERTED TO ONLINE CONTENT. ALL NECESSARY INFORMATION IS EMBEDDED WITHIN THE ONLINE OBJECTIVES. THERE ARE NO CORRESPONDING PAPER MATERIALS. PLEASE VISIT THE (b) (2)(b) (2)(b) (2)(b) (2)(b) (2)(b) (2) FOR MORE INFORMATION.



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LESSON PLAN

Module Objectives

At the conclusion of this module, the trainees will be able to:

1. Understand documentation and evidence.
2. Request evidence and provide assistance to claimants.
3. Determine the proper form to request evidence and how to close out initial claims.
4. Use the Claim Development Functions to control Supplemental Security Income Claims System events.
5. Use the Modernized Development Worksheet (MDW) for non-system claims, systems limitations or post-eligibility.
6. Request a tickle list.

Length of Module

3 hours

Forms

SSA-795	Statement of Claimant or Other Person
SSA-5002	Report of Contact
SSA-L305-U3	Supplemental Security Income Important Information
SSA-L8009-U3	Supplemental Security Income Important Information
SSA-L3074-U2	Supplemental Security Income Notice of Appointment
SSA-L3075-U2	Supplemental Security Income Notice of Appointment 1619(b)

SSA-L8003-U2	Supplemental Security Income Post-Eligibility Notice of Appointment
SSA-L8004-U2	Supplemental Security Income Post-Eligibility Notice of Appointment /1619(b)

Helpful Resources:

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Systems: DPS (Document Processing System)

Program Information: MDW Referral Process

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BACKGROUND AND RATIONALE

Social Security Administration (SSA) requires claimants to submit evidence to establish their rights to program benefits. One of the most important parts of the claims process is gathering, recording and evaluating evidence and documentation. Because a claimant's file is the basis for decisions regarding eligibility and payment, a properly documented file allows any reviewer to arrive at the same decision as the adjudicator.

An important aspect of a technician's job is to process and maintain workloads in a timely manner. Use of development worksheets to keep track of pending issues, as well as document follow-ups on evidence, is one way to keep on top of workloads. To manage your workloads effectively, you need to regularly request tickle lists and pending lists. You should take all necessary actions to insure you process your work timely and accurately.

OBJECTIVE 1:

Understand documentation and evidence.

Evidence

GN 00301.285; GN 00301.010

The terms, evidence and documentation, are related. Evidence is the information that supports an allegation. Documentation is how evidentiary material is recorded. A claims file and its supporting material is the entire collection of documentation relevant to a person's claim.

Acceptability of Evidence

Documents submitted must be an original document, or a certified copy or certified extract of the original document. The documents should be reviewed for validity and relevance.

Protect Claimant's Documents

Take care to protect the condition of documents submitted as evidence. Many documents submitted may have sentimental or intrinsic value to the claimant. Be sure not to fold documents submitted unfolded. Do not staple, punch holes in, or write on submitted documents. You want to return the documents in the same condition as they were received.

Certification of Documents

When reviewing documents to keep as file evidence, be sure to review the documents for authenticity before accepting them.

Documenting Evidence Electronically

Record any necessary evidence provided by the claimant electronically in the SSI Claim System or EVID, or fax it to the electronic eDIB folder or the Non Disability Repository Application (NDRed) as appropriate. Refer to the guide contained in GN 00301.325 to determine the appropriate program. See also instructions for storing non-medical evidence in the EF in DI 81010.135.

System and EVID Screens

GN 00301.286; GN 00301.285; MS 17001.001

Use the SSI Claims System application pages to capture evidentiary information without the need to make photocopies of documents for the file. Use the EVID screen if not all substantive and identifying information about the evidence can be recorded sufficiently on the system pages. Use the EVID screen or Report of Contact to record evidence being obtained for a post-entitlement issue.

Procedure

In the SSI Claims System, record substantive information from the document regarding the issue being proven (e.g., amount of wages, period covered, employer information, etc.) onto the appropriate page (e.g. Wages detail page) and verify the evidence used in the remarks portion of the same page for initial claims. We can do this for initial claims because a frozen image of the adjudicated claim will be kept and eventually archived. In post-entitlement situations, the pending file is not frozen and can be changed at any time. Therefore, proofs that we receive for any PE situation cannot be documented on the system pending file screens. The EVID screens or a locked DROC should be used per GN 00301.286.

In non-system cases, record identifying information about the document (e.g., SSA L4201-U2, who completed and signed the form, etc.) on the EVID screens.

Where to Record Statements Signed Over the Penalty Clause

GN 00301.305

Recording Statements, Opinions and Information

Although the application records most allegations related to eligibility issues, it is sometimes necessary to obtain additional information or explanations from the claimant or another person. This supplemental information should be recorded and signed over the penalty clause.

As with an application, when an individual signs these documents, (s)he affirms that the information given is true and that it is a crime punishable under Federal and/or state law to knowingly make a false statement.

A statement signed over the penalty clause may be recorded on the:

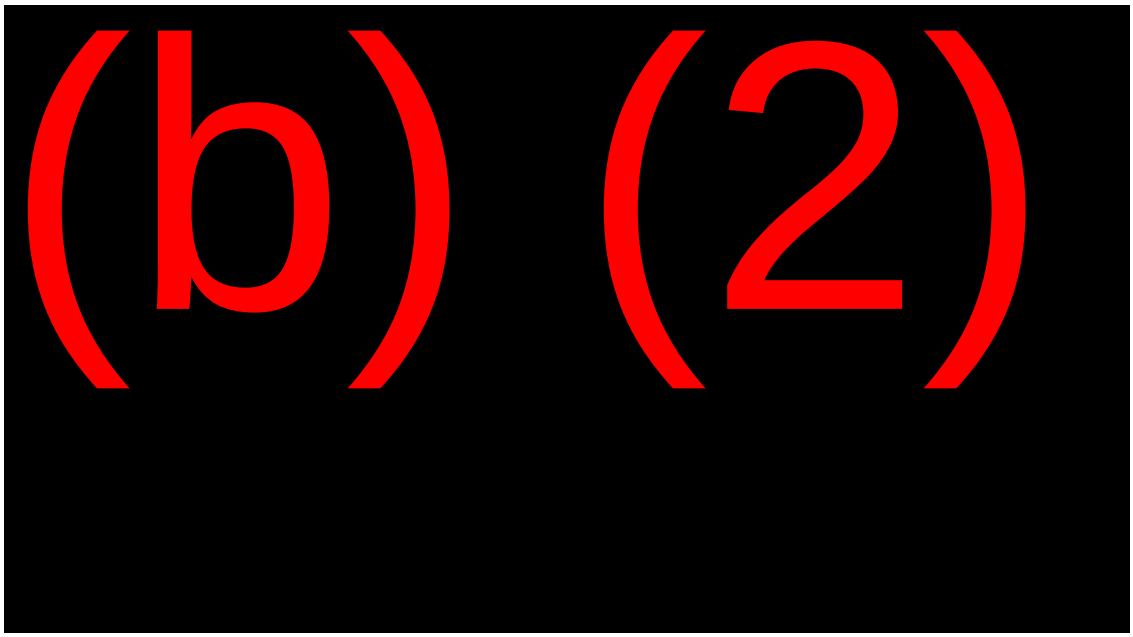
- DPST (Person Statement) – MSSICS;
- Person remarks (printed) –SSI Claims System;
- SSA-795 (Statement of Claimant or Other Person) -- paper form.

DWME/DPST Screens

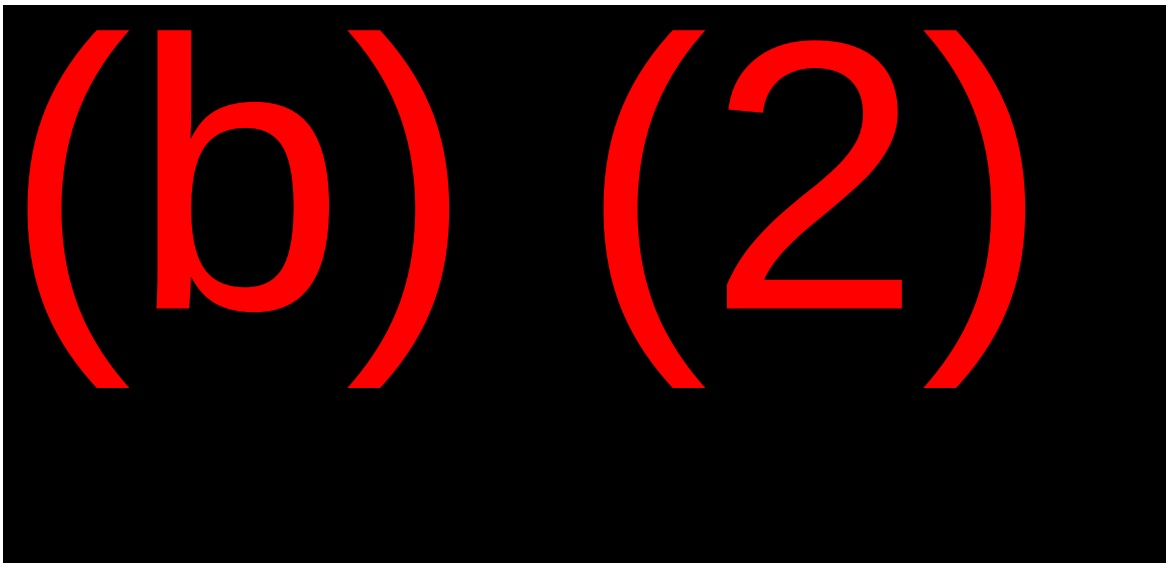
The Person Statement (DPST) is accessed via the Claims Development Menu (DWME) screen.

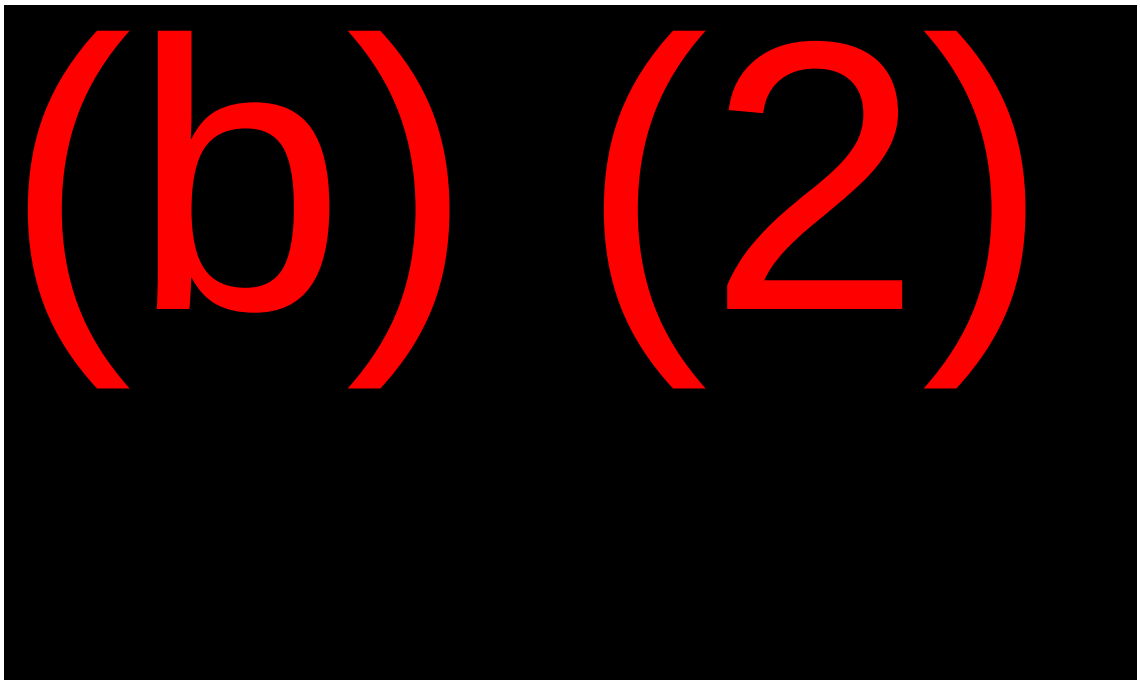
Below are facsimiles of the CDW SSI Menu (DWME) and the Person Statement (DPST) screens.

MS 04422.002



MS 04422.008

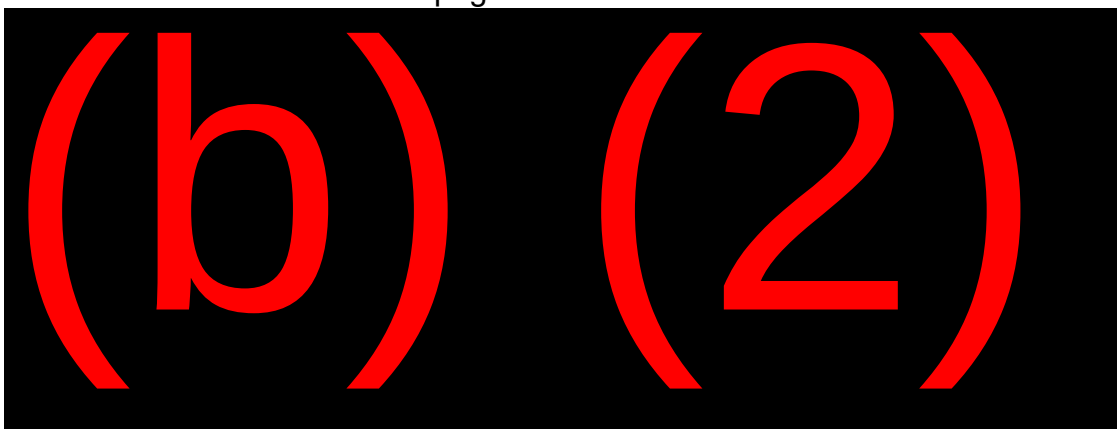




Person Remarks (Printed)

Detail pages in the SSI Claims System contain a “Person Remarks (Printed)” box at the bottom of the page.

Below is a facsimile of the Person remarks and File documentation notes section from a detail page.



All three methods are used to record a statement by an individual that is either not captured in the application question, is needed for further clarification, or is used to resolve a conflict in evidence.

Where to Record Statements Not Signed Over the Penalty Clause

GN 00301.305

Information that does not need to be documented with a signature over the penalty clause can be recorded on the:

- Report of Contact (DROC);
- File documentation notes;
- SSA-5002 (Report of Contact--paper form).

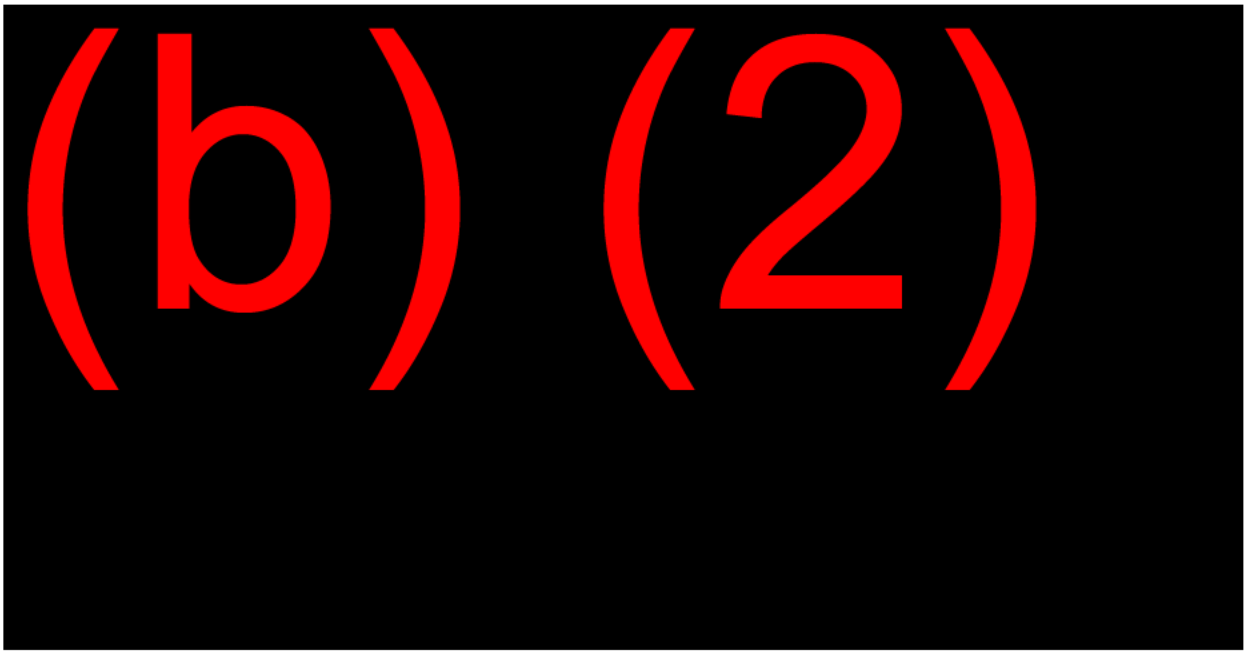
The Report of Contact (DROC) is accessed via the Claims Development (DWME) screen. File documentation notes are available on each detail page (see above).

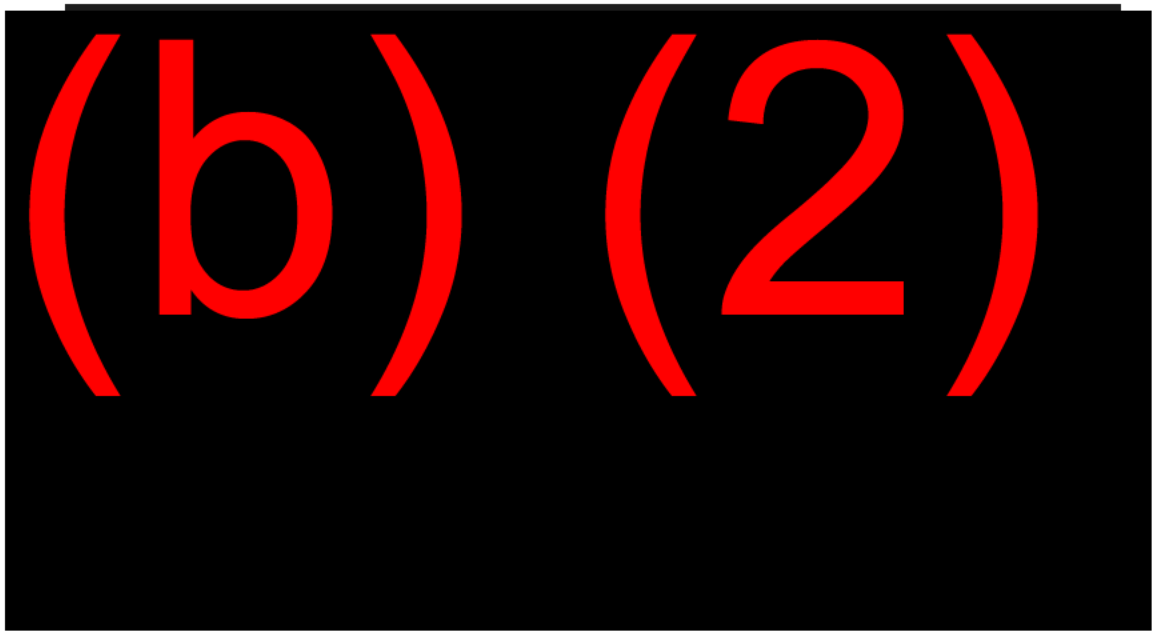
These are used to record observations, opinions, reference precedents, record decisions not needing a special determination, and to document information from oral contacts.

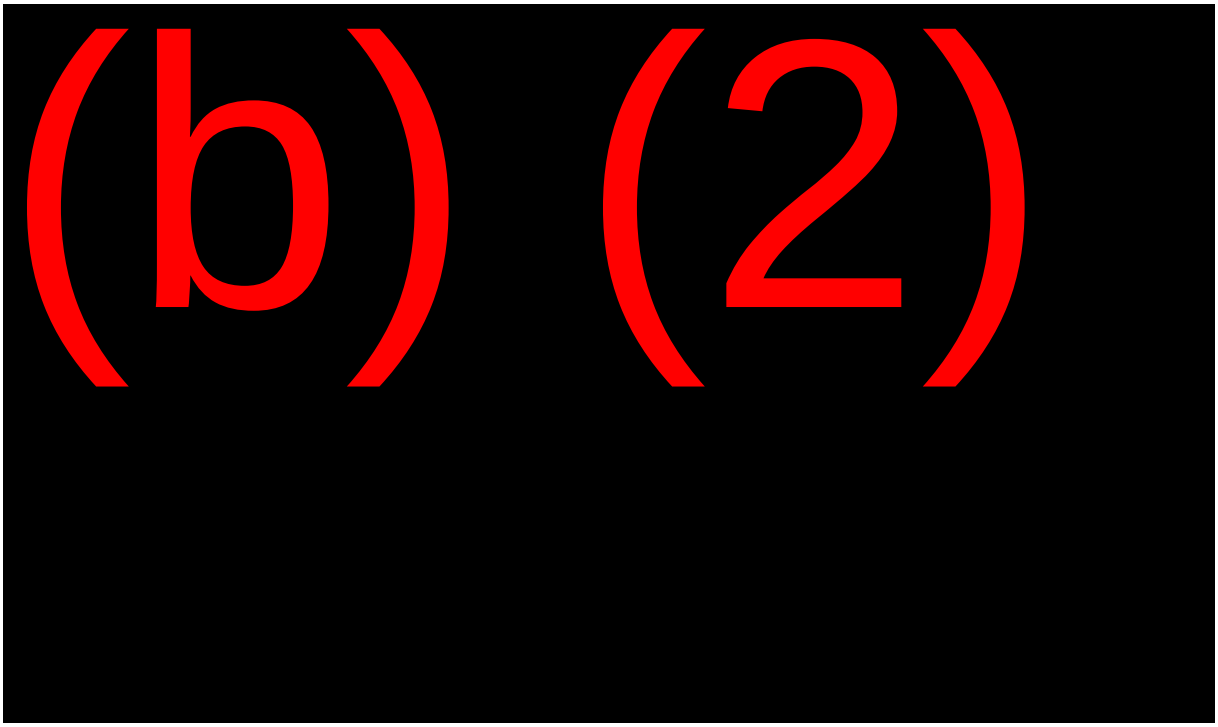
Report of Contact (DROC) Screen

Below are facsimiles of the Report of Contact (DROC) screens.

MS 04422.010







Opinion vs. Fact

GN 00301.305

When recording information for the file, it is important that facts and opinions be distinguished from one another.

A statement of fact is a statement made concerning a matter that is susceptible to exact knowledge, by one having personal knowledge of the matter. An opinion is a belief arrived at as a result of an inference on the part of the person forming the opinion.

When documenting a file, plainly state the facts of a case on which you base your determination (or opinion).

Remember that files are accessible to many people (e.g., claimants, judges, lawyers, etc.). It is imperative that there are no derogatory statements or references made to or about claimants, personnel, etc.

A claims file should stand alone. Anyone picking up a file for action or review should arrive at the same final determination as you did. All files should have proper documentation to support the final action.

OBJECTIVE 2:

Request evidence and provide assistance to claimants.

Requesting Evidence

GN 00301.140

Basic Policy

SSA's basic policy is that claimants are responsible for providing evidence to support their claims and that SSA must offer assistance during the initial contact and all subsequent contacts that involve requests for information/evidence. Before a claimant can provide the required evidence, (s)he must be told what evidence is required, and where the evidence can be obtained. If there is doubt as to whether some specific evidence is obtainable, the claims specialist should explain what alternative evidence would be acceptable and where such evidence could be found. Claimants should also be advised that SSA is ready to help obtain evidence if assistance is required.

Since Supplemental Security Income (SSI) claimants are aged, disabled or blind, it is probable that most will need some assistance in obtaining documents. SSA's responsibility to provide good public service to SSI claimants requires that needed assistance is provided.

Failure to offer assistance may lead to several undesirable results. These include:

- Wasted efforts by claimants to obtain evidence that is not available or is inadequate to support the claim, often involving inconvenience and expense to the claimant.
- Delays that affect the claimant's receipt of payments and delays in the claims process.

Assistance to Claimants

GN 00301.180

Identify Claimants Who Need Assistance

Be alert to obvious situations calling for possible assistance:

- The inability to read or write
- Limited education
- Language difficulty
- Any mental or physical condition that seriously hampers the claimant's ability to do things for himself/herself
- Advanced senility or dementia
- Severe emotional disturbance
- Lack of familiarity with common business or government practices/complexities
- Lack of transportation or communication facilities

FO Assistance

Claims personnel should judge the claimant's capacity in each situation to ensure that (s)he is not denied his/her full rights due to the lack of needed assistance.

Illness or handicaps do not automatically imply that FO assistance should be given, but they are strong indicators. Extra effort is required for the homeless or mentally disabled applicant. When it appears that failure to provide evidence is related to either condition, the FO should assist the claimant.

When help is needed, it should be provided as early in the development of the claim as possible. This will avoid additional delays and will assure better and more complete development.

SSA-562-U3

GN 00904.095

Budgets require SSA to do all we can to save money; therefore, we should perform our due diligence in obtaining evidence prior to purchasing evidence. Claims specialists should request assistance from other offices as well. In GN 00904.095, we find the instructions for the paper SSA-562-U3, which allows a claims specialist to request assistance from other offices in obtaining evidence such as birth certificates, divorce decrees and so on. However, in SSA's quest for a paperless environment, most assistance requests are made using the e562, found at: (b) (2)(b) (2)(b) (2)(b) (2)(b) (2)(b) (2)(b) (2). Follow the same instructions for completing the paper form when completing the electronic form. This website also contains a user guide for assistance in navigating the e562 site.

Purchase of Evidence

GN 00301.210; GN 00301.215

SSA may purchase certified copies of documentary evidence for any eligibility requirement under Title XVI if both of the following are met:

- The applicant will be expected to obtain the evidence; and
- The evidence cannot be obtained without payment of a fee or purchase of the evidence is the most economical method of obtaining it. Evidence may not be purchased in cases where the applicant can reasonably be expected to obtain necessary evidence but has failed to cooperate.

The rules for purchasing evidence for Title XVI cases apply to concurrent Title II/Title XVI filings. Payment for purchased evidence will be made under existing procedures for third party draft disbursements.

Representative Payee Situations

Incapability implies the need for a representative payee. Do not deny a claimant for failure to provide evidence if (s)he needs a representative payee. If a payee fails to cooperate, develop for a new payee without a

denial or determination of eligibility (unless the payee is the claimant's spouse with custody, legal guardian, parent with custody, or sponsor).

Failure to Cooperate

Although claimants are responsible for authorizing and obtaining documents from third parties, they are not responsible for providing information they do not possess and cannot reasonably obtain. Do not find failure to cooperate unless the claimant refuses to provide information.

EXAMPLE: You ask the mother of a disabled child to provide her life insurance policy for a resource determination. The mother, who is the payee for the child, has lost the original policy and sends a request to the insurance company for a replacement copy. The insurance company fails to respond to the replacement request within 30 days. You should encourage the mother to continue her efforts to obtain a replacement policy, but do not find failure to cooperate. The insurance company's failure to respond is beyond the mother's control.

OBJECTIVE 3:

Determine the proper form to request evidence and how to close out initial claims.

Forms Used in Requesting Evidence

Initial Claims

SI 00601.040; MS 04424.002

System – Cover Notice with Information Request: This notice is used when additional evidence is needed. Check the appropriate boxes to request the information needed.

SSA-L305-U3: SSI Teleclaim Cover Letter requesting return of the signed application with no requested proofs.

SSA-L8024-U3: SSI Teleclaim Cover Letter requesting return of the signed application with requested proofs.

SSA-L8009-U3: SSI, Important Information (IC). This notice is used in initial claims to request the necessary information or evidence needed in the adjudication of the claim.

Post-Entitlement

SI 02305.019; SI 02306.020

SSA-L3074-U2: Notice of Appointment (in office or by telephone) for someone in pay status.

SSA-L3075-U2: Notice of Appointment (in office or by telephone) for someone who receives Medicaid benefits only (1619B).

SSA-L8003-U2: Request for Information for someone in pay status.

SSA-L8004-U2: Request for Information for someone who receives Medicaid only (1619B).

All of the notices listed above are available in DPS. Because each notice is tailored to a specific situation, it is important to use the correct notice so the request makes sense to the claimant.

NOTE: After the initial written request for information, expedite claims development whenever feasible by telephone contact. Record all pertinent information on a Report of Contact screen. A telephone request for evidence can enhance understanding of exactly what is needed.

Closeout Timeframes

SI 00601.100; SI 00601.110

Sequence for Requesting Evidence

At the initial interview, we provide notice and request that the claimant return the information and evidence to us within the 30–day closeout period.

Print the notice through the system via the Evidence Request Cover Notice Print Menu (DCMN) (MS 04422.025). For non-system cases, use the Document Processing System (DPS) to send an SSA-L8009 (SI 00601.120). The notice can be handed to the claimant at an in-office interview, or mailed if it's a phone interview.

This initial notice provides for a 15-day return period to indicate the sense of urgency.

If, after 15 days, the claimant does not respond to the initial request, or indicates a lack of interest or unwillingness to cooperate, make one follow-up request (GN 01010.410). You may send a follow-up notice through the system from the DCMN screen as noted above. Alternately, you may send an SSA-L1045-U2 (Letter Requesting Proof from Claimant) through DPS. The follow-up notices will request the evidence using the original 30-day closeout date (GN 00301.150).

Be sure to include the following information in the initial notice and the follow-up notice:

- The specific items we need as evidence.
- A statement advising the claimant to contact the field office if he or she has not received the evidence and needs more time.
- A statement informing the claimant that we will disallow or deny the application if we do not receive a response by the date indicated on the letter (i.e., the 30-day closeout date).

If the individual fails to provide the requested information/evidence by the expiration of the close-out period, attempt to contact the individual by telephone to determine if additional time is needed and offer assistance (GN 00301.225). Make several attempts to call at different times on different days. If you do not reach the individual or he is uncooperative:

- Review the case file for names of relatives, friends, or medical treating sources such as doctors and clinics that may be able to provide assistance.
- Pursue any known sources of assistance including linkages with community organizations established through outreach activities.

If the individual does not comply and you are unable to obtain the information/evidence after exhausting all leads, deny the claim for failure to cooperate (N18). Document the file accordingly with all efforts to reach the claimant or obtain the evidence. See SI 00601.110 for complete N18 denial procedures.

Denial of the initial claim for failure to cooperate (N18) can be made no sooner than 30 days after the initial request for the information/evidence. The denial is effective back to the date of the application.

In PE situations, determinations of ineligibility are effective the month in which the determination is made. For example, if a recipient has been receiving benefits for several months or years, and then fails to provide requested information after an initial request and follow-up request, we will determine he is ineligible and stop his benefits 30 days after the initial request and continuing. We do not stop his benefits retroactive to the date of filing. Follow the procedures listed in SI 02305.021 to follow-up and closeout post-entitlement (PE) situations. See SI 02301.235 for N20 suspension procedures (failure to provide information in PE situations).

Close-Out Extension

When it is clear that it will take longer than 30 days to obtain the information or evidence, an extension may be granted.

Grant up to a 30-day extension based on a reasonable period for obtaining the type of evidence/information needed and any special circumstances involved.

EXAMPLE:

Anthony Simmons was hospitalized for three weeks within the 30-day closeout period. He notified SSA as soon as he returned home. We had requested several documents he did not have in his immediate possession. Since Mr. Simmons was unable to make any effort to obtain the requested documents during his hospital stay, an additional 30-day extension appears reasonable.

EXAMPLE:

Carla White left town to visit her ailing sister for two days near the end of her 30-day close-out period. We requested only one or two documents that Ms. White stated she had in her possession. Ms. White notified us when she returned and asked for an extension so she could arrange a ride to bring us the documents or to give her time to mail them. In this instance, Ms. White's possession of the documents and willingness to cooperate indicates a 7-day extension would be reasonable.

If the information/evidence is not received the day after the extension period ends, the claim should be closed out at that point. Further extensions may be granted on a case-by-case basis based on the special circumstances involved. The additional extensions should not exceed 30-day increments.

OBJECTIVE 4:

Use the claim development functions.

Claims Development Menu (DWME)

MS 04422.002

Overview

The SSI Claims System controls developmental issues and provides tools for general claims development. The Development Menu (DWME) is equipped with the following automated features:

DWME

The Development Menu is used to access the following screens:

- Print Options (DPRN)
- Appeal Print Options (DAPR)
- Development Worksheet (DW01)
- Attestation (DATS)
- Disability Transmittal (DDTR)
- Person Statement (DPST)
- Report of Person Statement List (DPLS)
- Report of Contact (DROC)
- Report of Contact List (DRLS)
- Development Documentation (DDOC)

- Development Documentation List (DDLS)
- Paper Indicator (PIIP)

The Development Menu (DWME) can be accessed from the SSI Menu (MSSI) in MSSICS via the update and query mode. This objective will cover the Print Options (DPRN) and the Development Worksheet (DW01) screens. The remaining development function screens will be covered later.

Print Options (DPRN)

MS 04422.003

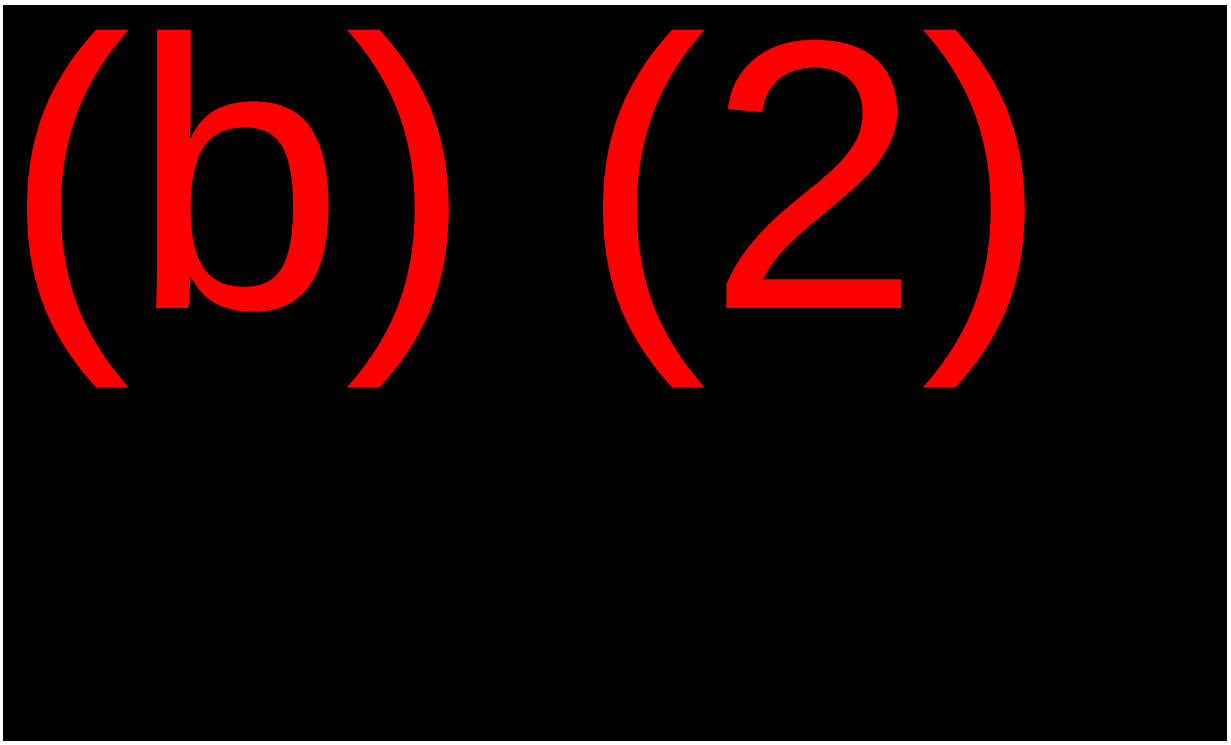
DPRN

The Print Options screen (DPRN) is used to select printed output. The screen displays only the options appropriate for the person with the open event.

EXAMPLE:

APPLICATION or REDETERMINATION DOCUMENT is shown as the first possible choice for the claimant and any spouse for open events of a claim, reopened denied claim and a redetermination, STATEMENT OF INCOME AND RESOURCES is shown as the first choice for each deemor for events only after the original output has been printed.

AMENDMENT will be displayed for those events only after the original output has been printed.



Development Worksheet (DW01)

MS 04422.004

DW01

The Development Worksheet (DW01):

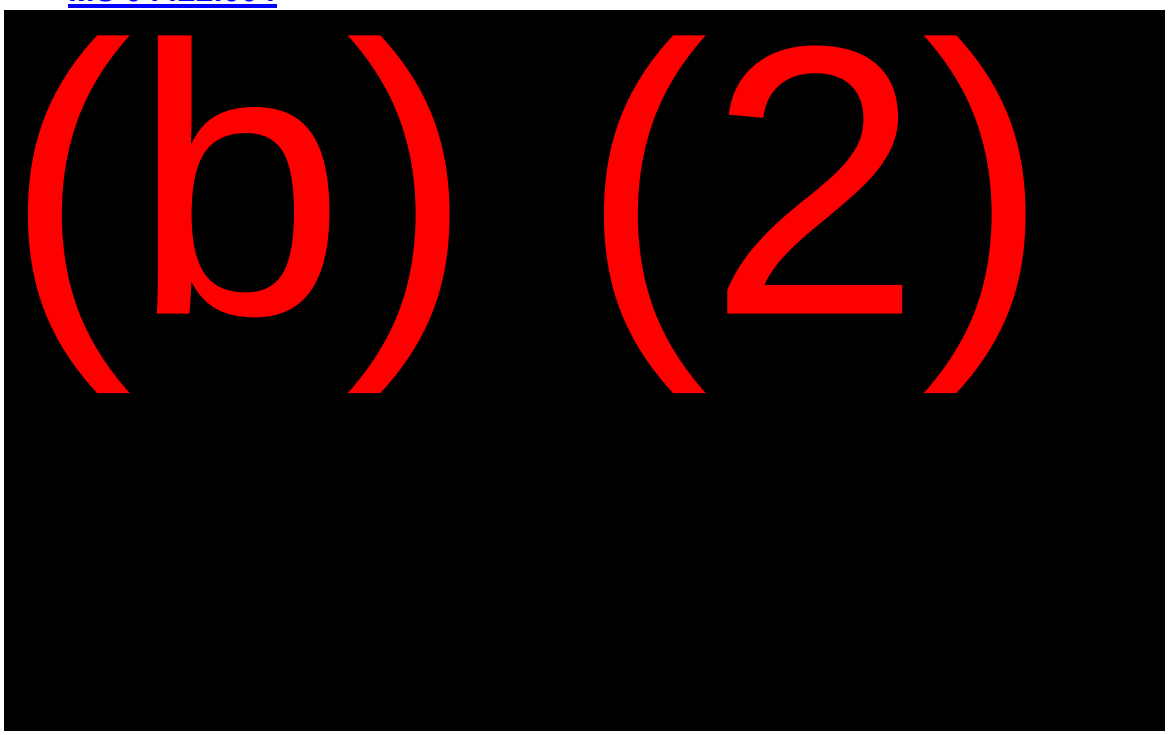
- Displays the name of the claimant and all ineligibles on the claim; and
- Lists and records follow-ups on evidence and issues needed to adjudicate the claim.

There is a separate Development Worksheet (DW01) for the claimant and all ineligibles on the claim.

The Development Worksheet can be accessed from the MSSI screen in update or query mode, select “5” for an established claim.

Below is a facsimile of the Development Worksheet (DW01) screen in MSSICS.

MS 04422.004



Development Issues

The system will automatically create developmental issues on the DW01 as you proceed through a claim. A complete list is in MS 04422.004. Some of the more common issues are:

ABBREV APP	Attestation
DEFER APP	Attestation
APPLICATION	The date SSA received the application is keyed under RECEIVED. This is the filing date(DF) of the claim
ALIEN STATUS	Verify status of alien.
AMEND 8010	Obtain the deemor's signature on the amended income/resource statement.

AMENDED APP	Obtain claimant or applicants' signature on amended application.
CONT AMOUNT	Verify the amount of the contributions to the household expenses.
CONTR VERIF	Verify the amount of the contribution.
DDSDEC	Obtain Disability Determination Services disability/blindness determination.
INST DATES	Verify admission and discharge dates.
LAND SEP HH	Develop separate household from landlord.
PROVE AGE	Obtain proof of age.
RENT LIABIL	Obtain proof of rental liability.
SSA-L305	Issue an SSA-L305 for the deferred or abbreviated application.
SIGN STMNT	Obtain signature of the person making the statement (SSA-795-D or DPST).
SSA-L8024	Issue an SSA-L8024 for the application.
SSA-L8050	Print and issue the other benefits referral form (SSA-L8050).
STUDENT VER	Verify student status
T16COMMDDYY	The closeout date as shown in the 800#/leads system.
TRFCLM	The owning office has transferred the claim to the non-owner FO requesting the claim.
UNKNOWN SSN	Obtain all missing SSNs.
VER PA	Verify that this is an "all public assistance household."
VER EXCL	Verify income exclusion

Automated Systems Feature

MS 04422.001

The system will:

- Identify and post some of the developmental issues to be controlled.
- Set the current date as the development request date on systems-generated issues.
- Set the current date plus 15 days as the development tickle date, unless otherwise specified.
- Set the current date as the development receipt date for certain resolved systems-generated issues.
- Delete the development issue it posted, under certain conditions.

The system allows you to:

- Input issues, which the system then controls.
- Set the development request date on manual issues.
- Set your own control (tickle) dates.
- Enter the receipt date for development issue(s).
- Control workload management at the unit/person level through specific tickle listing request.
- Input developmental remarks.

OBJECTIVE 5:

Use the Modernized Development Worksheet (MDW) for non-system claims, systems limitations, or post-eligibility.

Overview

MS 03901.001

The MDW is a development tool that can be used to support activities not covered by other systems. It consists of a worksheet, a tickle list, and a pending list. The MDW is set up the same way as the SSI Claims System DW01 and is a totally independent system.

The MDW is a versatile system's function allowing the user to glance at and modify workload issues. Information is saved on MDW screens when ENTER is pressed and all edits are resolved. Information is not saved when ENTER is pressed and unresolved edits remain, or a key other than enter is used to leave the screen.

The MDW does not propagate information to or from other systems. This is due to the different security access authorization levels of those using the MDW. This also allows us to maintain a near universal level of access to the MDW within SSA.

Modernized Development Menu (MMEN)

To access the MDW, select "24" from the MAIN MENU. This will bring up the Modernized Development Menu (MMEN).

Below is a facsimile of the Modernized Development Menu (MMEN) screen.

MS 03901.002

The MMEN is used to access the different functions of the MDW:

- Modernized Development Worksheet (MMDW) and
- Listings (MLST).

The FIELD OFFICE (FO) code is propagated from the Top Secret profile of the FO creating the MDW; or for an MDW that already exists, the office that last updated it. Key the SSN for the record you wish to establish, update, or query. The SSN is needed only for the worksheet. It is not required to obtain listings.

If you select "1" (worksheet) as the desired function, then you must choose one of three options:

1. "Establish" to create a new worksheet. If an MDW already exists for that SSN, it will be displayed in update mode.
2. "Update" to modify or change the data on an existing MMDW. If no MMDW already exists for that SSN, the MMDW will be displayed in establish mode.
3. "Query" to view an MMDW. Use this option for review when you do not wish to make any changes. The systems will not allow you to add, delete, or modify any of the data on the screen.

If you are creating a new MMDW, you must enter the claimant's name.

Modernized Development Worksheet

MS 03901.001

Use the Modernized Development Worksheet (MMDW) to record information you wish to control for an SSN. The MDW contains fields that cover common development information. It also contains fields that are passed to the tickle and pending lists for additional control.

Each MDW is under the jurisdiction of an office. The office with jurisdiction is indicated in the "FO" field. The jurisdiction on the MDW is only used to determine which office receives information about the MDW on its tickle and pending lists. When you establish an MDW, the FO field is pre-filled with your office code as shown in the Top Secret profile. Unless you change the pre-filled code, the MDW remains under the jurisdiction of your office. If you want to change office jurisdiction of an MDW, key the FO code of the new office over the pre-filled FO code on MMDW. When you update an MDW, FO is also pre-filled. It is pre-filled with the office having jurisdiction as shown on the pending file. You do not need to key your office code to work with the file.

Worksheets and associated screens are deleted in an overnight process by the system when all ISSUE fields have corresponding RECEIVED dates and the most recent RECEIVED date is more than 120 days in the past. If there are no ISSUE fields or if there are ISSUE fields without corresponding RECEIVED dates, the MMDW and associated screens will not be deleted by the system. You may delete these by completing RECEIVED dates for all ISSUE fields and allowing the system to delete the record as described above, or by completing the DELETE field with a "Y" and having the system delete the record online.

Tickle/Pending List

MS 03901.006 - MS 03901.008

The system propagates the first 5 positions of the claimant's first name and the first 10 positions of the claimant's last name from CLAIMANT NAME on the "MMDW."

The system propagates the claimant's Social Security number from SSN on the MMEN screen.

Function Keys

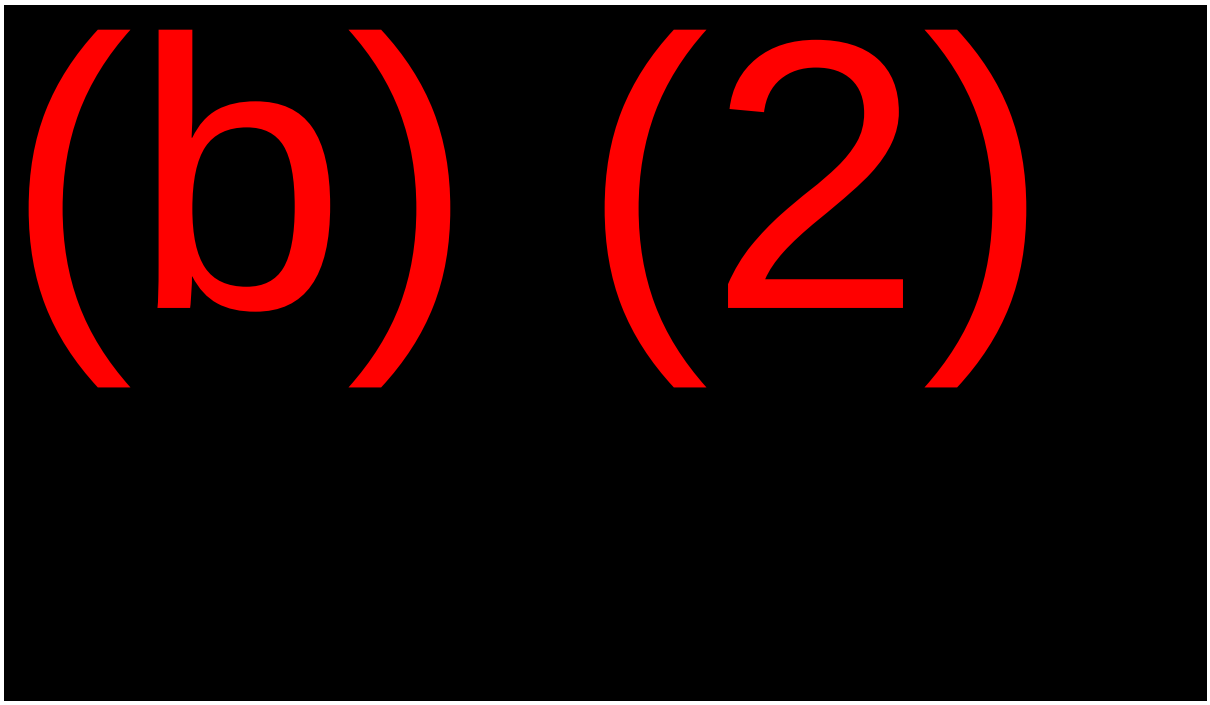
The following function keys are available within the MDW:

Page Down	Log-off of current application
PF1	Help Screens. The system displays a help screen of up to 9 pages for the page of the screen from which the request is made. The request works in establish and update modes. If a help screen has not been keyed for that page, a message is displayed stating that help is not available. Navigation within help screens follows MDW function Key rules.
PF3	Return to Modernized Development Menu (MMEN).
PF4	Return to Modernized Development Menu (MMEN).
PF6	Refresh the screen, removing all the data that has been keyed.
PF7	Return to the prior page or screen.
PF9	Confirm a request to delete the MDW.
Clear	Leave MDW and return to SSA Menu (MAIN).

MMDW – Worksheet

MS 03901.003

Below is a facsimile of the Modernized Development Worksheet (MMDW).



Unit

This identifies the person or work group responsible for processing actions associated with the worksheet. UNIT entries help identify and manage workloads and are used to request tailored tickle and pending lists. Listings may be obtained using the first three characters of UNIT, the last three characters of UNIT, or all six characters of UNIT. While you may use any combination of characters to maximize your control of MDW, be aware that standard UNITS have been defined at the local, regional and national levels. The system can determine the UNIT for you when PC1 through PC8 is used. UNIT is a 6 position field.

ID

This is a 2 position field used to further identify the relationship of the claimant to the SSN.

XREF SSN

Use this field to cross refer the worksheet to another record.

Contact Name

Use this to record the name of a contact other than the claimant. Use the format: first name, middle initial and last name.

Folder Name

Sometimes the name on a paper folder is different than the claimant's name. Use this to record the name on the paper folder. This can make locating the folder easier. Use the format: first name, middle initial and last name.

Claimant Name

Use this to record the name of the person for who development is being controlled. Use the format: first name, middle initial, last name.

Inputs to the address, city, state, zip, foreign country, postal zone, phone, and information fields are self-explanatory.

Miscellaneous

Use this free format field to record additional information about the development. There are 2 lines available and each line will hold up to 70 characters.

Issue

Use up to 11 characters to describe the documentation or development.

Category

A claimant may have several issues being developed concurrently. These issues may fall into different categories of work. It can be helpful to know

which category of work individual issues belong to. The system also uses categories when listings are generated. You can tailor your listing request to include specific categories. Additionally, the defined categories can be used to generate counts. You can find the list of defined categories in MS 03901.003.

Request

Use this to record the date the issue was initiated. Use the format MMDDYY.

F/UP

Use to record both the first and second follow-up date. Use the MMDDYY format.

Tickle

This is the due date for the issue. Use the MMDDYY format. If you do not set your own tickle date, when ENTER is pressed, the system will set a tickle date of 15 days. When the tickle date has matured, the open issue will appear on the tickle list.

Received

This is the date the documentation or evidence was received. Use the MMDDYY format. An entry in this field closes out the issue.

Remarks

Use this field to explain or elaborate on the specific issue.

More Issues (Y)

If you have used all of the ISSUE lines on the Worksheet and have additional issues to control this field, you will receive additional issues (MISS) as the next screen each worksheet can contain up to 5 issue lines.

Additional issues can contain up to 43 lines. Between the two screens, there are 48 issue lines available.

Remarks (Y)

Use this to request Remarks (MRMK) on which you can record free format text information.

Delete (Y)

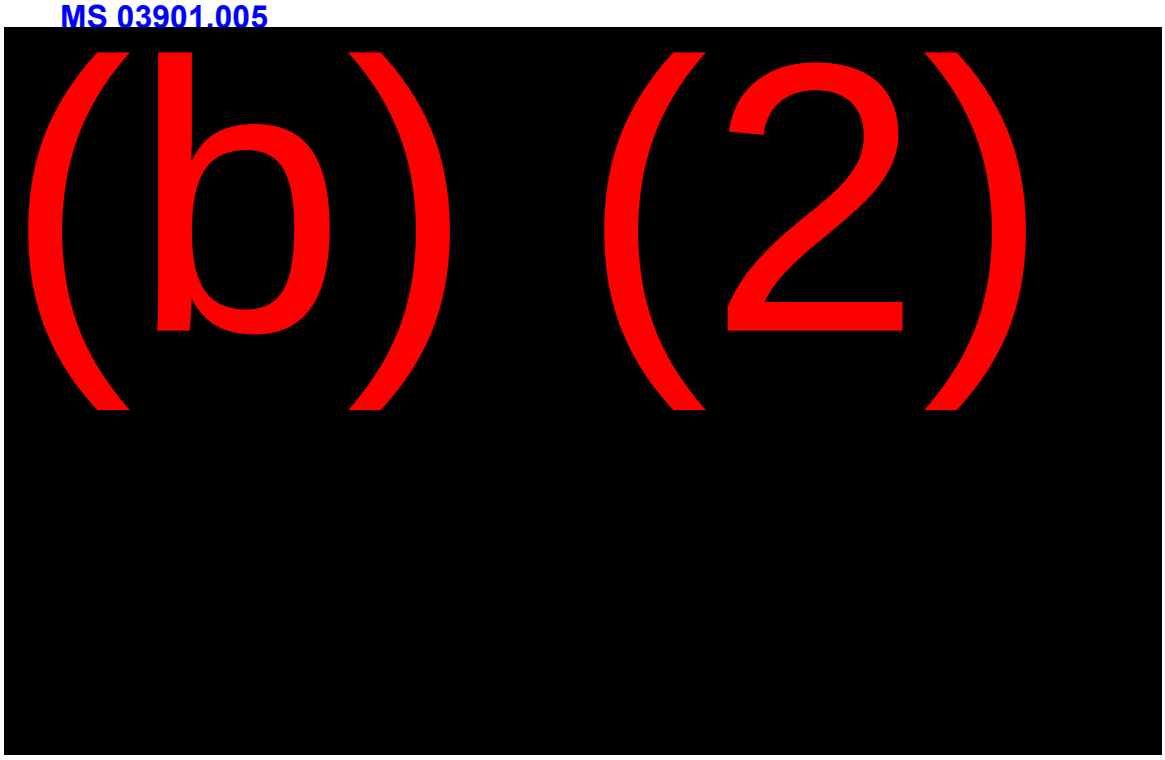
Use this field only when you need to delete a worksheet and associated screens before the system deletion occurs. Because the MDW screens, once deleted cannot be restored, you will be asked to confirm your deletion request with PF9 before the screens are actually deleted. Unlike the automatic deletion by the system, which is overnight, this deletion is online and a new MDW can be established immediately.

MDW Remarks

There are up to 18 lines available. Each line can contain up to 79 characters. Use this free format field to record information about the documentation or development. A single worksheet and associate screens may be used by a number of people in different offices. It is important that each person involved, as well as anyone else accessing the record, be able to follow the information on the screens. Key enough information to make the information clear. Do not routinely key over existing entries. When practical, use all nine pages of remarks before removing or keying over the previously entered information.

Below is a facsimile of the Modernized Development Remarks (MRMK) screen.

MS 03901.005



OBJECTIVE 6:

Request a tickle list.

General

SSA employees have several options for managing and controlling their workloads. The primary sources for reviewing pending tickle lists and other workloads are the Workload Action Center (WAC) and Management Information Central (MI Central). Both of these sources collate information from multiple agency databases and present the information in an accessible and easily understood format.

Although WAC and MI Central are the preferred sources, employees can also pull manual tickle and pending lists directly from certain menus in PCOM.

WAC

The Workload Action Center (WAC) is a software program used by technicians to view and work the majority of their pending, tickle, and action lists.

WAC imports Title 2 and Title 16 claims and appeals case listings from a variety of sources, such as DCF, EDCS, MDW, RPS, MCS, and SSI Claim System. The list includes both initial claims and post-eligibility cases. WAC displays case counts by category, and then displays case listing information in a Windows Explorer-like interface. You can view different subsets of case listing information by clicking on a pull-down list or selecting from a number of folders and sub-folders representing claim types and subcategories.

WAC allows you to sort listings by a wide range of criteria. From the case listing, you can select individual cases, and use different buttons, tools, and/or menu items to:

- Open that case in MCS, MSSICS, CPMS, DPS, NDRED, ORS, eView or EDCS, and several other systems
- View query information on a case
- Send case information to email, the Outlook Calendar, or Outlook Tasks.
- Begin a DPS Notice on a case with automatic insertion of the SSN into DPS
- Import Internet claims and appeals; take action on IDR only cases; send notices on Internet workloads
- Use the "WAC Web Worksheet" to create follow-up & closeout notices, emails, or e562's on MCS and MSSICS cases
- Create and assign "WACtions" to annotate and communicate the status of a case

You can learn more about WAC on the (b) (2)(b) (2)(b) (2). Training material on how to use WAC is available under the Training tab on the WAC website.

MI Central

The SSA Unified Measurement System/Managerial Cost Accounting System (SUMS/MCAS) MI Central System is a web-based application on SSA's Intranet that provides employees access to all SUMS and MCAS data and reports.

MI Central facilitates access to management information and workload control reports by providing a central location where employees can obtain information on SSA workloads presented in a format with a consistent look and feel.

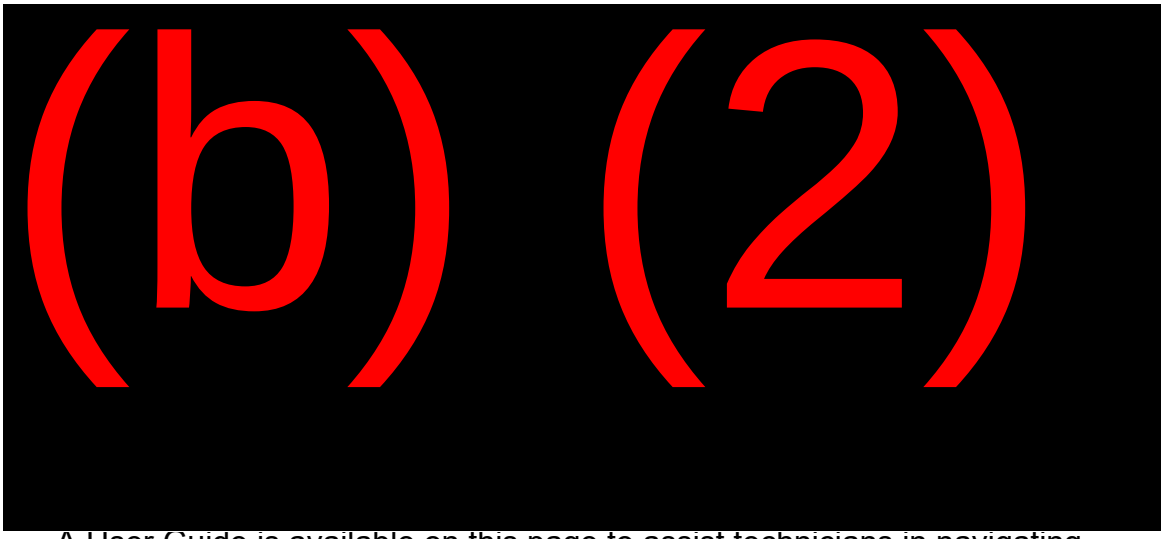
MI Central provides access to workload counts, workload control listings, processing time reports, performance measurement reports, and managerial cost analysis data/reports.

Although WAC will be the primary source for workload control, MI Central also contains useful data and provides the technician with the opportunity to create lists of favorite or frequently-used reports.

Below is a facsimile of the (b) (2)(b) (2)(b) (2)(b) (2)(b) (2) main page.

To pull up Title 16 initial claims, select the appropriate radio button. This will bring up the Title XVI Initial Claims Listings page, where you can specify the type of listing, time frame, and other criteria in the column on the left.

Below is a facsimile of the Title XVI Initial Claims Listings page:



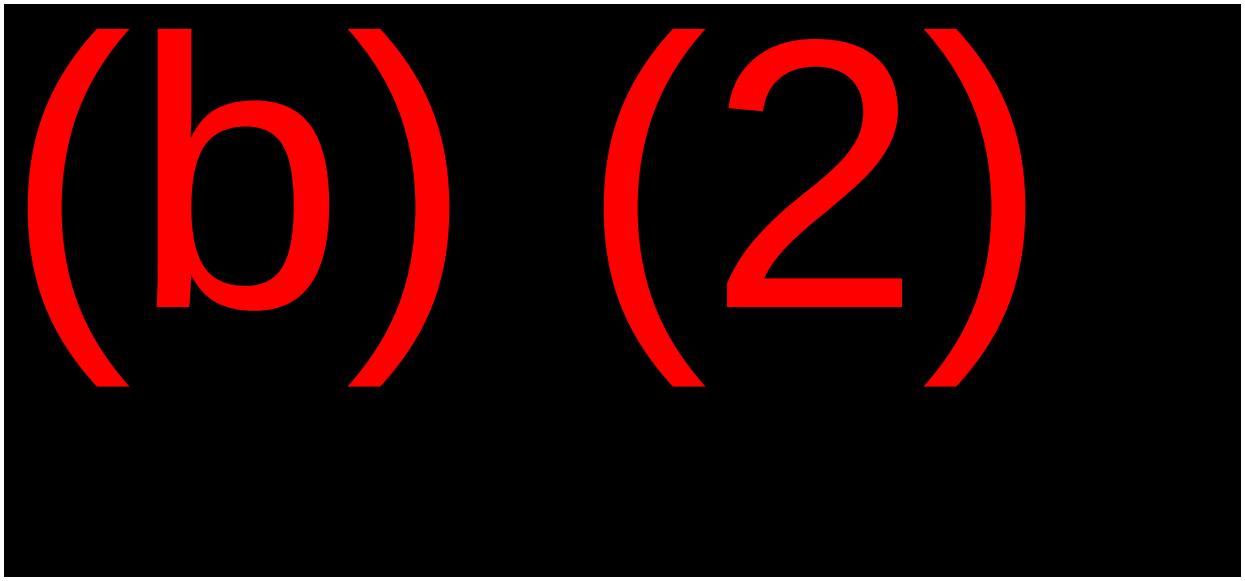
A User Guide is available on this page to assist technicians in navigating and managing the listings available in MI Central.

SSI Claims System

SSI Claims System tickle lists are available in WAC. Tickle lists for initial claims and post-eligibility actions can be requested directly through the system, as well. Request a tickle list using the Tickle List Request (DLIS). The DLIS is accessed from the MSSI in query mode "3" and selecting the desired function "2" for tickle list request.

A facsimile of the DLIS is shown below:

MS 04422.019



The tickle list can be obtained three ways:

- On the computer monitor, if you do not request a print type,
- As a hard copy, if you request "partial print,"
- As a hard copy, if you request "full print."

The tickle list shows all development issues that have not been resolved and that are due for a follow-up. An issue is due for a follow-up if there is no entry in RECEIVED on the Development Worksheet (DW01) and if the date in TICKLE on the DW01 is the current date or earlier.

All of the information on the tickle list is pre-filled from the DW01.

MDW

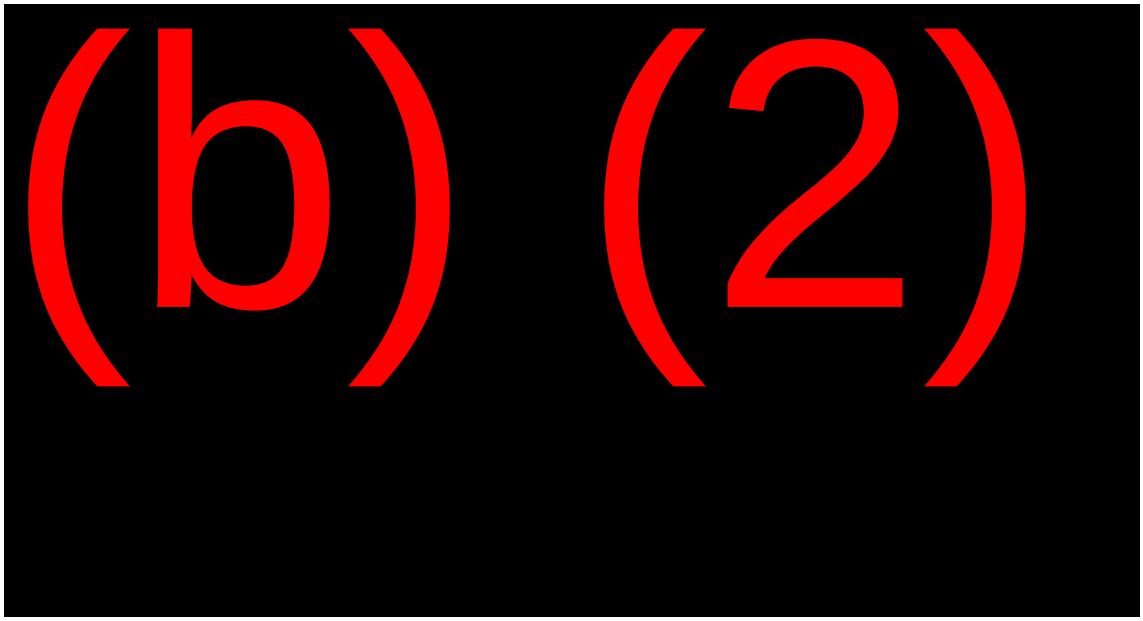
MS 03901.008

MDW tickle lists are available in WAC. You can request MDW tickle lists directly in PCOM, as well, by entering "2" in SELECT THE DESIRED FUNCTION on the MMEN. This brings up the MDW Listings (MLST). From the MLST, you select a Tickle or Pending List.

The Tickle List displays information about worksheets with matured tickle dates for ISSUE entries. The information displayed is based on the information keyed on listings.

Below is a facsimile of the Modernized Development Listings (MLST) screen.

MS 03901.006



How Records Are Selected

Each night, Monday through Friday except holidays, the tickle list is compiled. Records are included in the tickle file when the ISSUE line of the worksheet is open and the tickle date has matured.

Unit

Each worksheet contains a unit field. When the tickle and pending lists are prepared, they are sorted by units. You specify what units you want to appear on the requested listings. Your options are:

1—Entire Office;

2—First 3 characters;

3—Last 3 characters; or

4—All 6 characters.

If you request listings for the first 3, last 3, or all 6 characters of the unit, you must further specify units you want included.

Breakdown

MDW listings can be broken down by category or by category and units within categories.

Categories

You may specify your request for 5 categories. Categories will be displayed in alphabetic order. Refer to MS 03901.003 for a complete listing of national categories and their meanings.

Counts

You may request a count of the number of records within a category. You may also obtain a count of records by units within each category. However, counts are only available for printed listings.

Workload Management Information System

MS 06401.001

Purpose

The Workload Management Information (WMI) system for Title 16 claims analyzes and locates cases that are in need of field office action or attention. It is designed to identify Title XVI appeals and post-eligibility (PE) claims in need of field office action or attention.

IMPORTANT: This system provides information on Title 16 appeals and PE items only. All Title 16 initial claims information must be obtained through WAC or MI Central.

Accessing the WMI System

MS 06401.002

To access Workload Management Information (WMI) system, select option “25” from the SSA Main Menu.

After requesting option “25” on the SSA Main Menu, the LISTING REQUEST MAIN MENU screen will appear. Your office code will be shown on this screen. There are three selection fields on this screen:

1. SELECT THE DESIRED SYSTEM (ENTER 2)
2. TYPE OF REQUEST (ENTER 1)
3. SELECT DESIRED OFFICE (LEAVE BLANK)

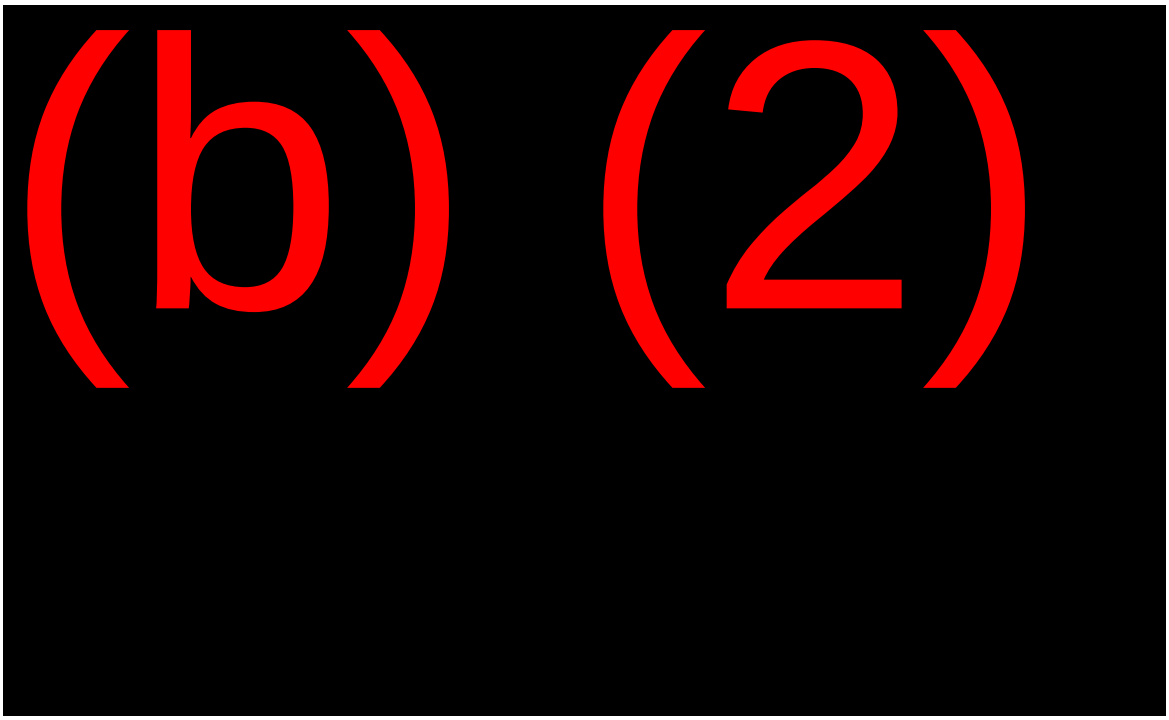
Title XVI WMI-SSI Reports

MS 06101.002

When you select Title XVI on the RQST, the next screen that appears will be the WSMR, SSI REPORTS MENU (MS 06101.002), which allows you to choose the report you want to access.

Below is a facsimile of the Listing Request Main Menu (RQST) screen.

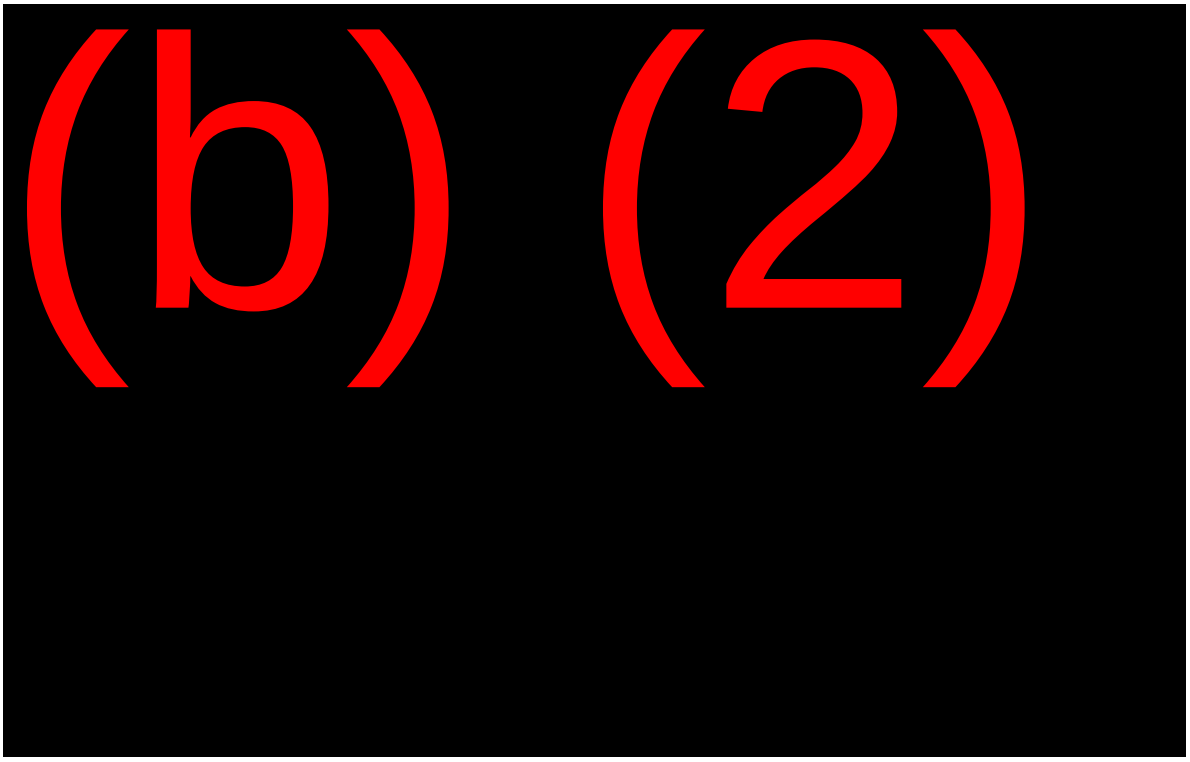
MS 06401.005



There are five WMI Initial Claims Appeals Reports that can be printed. These reports provide information on pending appeal issues that may need immediate action.

Below is a facsimile of the SSI Reports Menu (WSMR) screen.

MS 06101.002



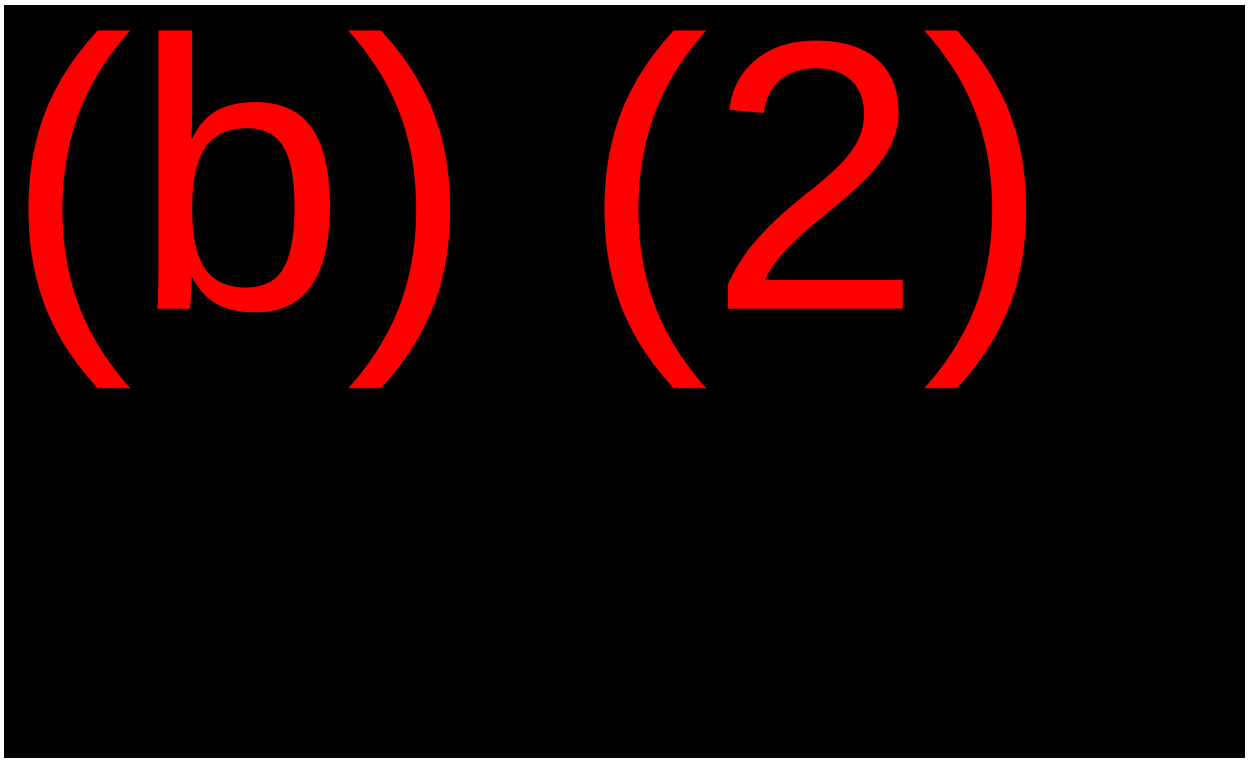
The reports that we will focus on are the CR Action List and the Pending Report.

CR Action List

If you select “3. CR ACTION LIST” on the WSMR screen, the next screen to appear would be the MSAL. A listing request can be made for the entire office, by unit code, unit range, or alpha breakdown. The action list default includes a list of all cases pending that are over 240 days old. If you want all cases based on another age (030 for example), over key the 240 that is prefilled. The system will save the number you input and prefill it on your future requests. You can always over key it again later.

Below is a facsimile of the SSI CR ACTION REQUEST (MSAL) screen.

MS 06101.005



The CR Action List is updated daily. It identifies cases that need some type of action. Cases appear on the list divided into categories according to the type of action needed. A case will appear under more than one category if it meets the selection criteria for more than one category.

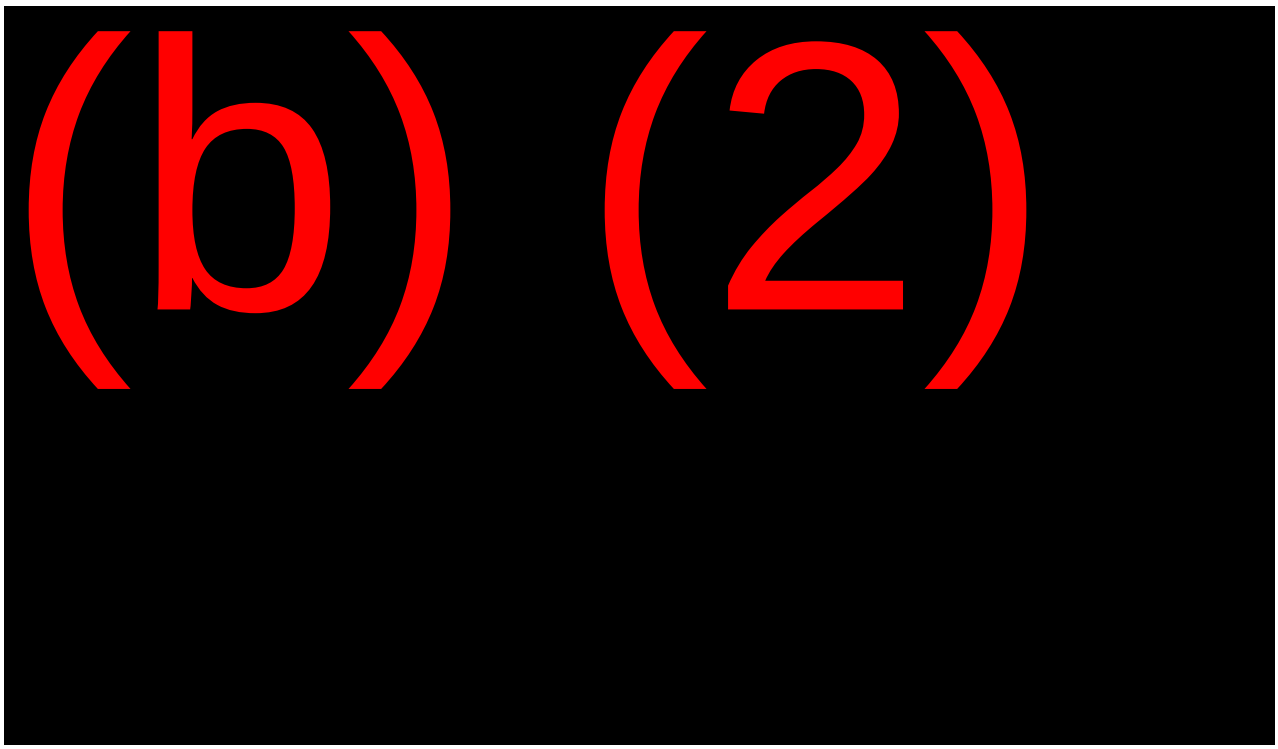
The CR Action List highlights the cases that are potential problems and it explains what is wrong with them. It should be considered a "red alert" list. Working this list regularly keeps it manageable and focuses the CS on the right cases.

Pending Report

MS 06101.004

If you select "2. Pending" on the WSMR screen, the next screen to appear is the MSPL. This produces printed results of all pending appeals in the field office. CSs can specify which claims should appear on the list by selecting the unit, the desired workload, the age, and the specific type of output.

Below is a facsimile of the SSI Initial Claims Pending Request (MSPL) screen.



The other three categories are Receipts/Clearance, Appeal Pending Priority, and WMI SSN query. There are also two post-eligibility and PE appeal lists.

EXHIBIT 1: DOCUMENTATION TYPES AND CODES

GN 00301.288

ADDITIONAL DATA TO BE COLLECTED ON EVID/DROC SCREEN

DOCUMENT TYPE AND CODE	ADDITIONAL DATA TO BE COLLECTED ON SCREEN
State/County/City Birth Certificate (BC)	Name of child as shown on birth certificate, if different from name on application screens.
	Two-letter state abbreviation if different from state of birth on application screens.
	Any additional information needed for claim (e.g., identity data).
Notification of Birth (NB)	Same as for BC.
Delayed or Amended State/County/City Birth Certificate (DBC)	Same as for BC plus recordation date (year that record was filed with custodian).
Hospital Birth Record (HBR)	Same as BC.
Child's Birth Certificate used as proof of age for parent (CBC)	Name of child Child's date of birth Child's place of birth Age of parent Recordation date
Religious Record (No document code necessary as type of event will indicate that it is a religious record)	Type of religious record, such as baptism, bris, cradle roll, etc., recordation date.
U.S. Government Military Record (MS)	Form Number, such as DD-214, HS 1867, NOOA 56-16, etc.
INS/Immigration Record (INS)	Form, such as I-551, I-766, Naturalization Record, etc. Any other information required by POMS for verification

DOCUMENT TYPE AND CODE	ADDITIONAL DATA TO BE COLLECTED ON SCREEN
School Records (SR)	Recordation Date
Voting Record (VR)	Recordation Date
U.S. Passport (PP)	Issue Date
Federal Census Record (FC)	Recordation Date
State Census Record (SC)	Recordation Date
Indian Tribal Records (IT)	Recordation Date
Health Record (HR)	Recordation Date Name of Doctor, Clinic or Hospital Issuing Document
Master Beneficiary Record (MBR)	None
Supplemental Security Record (SSR)	None
Numident	None
Forms W-2 or W-2C (W2 or earnings W2C, as appropriate)	Last 2 digits of year to which wages apply
Schedule C, F, or SE from Tax Return (Schedule C/F/SE, as appropriate) Form SSA-L4201 (L4201)	Last 2 digits of year to which net earnings apply Period covered Name of company official who signed the form Date signed

OFF AIR ACTIVITIES

OBJECTIVE 1: Understand documentation and evidence.

- Trainees should complete Exercises #1 and #2.
- Trainees should review GN 00301.030 and GN 00301.031.
- Trainees should be given tips on what to look for when reviewing the validity of documents. Trainees should be encouraged to develop good examination of evidence skills.
- Trainees should be given several original documents to look over. Trainees should, if necessary, photocopy and certify documents or enter data into EVID screens.
- Trainees should be shown how to access the DPST,DROC screens and person remarks and file documentation notes section in SSI Claims System. Reiterate what each is used for.
- Remind trainees to use the first person when typing statements on the DPST and Person Remarks section (e.g., "I own a house located at…." Rather than "The claimant owns a house located at…..")
- Trainees should review locally-produced SSA-795s such as for room rental, payment continuation, Medicaid use test, etc.
- Trainees should review several locally-written DROCs or other claims specialist determinations on issues such as holding out, loan of ISM, or other claims issues.

OBJECTIVE 2: Request evidence and provide assistance to claimants.

- Trainees should be told of any community agency/organization contacts in their servicing area that could assist claimants in getting required documentation (e.g., legal services, church group.).

- Using DPS and/or inForm, trainees should become familiar with preparing various letters/forms available to request different types of information (e.g., SSA-L732, SSA-L4201, SSA-8510).

OBJECTIVE 3: Determine the proper form to request evidence and how to close out initial claims.

- Trainees should complete Exercises #3 and #4.
- Using DPS, inForm and/or paper forms, trainees should review and practice completing forms SSA-8024-U3 and SSA-8009-U3.
- Discuss with trainees the follow-up and closeout procedures for claims and post-entitlement events.
- Trainees should read SI 02305.021, SI 00601.110, SI 02301.235 and GN 01010.410 to review closeout procedures.

OBJECTIVE 4: Use the Claim Development functions to control SSI Claims System events.

- Trainees should complete Exercise #5.
- Trainees should review MS 04422.004.
- Mentors should discuss appropriate time frames for tickles and the use of remarks on the DW01 with trainees. Also, trainees should be familiar with local practices.
- Discuss with trainees the importance of using the DW01 to address issues and control workloads.
- Discuss with trainees the various methods in using the unit code on the DW01 when indicating what is being addressed (e.g., BLSIC as unit for initial claim). Also, trainees should be familiar with local practices.
- Trainees should complete the online training titled, (b) (2) (b) (2)(b) (2)(b) (2)(b) (2)

OBJECTIVE 5: Use the Modernized Development Worksheet (MDW) for non-system claims, systems limitations, or post-entitlement.

- Trainees should complete Exercise #6.
- Trainees should practice accessing and annotating an MDW.
- Trainees should review office workflow on working the MDW listings.

OBJECTIVE 6: Request a tickle list.

- Trainees should be introduced to WAC and shown how to pull their claims list.
- (OPTIONAL) Trainees should practice obtaining the DW01 and the MDW tickle lists through PCOM.
- Trainee should then review the lists to become familiar with how they are used to control workflow.
- Trainees should review local procedures regarding the Workload Management Information system (i.e., who obtains the listings, the types, the frequency of requesting lists, etc.).

EXERCISES

Exercise #1

In the following questions (1-4), identify which is documentation and which is evidence, based on definitions and examples given in the lesson.

1. A special determination

2. A birth certificate

3. A deed proving home ownership

4. A SSA-795 giving the fair rental value of the claimant's residence

5. Mrs. Green submits a photocopy of her birth certificate to you as proof of her age. Is this acceptable proof? Explain your answer.

6. Mrs. Williams submits her naturalization certificate for proof of her age and citizenship. She refuses to allow you to photocopy it because the document clearly states that it must not be done. What do you tell her?

7. What screen(s) would you use to record a SSA-795?

8. In the SSI Claim System, what screen(s) would you use if you needed to write a RC?

9. You receive a SSA-4201 for Mr. Smith verifying his wages for June through September. What should you do next?

Exercise #2

For each statement below, determine whether a SSA-795 (DPST) or SSA-5002 (DROC) would be proper documentation. Explain your answer and cite your POMS reference.

1. "I wish to change my wage estimate from $75 a month to $175 a month."

2. "My brother moved in with me yesterday."

3. "My savings account balance is $200 instead of $150."

4. "I changed my mailing address from P.O. Box 36 to P.O. Box 42, but there is no change in my living arrangement."

5. "Besides all the medical problems I told you about last week, I also suffer from lower back pains occasionally."

6. "I called the court house and confirmed that the assessed value shown on the property tax receipt in file is current."

7. "I called the householder to ask what he meant by 'for all the food' in a statement he signed. He explained that the claimant's contribution covers not only all his own food, but food for everyone in the household."

Exercise #3

1. You have a claim that has insufficient information about the spouse's earned income. You need to interview the claimant to clarify this issue. How would you request the claimant to contact you?

2. You have completed an application in the SSI Claim System by telephone. You want the claimant to bring the proofs you are requesting into the office.

   a. What notice do you send for this request?

b. What notice is used to request information and has specific closeout language in an initial claim?

c. In post-eligibility?

Exercise #4

For the following case examples, determine the appropriate closeout procedures, and give the date the denial can be transmitted. (Assume that weekends and holidays are not involved.)

1. On June 12, Evelyn Kessler filed a disability claim because of a severe back problem. Ms. Kessler had already been approved for Title II disability. You gave her a SSA-L8009-U3 dated that day requesting that she submit her life insurance policies. You did not mail a follow-up letter until July 1. On July 6, Ms. Kessler called to say she had been in too much pain to make the bus trip to her bank to get policies from her safe deposit box. She requested an extension of time.

2. Gertrude Young filed for SSI on September 10 based on her disability. Development of her claim was deferred. The Disability Determination Services (DDS) approved her disability claim on November 2, but recommended that a representative payee be selected. On November 10, Ms. Young's aunt, Mrs. Baker, agreed to be her representative payee. On the same day, you gave Mrs. Baker an SSA-L8009-U3 requesting evidence of the claimant's life insurance policy. After 15 days, you noted that the evidence had not been received and mailed a follow-up letter to Mrs. Baker. After another 15 days, you have not received the evidence.

3. Millie Peters, age 66, was mailed a SSA-L8009-U3 on March 3. After no response from Ms. Peters, a follow-up letter or SSA-L8009-U3 was sent on March 20. On April 1, you check the folder and find no indication of why Ms. Peters might not be able to cooperate.

4. Fred Jackson received a SSA-L8009-U3 dated August 5. He put the letter on the refrigerator and forgot about it. On August 12, he received a follow-up saying his claim would be denied if he did not provide the requested evidence by August 20. He called the FO to say he would come in as soon as he could get to town. He did not submit evidence by close of business August 20. On August 21, you transmitted a denial.

5. Sam Miller is receiving SSI for disability benefits. On August 26, you gave Mr. Miller a SSA-8003-U3 requesting that he provide the necessary evidence to process his redetermination. On September 10, you noted that the evidence had still not been received. You sent a follow-up to the General Delivery address Mr. Miller gave during the interview because he said he was living on the street and getting by the best he could. As of September 30, Mr. Miller still had not responded to the request for evidence. You then called his social worker and were told that she had been trying to reach him also. You also called several of the shelters in the area but were unable to locate Mr. Miller. On October 1, you made a determination of ineligibility and sent a notice of planned action to the recipient.

Exercise #5

In the training region, create and clear issues on a SSI Claim System DW01 using the following scenarios:

1. Pam Webber, an SSI aged applicant, files an in-office claim for benefits alleging she is 68 years of age. She explains that she has her birth certificate at home, but forgot to bring it with her. She tells you that she forgets all the time, has severe arthritis that prevents her from getting to the phone quickly, and that she is hard of hearing. She requests that you call her in two days' time to make sure that she has placed the birth certificate in the mail. She tells you she will be leaving after the third day to visit her daughter and may be gone up to three weeks. She wants to make sure everything is taken care of before she leaves. The application has been attested and you put the case under your telephone so that you don't forget to call her in two days' time. You are out sick the next three days. On your return, you realize that the case is still sitting under your phone and you have not received the birth certificate. You try calling Mrs. Webber numerous times, but get no answer. You realize she has already gone to her daughter's house. You do not know her daughter's name or number. Where did you go wrong?

2. While reviewing your tickle list (DLIS) screen, you notice there is still an outstanding issue on your ITNF page (Temporary Assistance for Need Families). You remember that the information came in two days ago. You access the DW01 screen and receipt in the issue. You put the case into pay status and then realize that you did not show verified on the ITNF page. Will your case process to pay?

3. You are about to clear a claim with an outstanding issue (non-critical data). Will the pending issue disappear when you clear the claim?

Exercise #6

Using MS 03901.003, match the MDW issue category listed on the left with its meaning on the right.

1. T16CG	A. SSI Payments and Checks
2. RZINIT	B. SSI Change of Payee
3. ADM	C. Deferred Development
4. T16CK	D. SSI Changes
5. APPT	E. Administrative Message
6. T16OP	F. SSI Hearings and Appeals
7. DEF	G. Redetermination (Initiated)
8. T16RP	H. SSI Overpayments
9. T16APL	I. Leads-Scheduled Appointments

EXERCISE ANSWERS

Exercise #1

1. Documentation (GN 00301.285)
2. Evidence (GN 00301.010)
3. Evidence (GN 00301.010)
4. Evidence (GN 00301.010)
5. No. You must be able to compare your photocopy to the original document to confirm its authenticity and to examine it for alterations or irregularities. (GN 00301.015)
6. SSA has been granted permission to copy naturalization certificates for internal use only. (GN 00301.280)
7. The DPST or the Person Remarks (Printed) section.
8. The DROC or the File Documentation Remarks section.
9. Record wages on the Wages Page as verified and complete a DROC or EVID.

Exercise #2

1. An SSA-795/DPST, because it affects payment. (GN 00301.305)
2. An SSA-795/DPST because it may affect payment amount. It could also change the LA. (GN 00301.305)
3. AN SSA-5002/DROC unless it places total countable resources over the allowable limit. (GN 00301.305)
4. AN SSA-5002/DROC, as it does not affect eligibility, nor does it change payment amount. (GN 00301.305)
5. An SSA-5002/DROC because statement will be verified by DDS. (GN 00301.305)

6. An SSA-5002/DROC. This clarifies existing evidence. (GN 00301.305)

7. An SSA-5002/DROC. This clarifies an existing statement. (GN 00301.305)

Exercise #3

1. A SSA-L8009-U3 (SI 00601.100, SI 00601.120)

2. a. System Cover Notice with Information Request or attestation cover letter.

   b. A SSA-L8009-U3 (SI 00601.100, SI 00601.120)/System Cover Notice with Information Request or attestation cover letter.

   c. A SSA-L8003-U2 (SI 02306.701)
   A SSA-L8004-U2 (SI 02306.702)

Exercise #4

1. The extension can be granted for good cause.

2. Closeout procedure does not apply. A new payee should be selected.

3. A denial can be transmitted on April 4 because this is after 30 days initial notice and a follow-up letter was sent. Ms. Peters would have to contact the FO to establish good cause for extension or provide the evidence by close of business April 3.

4. The closeout procedure applies, but it was not followed. The closeout date set by the interviewer did not conform to procedural instructions that provide for 30 days. The denial was inappropriate, and an extension should have been considered prior to any action.

5. Closeout procedure applies, but Mr. Miller falls under the homeless category and thus you must make every effort to contact and locate him. You followed all closeout procedures and made every effort to locate the claim before making a determination of ineligibility.

Exercise #5

1. First of all, you failed to document the file properly. You did not utilize your DROC screen or REMARKS section of your DW01 to annotate Mrs. Webber's comments about going to her daughter's for a few weeks. You did not obtain an address or phone number for the daughter. (If you use the DROC screen, it will come up in your path automatically when you are in query mode. It will also show on the PERS.) Your development worksheet was not properly annotated and you were relying on your memory to work the case rather than using the tools available. Your propagated tickle date for proof of age was not overtyped from a 15 day to a 2 day tickle. Your DW01 should have been annotated as to Mrs. Webber's problem in the MISC block so that anyone reviewing the file would have some insight into her problems. Hard of hearing, forgetfulness and slow movement due to severe arthritis should have been annotated to your screen.

2. If the ITNF page had been accessed and verified, the receipt date would have automatically propagated to the DW01 field for that issue. Since the DW01 was accessed first, this information will not automatically propagate to the ITNF. No online edit or 450S reject would have been received. However, you can clear the claim. Remember, unearned income can be verified post-adjudicatively. The claims specialist should look at the ILST (Income Status Screen) to be sure that the income has been verified before the case is cleared.

3. No. Even though the claim will be cleared, the outstanding issue will still show up on your tickle list until a received date is entered.

Exercise #6

1. __D__	T16CG	A. SSI Payments and Checks
2. __G__	RZINIT	B. SSI Change of Payee
3. __E__	ADM	C. Deferred Development
4. __A__	T16CK	D. SSI Changes
5. __I__	APPT	E. Administrative Message
6. __H__	T16OP	F. SSI Hearings and Appeals
7. __C__	DEF	G. Redetermination (Initiated)

8. __B__ T16RP H. SSI Overpayments

9. __F__ T16APL I. Leads-Scheduled Appointments

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LESSON PLAN

Module Objectives

At the conclusion of this module, the trainees will be able to:

1. Process deferred and simultaneous cases and the corresponding clearance inputs.
2. Use the build transaction Supplemental Security Record (SSR) Function to adjudicate a claim and close an event.
3. Identify and resolve initial claims edits, rejects and alerts.

Length of Module

6 hours

Forms

SSA-8125

SSA-8000-BK

SSA-8203-BK

SSA-450-SI

Helpful Resources

Title XVI CS Resource Kit

Under Systems Information
Payment Status Codes

Under Program Information
SSI Desk Guide
Code Book

BACKGROUND AND RATIONALE

Purpose

After the Supplemental Security Income (SSI) claim has been taken and all disability development (if necessary) has been completed, the Claims Specialist must determine if payments are due and, if so, ensure that the system pays the claim correctly. An update must be performed for all deferred case allowances and, in some instances, an update must be performed on simultaneous cases to update a limited set of issues. The preferred method of updating a medically allowed case is with the system. This process makes it easy to document living arrangements, income, resources and representative payee involvement. When providing service to claimants who are in pay status, Social Security Administration (SSA) employees are afforded the most recent and accurate information if the SSI Claims System has been fully and properly utilized.

OBJECTIVE 1:

Process deferred and simultaneous cases and the corresponding clearance inputs.

Definitions and Types of Pre-Effectuation Review Contacts (PERCs)

SI 00603.030

PERC

A Pre-Effectuation Review Contact, also known as a PERC, is the process of bringing up to date and/or fully documenting a claim after receipt of a notice of disability allowance. A PERC is conducted for all deferred development claims and certain simultaneous development claims that have been approved. A PERC for a simultaneous development claim may be a limited PERC or a full PERC.

Limited PERC

PERC is the process of bringing a simultaneous development claim up to date on a limited set of issues.

Full PERC

A full PERC is a PERC on a deferred development claim or a simultaneous development claim that does not meet the requirements for a limited PERC. A full PERC involves a review of all issues subject to change.

Processing Deferred Cases

SI 00603.002; SI 00603.031

Allowance

When a deferred development disability claim has been approved, a PERC is required if the claimant is living. (See SI 00603.032A if the claimant is deceased.) In the PERC, all non-disability factors must be developed and the appropriate input(s) made.

Consider all actions before updating and inputting claims into the system:

- Query the SSR to verify that the record has not been changed;
- Follow office procedures to clear the EDCS Action List;
- Review the non-disability information to determine what further evidence or development is required (e.g. representative payee issues, proof of wages, living arrangements); and
- Contact the claimant immediately via telephone or send a SSA-L8009-U3 (Request for Information/Evidence) in DPS to schedule a telephone or in-office appointment to conduct an update. This update is known as a PERC.

Development of the PERC will be discussed later in this objective.

NOTE: Trainees should discuss specific field office (FO) procedures with their mentors.

Disallowance

When a disability claim has been denied, no development is required. Review the EDCS action list, WMI/WAC, and SSR to ensure that DDS has changed the denial code in the PSY field. A copy of the SSA-831-C3/U3 (Disability Determination and Transmittal) with the medical decision and the denial code can be found in eView. Follow the steps below to input the appropriate denial code to the SSR if the PSY field is still coded “H80”.

1. On the DW01 screen, enter the receipt date of the claim next to the DDSDEC issue.

2. On the SSI Menu (MSSI screen), enter the claimant's social security number (SSN), select "2" (to update) along with function "14" (Decision Input) (MS 04425.001).

3. On the Build SSR (DSSR screen), enter a "Y" in the "CLOSE EVENT" field.

4. On the Adjudicative Decision (DADJ screen), select "2" for Denial and enter the Denial Code found on form SSA-831.

Processing Simultaneous Cases

When a disability claim has been approved, all non-disability factors must be developed and the appropriate input(s) made. The subsequent issues will help you recognize when a PERC is required and the development needed to complete the PERC.

PERC Required (Allowance)

SI 00603.031

A PERC is required in simultaneous development claims when none of the exceptions in SI 00603.032 applies and more than 120 calendar days have elapsed between the reference date, AND

- The date the DDS makes a final allowance decision; or
- The date shown on the SSA 831-C3/U3 and folder are received from DDS when there is no systems record; or
- The date the FO receives an Appeal Council (AC) decision (or the notice of decision unaccompanied by the folder); or
- The date the FO receives a court decision.

NOTE: If you receive a DDS early notification before the time limit expires but the final notification is received after the time limit expires, you must still complete a PERC.

Limited PERCS

SI 00603.034

For the following simultaneous development claims, only limited development is required for the PERC:

- Living Arrangement (LA) D Claims
- Profiled Claims

FLA-D Claims

For claimants who are in Federal LA-D, different information is obtained depending on whether:

- A "full" monthly payment is due (the Federal Benefit Rate (FBR), limited only by the payment cap, plus any optional supplement)(C01); or
- The claimant is eligible but countable income exceeds the payment cap plus any optional supplement (E01).

To qualify for a limited PERC, the record must show that the claimant has been in either situation for all months since the latest of the following:

- The date of first eligibility (SI 00603.030);
- The date the initial application was received; or
- The date the SSA-8000-BK or the full application was completed when the claim was switched from deferred to simultaneous development prior to receipt of a medical allowance.

If the information required for the limited PERC cannot be confirmed, you must conduct a full PERC.

Profiled Claims

The record must show since the latest of the following dates:

- The date of first eligibility;

- The date the application was received; or
- The date the SSA-8000-BK or the full application was completed when the claim was switched from deferred to simultaneous development prior to receipt of a medical allowance;

That the claimant has no ineligible spouse and is:

- In FLA-A and the claimant and/or eligible spouse receives only Title II or assistance based on need (as defined in SI 00830.175); or
- In FLA-B and neither the claimant nor the eligible spouse receives any earned income or countable unearned income other than Title II.

No PERC Required

SI 00603.032

If fewer than 120 days have elapsed and the non-disability development is complete, systems input (by the DDS or FO) of a disability allowance triggers payment for the recipient.

NOTE: Presumptive disability/presumptive blindness (PD/PB) medical allowance decisions are not considered final by the system even when completed within the 120-day period.

Exceptions to Conducting a PERC

Claimant Becomes Ineligible

Do not conduct a PERC when the claimant becomes ineligible for benefits within the 4 calendar months following the latest of:

- The month of first eligibility; or
- The date the initial application was received; or
- The date the SSA-8000-BK or full application was completed when the claim was switched from deferred to simultaneous development prior to receipt of the medical allowance;

- And ineligibility is expected to continue through the end of the evaluation period.

PD/PB Claims

Do not conduct a PERC when a presumptive disability/blindness determination was made by either the FO or the DDS within 120 days of the latest of:

- The date of first eligibility;
- The date the initial application was received by SSA; or
- The date the SSA-8000 or full application was completed when the claim was switched from a deferred to a simultaneous development prior to receipt of the medical allowance and the claim is still in current pay when the final medical allowance is received.

Disallowance

Similar to the deferred case disallowance processing, development is not required for a simultaneous disability disallowance case. To properly close out the case, refer to the deferred case disallowance process section previously mentioned.

Processing PERCs

Processing PERCs

SI 00603.035; SI 00603.036

When the DDS inputs a medical allowance for a claim, the input will trigger an alert (SM 01305.860) to the FO if more than 120 calendar days have elapsed since the filing date.

Follow the instructions below to process both deferred and simultaneous cases through the system:

A. Review the medical decision from DDS to insure that the claim is an allowance.

B. Contact the claimant and review what was previously reported or verified and ask if there have been any changes in the information since the PERC reference date. If so, enter the changes in the SSI Claims system by selecting update and existing claim.

C. The Preeffectuation Review Contact page presents 3 options. You may select:

- Preeffectuation review contact and view all data collection pages in the claims path, or
- Preeffectuation review contact exclusion if the case meets the criteria described above for exceptions and limited PERCs.
- Decide later, if you do not wish to initiate a PERC at this time.

If you select Preeffectuation review contact, follow the claims path and review the pages with the claimant.

Review what was previously reported or verified and ask if there have been any changes in the information since the reference date. If so, enter the change.

Print the PERC from the Print Options (DPRN) screen. If a critical field was changed in the income and/or resources of a parent or sponsor, request an AMENDED STATEMENT OF INCOME AND RESOURCES for that individual. If a critical field was changed in the income of an ineligible child, request an AMENDED STATEMENT OF INCOME for that child. In most cases, a signed PERC and amended statements are no longer necessary due to implementation of the signature proxy procedure.

The practical instructions above are the basic steps to process a claim to adjudication. Expect to encounter a variety of issues that may require further POMS research (e.g., failure to cooperate by the claimant, change of address, incarceration, etc.).

To Avoid System Edits

- You must make sure that all information is correct so that the appropriate claims path has been created.
- You must enter a value other than “unknown” in all the critical fields in the created path. A critical field is one that contains information essential to determining eligibility or payment amount. The critical fields are listed in MS 04428.002.
- You must enter a value in all mandatory fields and in all fields made mandatory by the entry in another field (conditionally mandatory) in the created path.
- You must resolve all relationship edits.
- You must resolve all issues generated by “VERIFIED = N” if policy demands that you do so based on your adjudicative decision. Failure to do this does not bar adjudication but can result in a payment or documentation error.
- You must determine any unknown information and complete any unfinished action that is in the created path for your adjudicative decision. The system sets a STATUS of “Complete”, “Incomplete” or “Unfinished” for each data collection screen in the created path.
- The system sets a STATUS of “Complete” or “Unfinished” for each clearance screen in the created path.
- At adjudication, the SSI Claim System uses these status codes as well as the ADJUDICATIVE DECISION (DADJ) and the DENIAL CODE, if any, to derive whether or not you have completed an application path that documents the decision you have made.
- If you are unsure whether or not you must resolve a “STATUS = Incomplete” or a “STATUS = Unfinished”, review Adjudicative Editing in MS 04428.006.
- You must enter any systems information needed to ensure that the SSI batch system can accept the transaction and that your claim is fully documented as described below.

Processing Non-System PERCs

SI 00603.035; SI 00603.036; SM 01005.000

Follow the instructions below for claims completed on paper or claims completed in the SSI Claims System, but the record is locked.

Deferred Claims

If the application was filed on Form SSA-8001-F5 or the application was filed in the SSI Claims system but the claim is locked, obtain a supplemental Form SSA-8000-BK and all necessary related forms. Ask questions on the SSA-8000-BK that were not asked before or that elicit information about factors subject to change.

Compare information on the SSA-8000-BK to the SSA-8001-F5 or the system record of the initial application. Resolve any conflicts.

Transmit the PERC Code and Date, to the PERC - Update (PC) field (SM 01005.660). See SI 00603.033 if the PERC date is more than 4 calendar months prior to the current month.

Simultaneous Development Claims

If the application was filed on Form SSA-8000-BK or a full application was filed in the SSI Claims System but the claim is locked, obtain form SSA-8203-BK and complete following the directions in SI 02305.071. Include the following special instructions:

- Annotate "PERC" in the upper right-hand corner of page 1 of the form.
- Enter the reference date (see SI 00603.030 for a definition of reference date).
- Answer all resource questions as of the first moment of the month the SSA-8203-BK is completed.
- Compare the responses on the SSA-8203-BK with form SSA-8000-BK in file or the system record of the claim. Resolve any conflicts.

- Consider income and resource fluctuations for every month from the reference date to the month of contact.
- If there have been material changes, summarize them on a SSA-5002. Include the dates the changes occurred and the effects of the changes.
- Transmit the PERC code and date to the PERC-Update (PC) field when all non-disability development is complete (SM 01005.660). See SI 00603.033 if the PERC date is more than four calendar months prior to the current month.

Claims Clearance

MS 04423.001

Once you have gathered and documented all of the necessary information to support the claim, the next step in the process is to access the claims clearance paths by selecting ”2” Update and”6” Claims Clearance on the MSSI screen. This will bring the clearance menu (CMEN) into the claims path, which offers the following options:

The SSR Remarks screen is used to collect remarks that appear on the SSR. The remarks shown here will not appear on the printed application. If a remark is deleted, it is not necessary to move other remarks. The system will scroll the remaining remarks so that no blanks exist. Each REMARK has a maximum of 120 characters. Acceptable characters are alphas, numbers, spaces, hyphens, apostrophes, percent signs, ampersands and slashes.

The Disability Clearance Data screen collects data on final disability allowance decisions by the DDS, the ALJ, and the Appeals Council, the Court or the user. The information from this screen may be propagated from the Pending File Update process with information from the DDS. Some data is pre-filled from the Disability Data page for Adopt Title II decisions.

The Miscellaneous Data screens are used to:

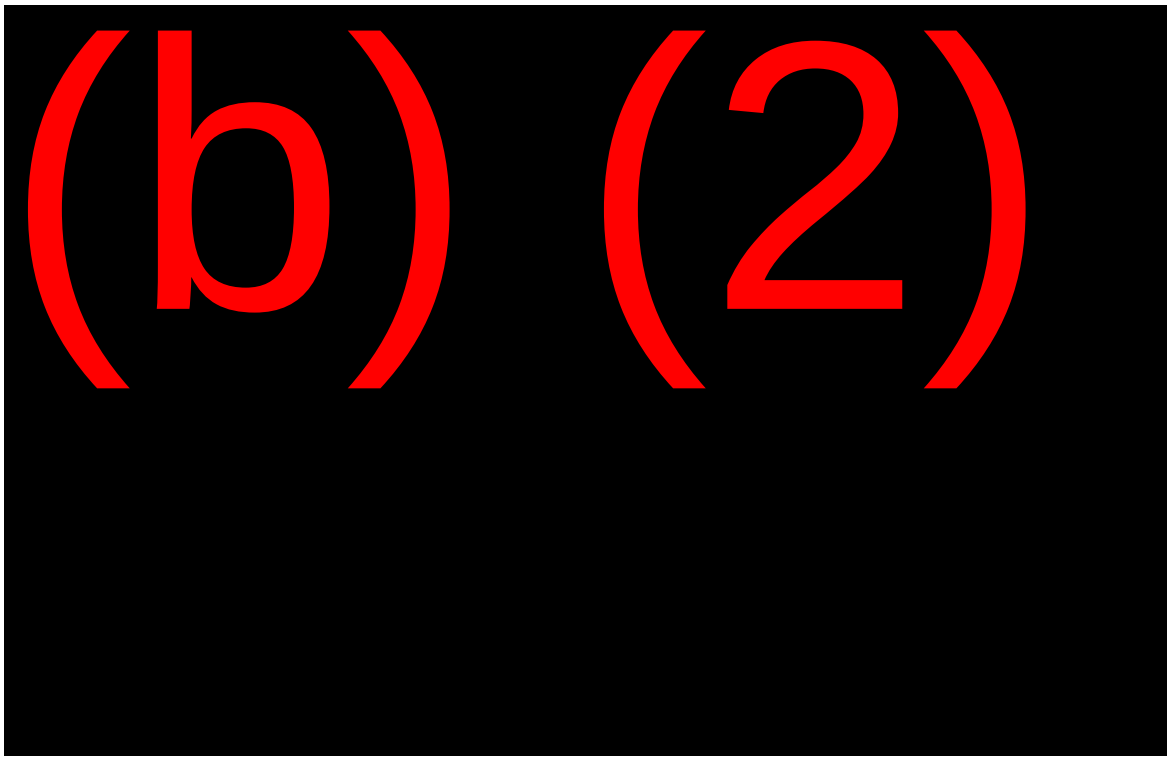
- Document the effective filing date reason;

- Request Master Beneficiary Record (MBR) and Numident overrides and interfaces; and

- View the PERC status and record the grant reimbursement code, case related data and/or excluded statistics code.

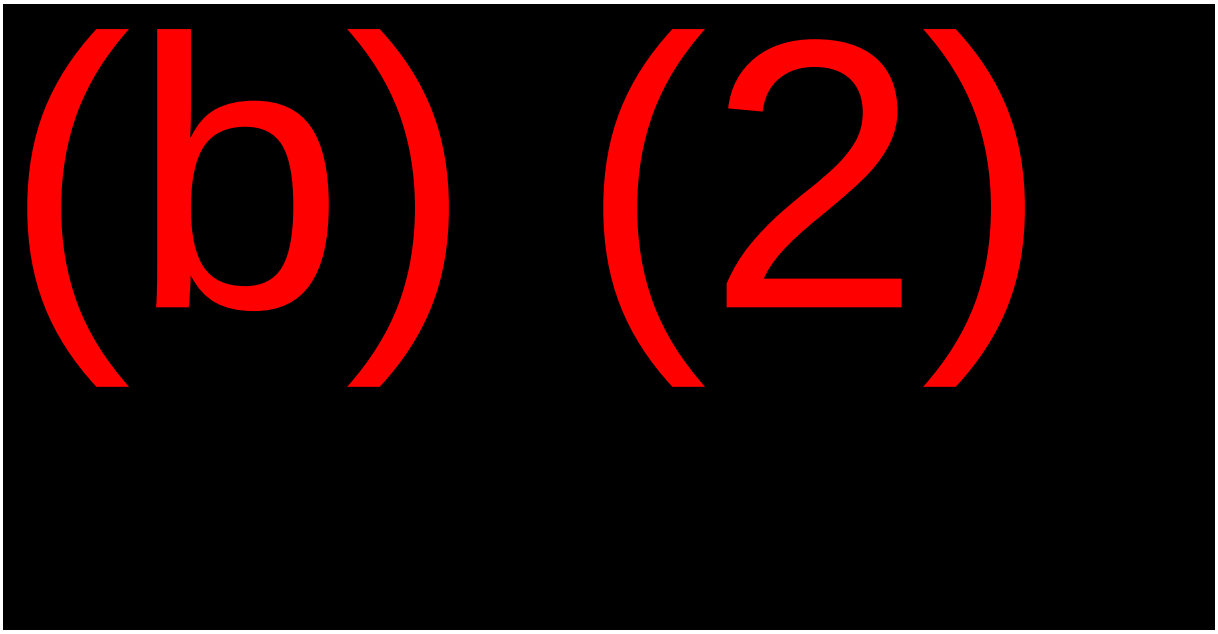
Below is a facsimile of the SSI Menu (MSSI) screen.

MS 04404.002



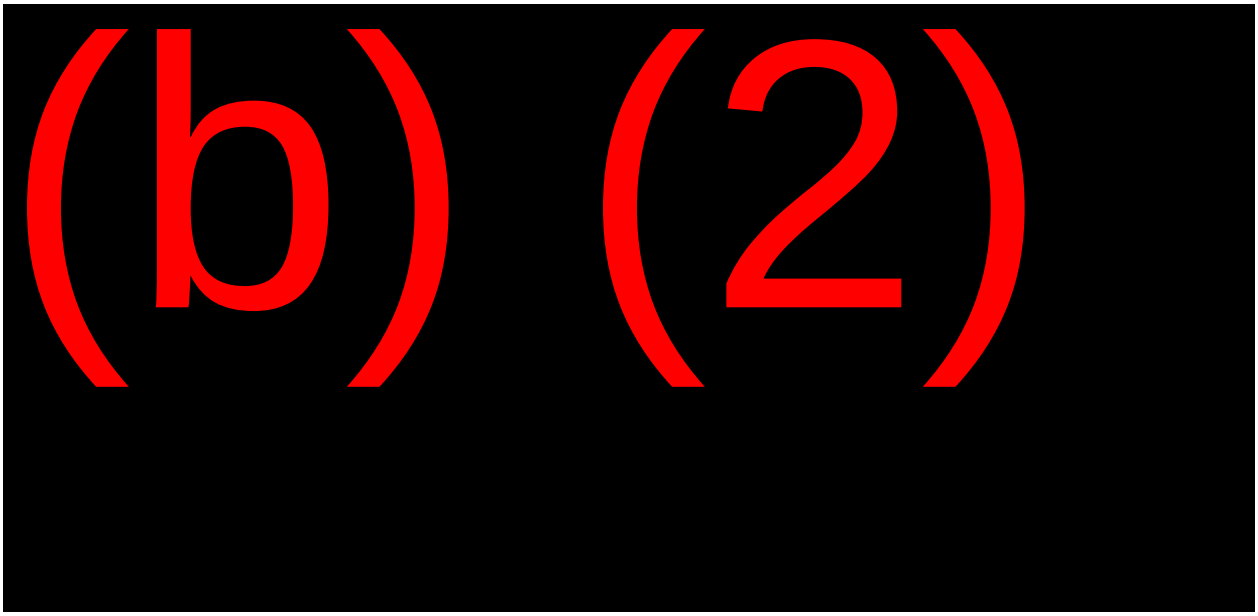
Below is a facsimile of the Clearance Menu (CMEN) screen.

MS 04423.002



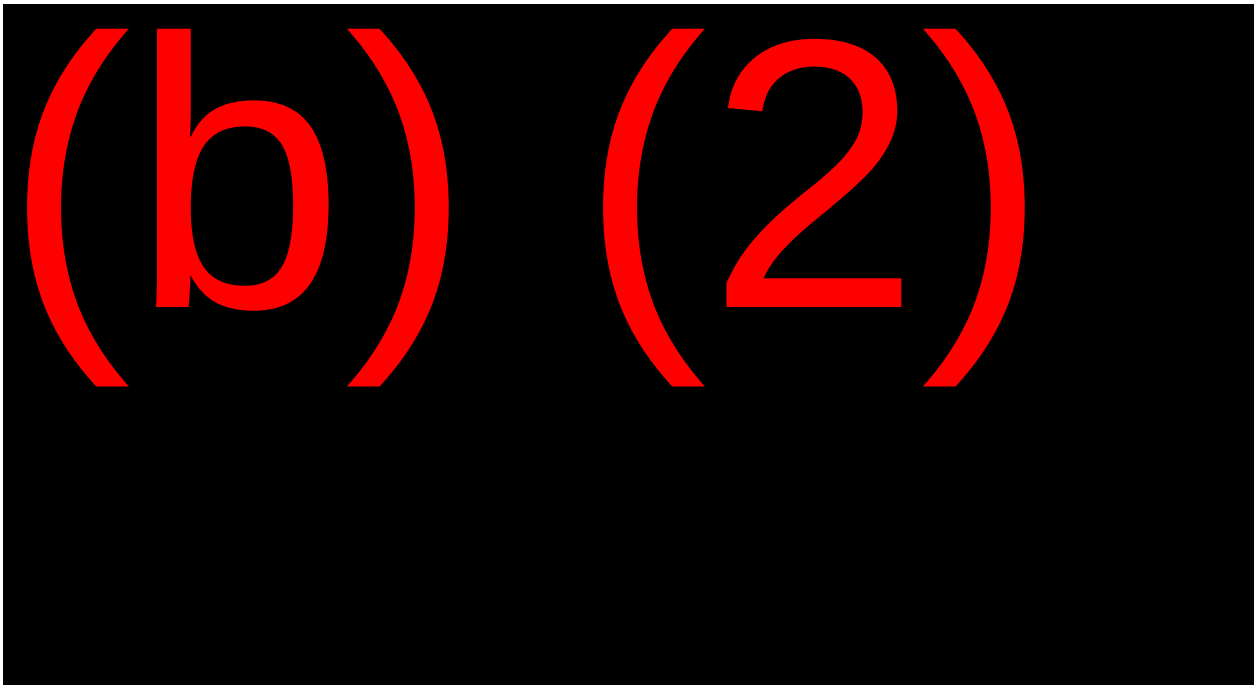
Below is a facsimile of the SSR Remarks (CRMK) screen.

MS 04423.003



Below is a facsimile of the Disability Clearance Data (CDIB) screen.

MS 04423.004



Interim Assistance Reimbursement (IAR)

SI 02003.001

SSA is authorized to reimburse a State that provides interim assistance (IA) to an individual for meeting basic needs during the SSI eligibility determination process or while benefits were suspended or terminated and subsequently reinstated. The interim assistance is repaid from an individual's initial retroactive SSI payment. The assistance the State gives to the individual must be in the form of cash or vendor payments for meeting basic needs and financed totally from State and/or local funds. IA does not include assistance the State gives to any other person or assistance payments financed wholly or partly with Federal funds. Thus, IA is not payable to the States for assistance payments related to programs like Medicaid and Temporary Assistance to Needy Families (TANF).

NOTE: Terms like general relief, general assistance, welfare payments, grant reimbursement, etc. are used interchangeably with IA or Interim Assistance Reimbursement (IAR).

The IAR is an agreement between the State and SSA whereby the State will be reimbursed for any General Assistance paid to the claimant while a decision is pending. Hence, when an IAR agreement is received in the FO and there is a claim pending, the GR data (grant reimbursement) must be coded with its appropriate state and county code. The claimant's retroactive SSI check is sent directly to the State, who then deducts any money paid to the claimant for the period of the retroactive benefits. Any remaining SSI is then paid to the claimant.

NOTE: If you receive the IAR agreement after the initial SSI payment has been released or the claim has been denied, the FO should still input the GR data on the Miscellaneous Data (CMSC) screen or via the SSA-450 SI, if not in the system. This will release a notice denying reimbursement to the State.

To input the GR state and county code on the Miscellaneous Data (CMSC) screen, select "2" (update) and "6" (Claims Clearance) on the MSSI screen. Then place a "Y" for Miscellaneous Data. (Ask your mentor to provide the GR state and county code for your office.)

The most preferred method to process IAR, if applicable, is the automated GR code input, which can be found in SI 02003.015. Otherwise, use the manual GR code input found in the same POMS reference. When the GR code is on the system prior to adjudication, the system will automatically send an alert to the State to calculate the amount due to them. Usually, it takes about 15 days to receive the verification of the amount the State is due. The FO will not input GR data or delay processing of the SSI claim if a signed authorization has not been received. See SI 02003.005 IAR Authorizations.

Use form SSA-L8125 to manually process the grant reimbursement for system limitations. The FO must complete SSA-L8125 by including the eligibility and payment months. Send the form to the State to compute their amount(s) due and to advise the FO of the amount due to them. Follow-up after 15 days if not received by contacting the regional office. Review the form and resolve any inconsistencies or discrepancies. Send the recipient a manual notice.

NOTE: Follow FO procedures for the appropriate development on the SSA-L8125. Take precautions not to confuse with the form SSA-L8125-

F6. Use this form when installment payments and/or dedicated account restrictions apply for large underpayments involving IAR (SI 02003.025 and SI 02101.020). THE TWO 8125 FORMS ARE NOT INTERCHANGEABLE. Each form asks for specific information and requires different processing.

To pay IAR reimbursements correctly, FO employees must be familiar with all Title XVI underpayment and/or installment rules and instructions before processing. Refer to SI 02003.001 through SI 02003.050.

OBJECTIVE 2:

Use the build transaction SSR function to adjudicate a claim and close an event.

BTS Function

MS 00301.002

The final steps in adjudicating the claim are building the SSR and closing the event. These are accomplished through the Build Transaction SSR function, which is accessed through the Decision Input (#14) on the MSSI screen.

The Build Transaction SSR function allows you to:

- Build or establish a new SSR without having to prepare or transmit a paper input document;
- Preview the SSR currently being established;
- Change or update an existing SSR and compare the changes with data originally on the record;
- Hold back selected pending file data from being sent to the new SSR; and
- Signal to SSI Claims System to close the event.

Building

Building an SSR and closing an event are two distinct actions. The SSR can be built without closing the initial claim event. This involves sending whatever data is currently on the pending file and establishing a SSR in H80 payment status. When the pending file is subsequently updated, the new data is used to build a new SSR.

Closing

Closing the event indicates that all the required development and documentation for the event is complete. For an initial application, this means removing the H80 payment status code and paying or denying the claim.

This process of building an SSR is not automatic. It must be specifically requested and triggered by the Claims Specialist.

Creating the SSR

SSI payments are based on data on the SSR. For payment to be made, an SSR must exist. In a paper application, information from the claim is manually coded onto an SSA-450SI and transmitted through CICS to create the SSR. Use SM 01005.000 for proper SSA-450 handling.

In a SSI Claims System claim, enter the data directly onto the detail screens during the application process. Using the information entered and stored on the pending file, the system builds an SSR.

The BTS function first appears when an initial application is received on the DW01. The screens used to build the SSR automatically appear in the path. You cannot access the BTS function until a receipt date has been entered on the DW01 for any type of application (deferred, full, or ABAP).

DSSR

The screen that begins the process is the DSSR (Build SSR).

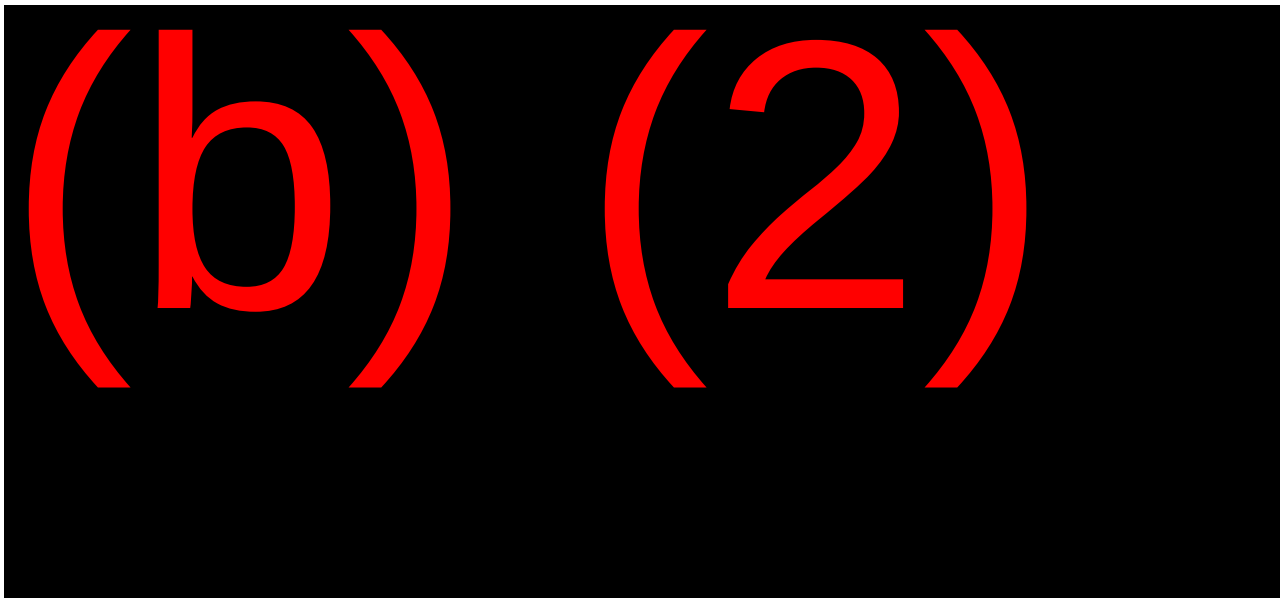
To initially establish an SSR, select the “CLOSE EVENT” option. You have the option of selecting “Y” or “N”. It is not necessary to select any of the remaining options.

The “COMPARE UPDATES” option is pre-filled with a “Y”; however, there is nothing to compare until a record has been established. This option is available when the SSR is updated through the system.

You may view a simulated SSR in payment status H80. The “SELECT SIMULATED SSR TYPE” option is pre-filled with a "1”.

Below is a facsimile of the Build SSR (DSSR) screen.

MS 04425.002



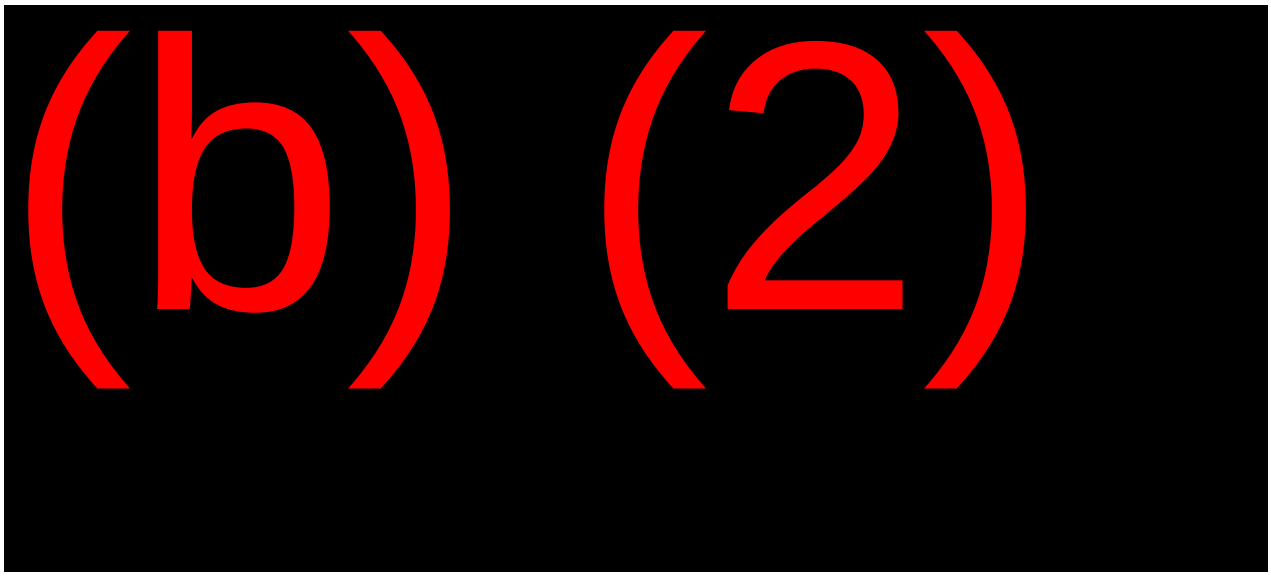
BTCF

The next screen in the path will be the BTS CONFIRMATION screen. By selecting “SEND DATA TO SSR” and entering the screen, the SSR is established.

Once the application has been received on the DW01 and the SSR established, the BTS function screens must be specifically requested from the MSSI when they are required.

Below is a facsimile of the BTS Confirmation (BTCF) screen.

MS 04427.024



Closing the Event

When all necessary development and documentation have been completed, the claim is ready to be cleared. This is done by closing the event.

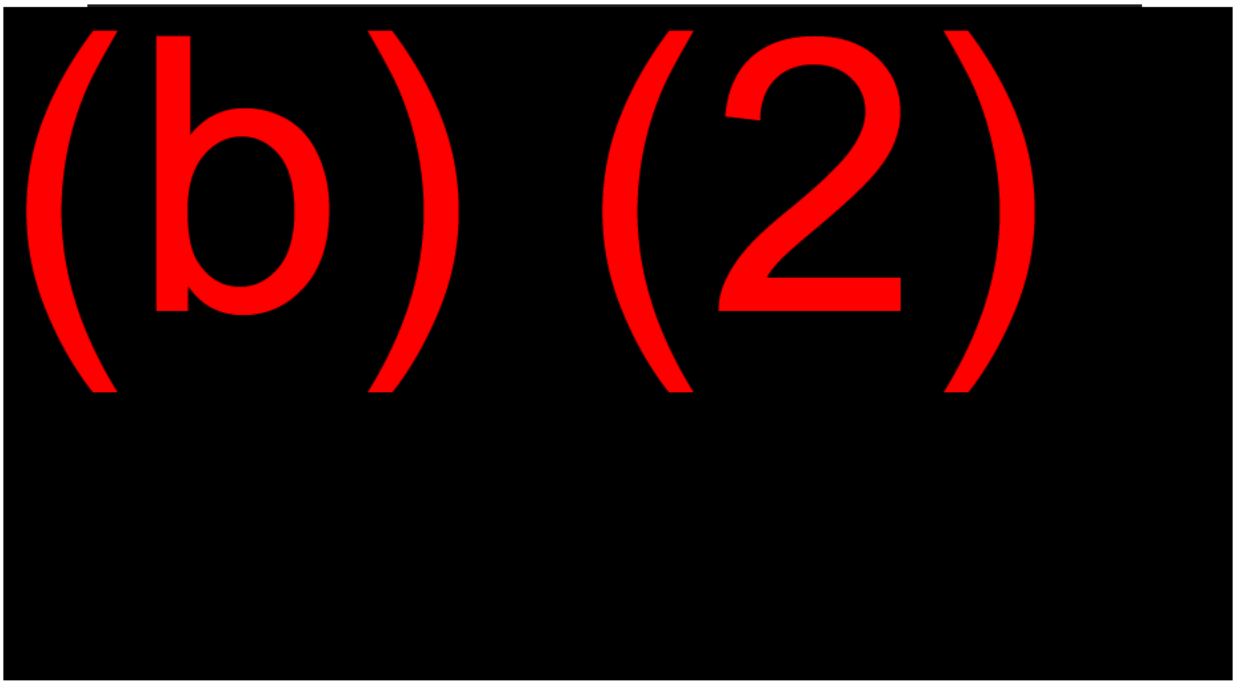
- Request the BTS function by selecting **"14" (DECISION INPUT)** from the MSSI screen.
- On the **DSSR screen**, answer **"Y"** to **"CLOSE OPEN EVENT"**, and enter.

DADJ

The DADJ screen contains the adjudicator's decision, whether to pay or deny the claim.

Below is a facsimile of the Adjudicative Decision (DADJ) screen.

MS 04425.003



If you are denying a claim completely and there are no periods of eligibility, code the reason in the DENIAL CODE field. Valid entries for denial are N01-03, N06, N12-14, N17-18, N30-46, and N51.

A simulated SSR will be displayed showing either the denial code or no payment status (the H80 is deleted and the record has not yet gone to pay).

BTCF

The final step in closing an event is the BTCF screen. You must select "SEND TO SSR". This is your confirmation that you are building a new SSR and closing the event at the same time. If the transaction is not built, the event is not closed, despite what you indicated on the DSSR and DADJ screens.

Adjudication

An advantage in using the system to adjudicate an application is that the SSI Claims System has the ability to be aware of all the data elements at the same time. The system compares data between screens, data groups, and individuals on the claim and detects discrepancies almost as soon as they occur. Living arrangements are determined, in-kind support and maintenance (ISM) amounts computed, and resources totaled. However, the determinations made through the system are only as good as the information entered.

Adjudication is still the responsibility of the Claims Specialist. The Claims Specialist decides what information to enter on the pages, when to build the SSR, and when to close the event. The Claims Specialist must review the material, check for completeness, and certify that the determination made concurs with the data entered on the pending file.

Review the Claim

MS 04404.009

Go through the pending file. Check the Person Screen Status page. If this is a multi-person claim, check everyone's Person Screen Status page. Do all the detail screens show a status of Complete? Are there any Incomplete or Unfinished screens that must be resolved?

Check the summary screens. Are these the correct living arrangements, ISM decisions, income postings, and resource determinations?

Review the DW01. Have all necessary documents and any outstanding proofs been received for all persons (applications, 8010s, bank accounts, householder statements, wage verification, etc.)?

Review Automated Computations

Access the automated computation screens by selecting function #15 from the MSSI. Do you need to post any manual deeming amounts? Are the couple's resources computed? Are the ineligible children's allocations correct? If anything is wrong, it is because data was not entered correctly onto the pending file. Go back and find it.

Review Claims Clearance

Was the application received more than 120 days after the application effective date? If so, was the reason indicated on the Miscellaneous Data CMSC? Is there any underpayment that must be released? Should any remarks be added to the SSR?

If a representative payee is necessary, has the application been taken and cleared in eRPS?

Close

If everything is ready, proceed to the BTS function to build the SSR and close the event. If the screens on the pending file have been completed correctly, the SSI Claims System supports the Claims Specialist's determination of eligibility.

Edits, Rejects and Alerts

MS 04428.002

SSI Claims System editing and alert generation features are tools that ensure that all factors relevant to an SSI claim determination are documented within the application and considered in the process of adjudication.

SSI Claims generates five types of edits:

- Surface Edits
- Relationship Edits
- Adjudicative Edits
- Computation Edits
- Build Transaction SSR (BTS) Rejects

Surface edits involve data entry errors made on fields in specific screens.

Relationship edits involve discrepancies between entries in two related data fields. There are four types of relationship edits:

- Intrascreen Edits
- Interscreen Edits
- Intergroup Edits
- Interperson Edits

An intrascreen edit appears when the system recognizes a surface edit condition between fields on the same page or screen.

An interscreen edit occurs when the system recognizes an edit condition either between different pages of the same screen or between different screens in the same functional process. You cannot leave that screen until you resolve the edit unless you select the red "X" in the top right corner or sign out of the SSI Claims System. If you use exit using one of these methods, you lose all information entered on that page since the last successful transmission to the pending file.

If the interscreen edit involves different screens in the same functional process, (i.e., General ID, Resources, Income, etc.), it will appear on the edit display screen (XEDT) when you attempt to leave that functional process.

The message for an interscreen edit involving screens in different functional processes appears on Intergroup Edits (GEDT) when you attempt to leave claims development or clearance.

If the GEDT is displayed after you enter "Y" in the "CLAIM READY FOR FINAL ADJUDICATION" field on DADJ, then the system resets the entry to an "N".

Adjudicative edits are displayed when an attempt is made to adjudicate the claim (a "Y" is entered in the CLAIM READY FOR FINAL ADJUDICATION field) and are based on the screen status codes of "I", "U" and "E". These edits will prevent adjudication of the claim until they are resolved.

Computation edits are displayed when the system income deeming and/or excess resource computation results conflict with the decision on the Adjudicative Decision screen (DADJ). If the system computation is incorrect, you can override the edit and the system will process the

adjudicative decision. If you do not override the edit, you must correct the data collected on the detail screen or change the decision on DADJ.

Build Transaction SSR (BTS) Rejects are displayed when BTS is attempted and the system detects incompatible data on the newly built SSR. The online SSR is not displayed and you will be taken back to the SSI Menu (MSSI). The system will process the transaction in an initial claim event. However, the payment status will not compute to C01 or N01 until the reject has been resolved.

There are three types of MSSICS/SSI Claims alerts:

- MSSICS/SSI Claims exclusion alerts warn of conditions that prevent continued data collection or clearance of the claim. Displayed with the header: EXCLUSION.

- Systems limitation alerts warn of conditions that will allow data collection but not clearance of the claim through SSI Claims System. Displayed with the header: LIMITATION.

- Informational alerts warn of situations that may require additional information so that the SSI Claims System and/or the SSI batch system can accurately process the claim. Displayed with the header: ALERT.

See Exhibit 1 for Interscreen Edit Acronyms and MSOM references.

OBJECTIVE 3:

Identify and resolve initial claims edits, rejects and alerts.

The SSA-450SI Exception Process

SM 01001.100

Introduction

All data keyed into the SSI system are screened for correctness. This process generates a message back to the transmitting FO when an error condition or potential error condition is discovered. This is called the exception process.

Process Description

The system checks information at various stages in the processing.

EXCEPTION TYPE	GENERATED WHEN
Surface	Data not displayed properly (e.g., data not correct length or proper combination of alpha and numeric characters).
Duplicate Claim	SSNs or CANs are already established on the SSR index for an active or PSY T01 record.
Relationship	Data in two or more fields (each of which are free from surface edits) are compared and discrepancies, conflicts or inconsistencies occur.
Interface	Data transmitted to the SSR are incompatible with data in the MBR or Numident files.
Missing Field	One or more required fields on the initial input were not transmitted. (Missing the TP, AH, DB, AP or AN field results in the entire input being rejected.)

EXCEPTION TYPE	GENERATED WHEN
Alert	Data are applied to the SSR and the surface, relationship or interface error checks result in the recognition of a possible error condition that is not serious enough to prevent payment.

The exception process may be online (immediate) or offline. Once an initial input has either passed the online edit process or had corrections made as a result of the online edit process, it is sent to the offline system.

Kinds of Exceptions

There are three types of exception messages:

- **Rejects** – The system has not established a record of the initial input. You must correct and input the entire transmission again.
- **Edits** – The system detects an error condition serious enough to prevent payment, but not serious enough to cause the entire transmission to be rejected.

  A record will still be established on the SSR containing the portions of the input data that were acceptable. Follow-up messages will be generated and the case will not go into pay status until the edit conditions are resolved.
- **Alerts** – The system detects a possible error condition that is not serious enough to prevent payment. Alert messages are usually not followed up unless an edit condition exists and is being followed up.

Initial Claims Rejects, Edits and Alerts

Kinds of Rejects

There are two types of initial claim rejects (see SM 01001.125 for list of rejects).

- Rejects caused by surface edit conditions. This type of reject is resolved by correcting the coding and retransmitting the entire input.

- Rejects caused by duplicate numbers. These rejects can be quite complex and may require further development or re-examination of evidence in file.

Kinds of Edits and Alerts

Individual edit and alert conditions are preceded by an identifier that indicates the kind of edit or alert and the severity of the error.

Surface Edits

A surface edit (S-E) results when:

- The data is not displayed properly; or

- All required data is not present; or

- The data is impossible or invalid; or

- Superfluous data was transmitted.

EXAMPLE:

The DB field was entered as DB031525. The entry does not contain the correct length of 8 positions.

Relationship Edits

A relationship edit (R-E) occurs when data in two or more related fields (each of which are free from surface edits) are compared and discrepancies, conflicts, or inconsistencies occur.

EXAMPLE:

The TP is AI, but the reported date of birth in the DB field is not age 65 or more.

Interface Edits

Interface edits (I-E) occur when data on the initial input conflicts or is inconsistent with related data on the MBR or NUMIDENT.

A PR transmission must be made to:

- Correct the inconsistent data, or
- Override information received from the interface process.

SSR/MBR Edit

SM 02001.001

SSR/MBR edit is a two-position alpha code that starts with a "J." If the interface edit has not been corrected, the first follow-up is issued in 20 calendar days and 15 days thereafter.

To clear SSR/MBR edit input:

- PR 9, AH, AN, SOMB, and any other necessary data.

SSR/Numident Edit

SM 02001.400

SSR/NUMIDENT edit is a two-position alpha code that starts with "N." Edits from this interface process are controlled by the exception control module set at 7 for a NUMIDENT edit and 9 if a MBR edit is also present. Whenever a NUMIDENT/SSR edit or alert is made, the DO will be sent an exception message. Selected data from the NUMIDENT will be displayed on the message to assist the DO in resolving the edit or alert.

To clear a NUMIDENT edit input:

- PR9, AH, AN, SONU, and any other data.

To clear a NUMIDENT and MBR edit input:

- PR9, AH, AN, SONU, MB, and any other data.

An index of interface edits and rejects is available in SM 01301.215, which gives the references for each code. The reference explains each code and the action necessary to clear the edit or alert.

Alerts

SM 01001.140

Alert messages will be generated when an initial input is made and the system recognizes a possible error condition that is not serious enough to prevent payment.

Exception Control

SM 01001.160

Introduction

Exceptions are a major factor in determining whether or not a record can be processed to payment. The SSR places the entire record under "control" when an exception is outstanding.

Process

When the SSI system detects an exception on an initial input or PR correction, the Exception Control System:

- Establishes an exception record and sends verification finders to the MBR, MEF and NUMIDENT;
- Sets the exception control code (CCD field of CMSC segment);
- Establishes the internal diary dates for both exceptions and verification finders;
- Sends follow-up messages upon maturity of all outstanding exceptions to the office that made the input.

When the exception is resolved, the system deletes the exception record and adjusts the exception CCD on the SSR to reflect the degree of any remaining exceptions.

The exception control codes are (SM 01601.445):

CODE	EXPLANATION
1	Outstanding alerts
2	Outstanding exceptions
3	Outstanding alerts and exception
7	Outstanding NUMIDENT exception
8	Outstanding MBR exception
9	Outstanding MBR and NUMIDENT exceptions

A control code greater than "1" will prevent full processing to payment. If more than one kind of exception is present, the CCD will show the code higher in numeric value. When the exception is resolved, the system drops the exception and posts the next higher exception or deletes the CCD and processes the case to payment.

Summary

The following steps should be used as a guide to correct edits, rejects, and alerts:

- Identify the reason for the exception from the code and field identified on the message.
- Locate the invalid data and compare it to the initial input.
- If the data on the exception message differs from the data on the initial input, retransmit the data field(s) with the correct data.
- If the data agrees, but the information on the initial input is incorrect, retransmit the corrected data.
- Refer to the exception index charts in SM 01301.930.

EXHIBIT 1: SCREEN ACRONYMS

SCREEN ACRONYM	DESCRIPTION	MSOM REFERENCES
XEDT	**(Interscreen Edit)** displays edit messages produced by discrepancies among fields on different screens but within the same functional process. "XEDT" is a generic name for six different edit screens reflecting the functional process to which they are attached. Alert messages are also displayed here. The six interscreen edit screens are listed below.	MS 04428.003
AEDT	**(Interscreen Edits for General Identification)**	MS 04428.003
CEDT	(**Interscreen Edits for Clearance**)	MS 04428.003
GEDT	(**Intergroup Edits**) displays edit messages that are produced by discrepancies among fields that appear on screens in different functional processes.	MS 04428.004
IEDT	(**Interscreen Edits for Income**)	MS 04428.003
DEDT	(**Adjudicative Edits**) displays edit messages that are produced by unknown, untransmitted, or discrepant information on the claim. These messages are displayed when you indicate that the claim is ready for adjudication.	MS 04428.006
LEDT	(**Interscreen Edits for Living Arrangements**)	MS 04428.003
PEDT	(**Interperson Edits**) displays edit messages that are produced by discrepancies involving information collected for more than one person.	MS 04428.005
REDT	(**Interscreen Edits for Resources**)	MS 04428.003

SCREEN ACRONYM	DESCRIPTION	MSOM REFERENCES
CPED	(**Computation Edits**) displays edits that are produced by discrepancies between the results of the automatic deeming and/or excess resource computations and data collected on the claim.	MS 04428.007

EXHIBIT 2: WORKFLOW AFTER MEDICAL DECISION IS RECEIVED

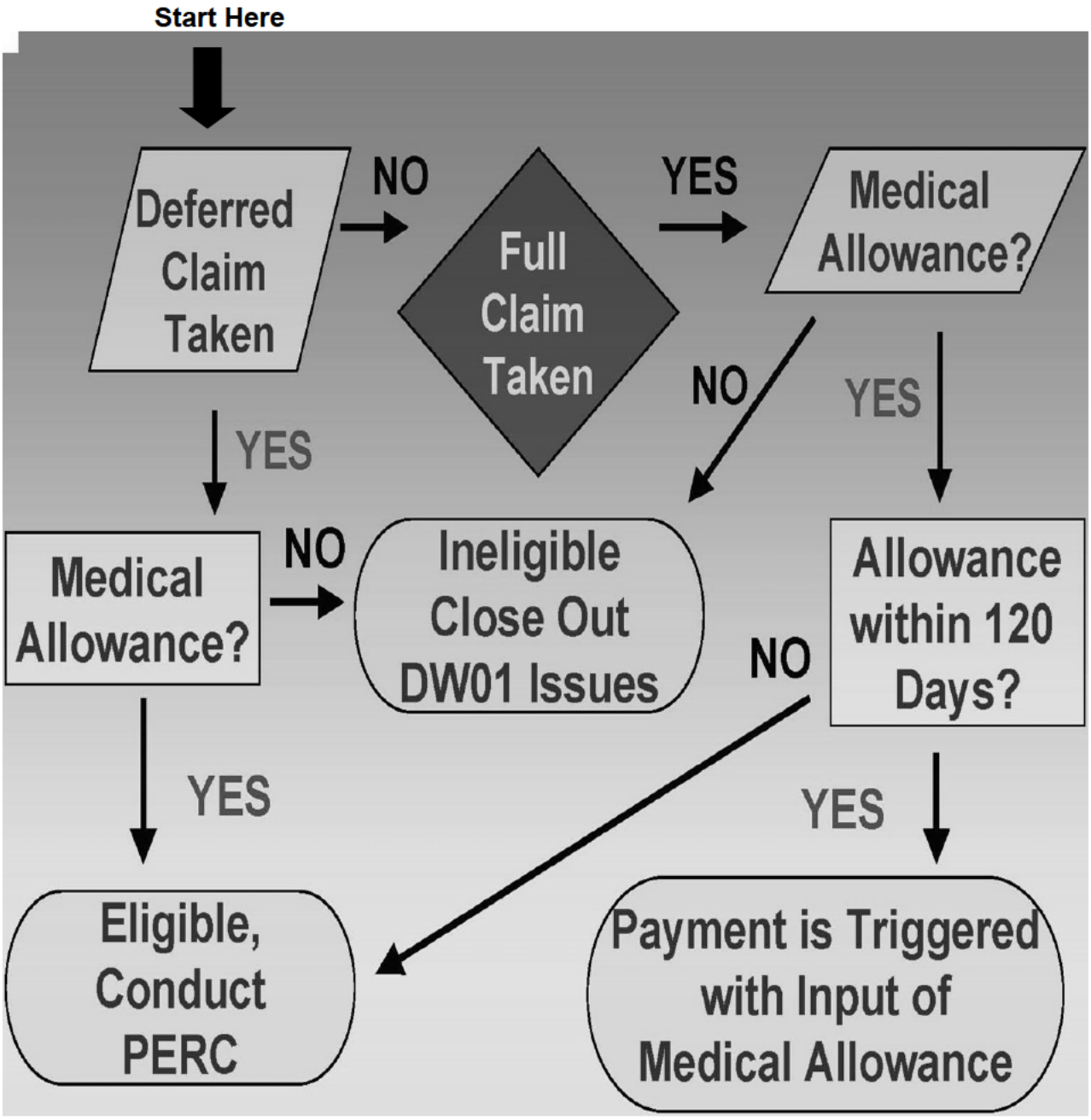


EXHIBIT 3: PROCESS A CLAIM TO PAY OR DENIAL

Process Deferred Case

- PERC is required for all deferred cases (except denials)
- PERC
- Develop from 1st day of month of effective filing to present

Process Simultaneous Development Case

- Less than 120 days BETWEEN FILING AND MEDICAL ALLOWANCE:
  - No PERC is required
  - System triggers payment
  - (Blank PSY to PSY C01)
- More than 120 days:
  - PERC is required

PERC Exceptions

1. FLA D for all months of filing (CONFIRM WITH THE INSTITUTION!)
2. FLA A and
   - No ineligible spouse and
   - No income other than T2 or ABON

   (CONFIRM LIVING ARRANGEMENT & MAILING ADDRESS BY CONTACTING CLAIMANT)
3. FLA B and
   - No ineligible spouse and

- No income other than T2

4. Ineligible within four months and

   - Ineligibility is expected through end of evaluation period

Limited PERC Processing

Exception case involved

IF Non-SSI Claims System Case:

- No changes/Changes but exception still apply:
  - Document on Report of Contact (RC)
  - Input PERC Update field (PC) with “A” and mm/yy

IF SSI Claims System Case:

- Complete Report of Contact Screen (DROC)
- Select Preeffectuation Review Contact Exclusion

IF CHANGES AND EXCEPTION NO LONGER APPLIES:

- Complete PERC

EXHIBIT 4: CHECKLIST WHEN CLEARING A CLAIM:

- Receipt in the folder and review SSA-831 (if paper claim). If electronic file, review the EDCS action list or the SSA-831 in eView (check for rep payee, see if DDS made any address or phone number changes, change in onset date, special instructions by DDS).

- Pull queries, especially the SSID – If Simultaneous Development, this case may already be in pay. Presumptive Disability will have to be triggered by the CS. Check if wages are posted on the SEQY that weren't there 4 months ago. Check to see if the GR code is posted if there is an IAR agreement. Check if attorney is posted if there is one.

- CALL the claimant – If no telephone contact made, send SSA-8009 for appointment to begin close out procedures.

- PERC – (change deferred to full) – Remember to update Living Arrangement/Household Composition, Resources, Income, Direct Deposit. Complete all pages in path.

- Claim Development – (2/5 DW01) – Make sure all issues are receipted in.

- Claims Clearance (2/6) – Remarks – place any remarks needed.

- Automated Computations – (2/15) – Check resource comp and ineligible child allocations on claim. Manual deeming inputs are made here if needed.

- Decision Input – (2/14) – Be sure claim is in order. Check compare screens and review the simulated SSID. Close event and send to the SSR. Check SSID next day.

OFF-AIR ACTIVITIES

OBJECTIVE 1: Process deferred and simultaneous cases and the corresponding clearance inputs.

- Trainees should observe a complete PERC interview from a deferred claim to adjudication.
- Trainees should become familiar with forms SSA-8203-BK and SSA-8000-BK.
- Trainees should complete Exercise #1.

OBJECTIVE 2: Use the build transaction SSR function to adjudicate a claim and close an event.

- Trainees should obtain a cloned SSN to load a deferred claim and then conduct a PERC to the point of final adjudication. If more than one trainee is on site together, they can interview each other for their respective PERCs. Otherwise, we suggest the trainee interview the mentor.

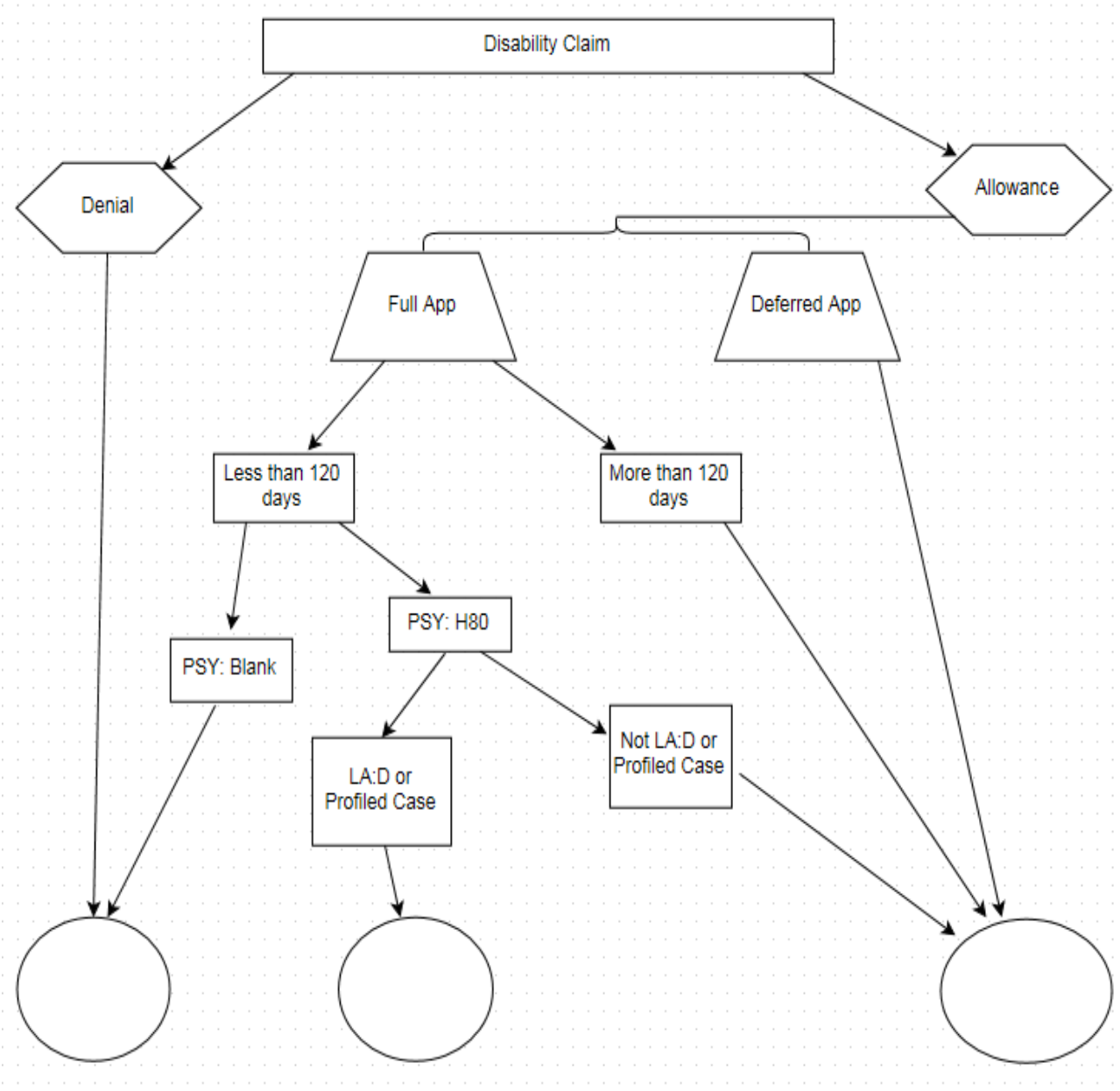
OBJECTIVE 3: Identify and resolve initial claims edits, rejects and alerts.

- Trainees should complete Exercise #2.
- Trainees should read SM 02001.001 and SM 02001.400.

EXERCISES

Exercise #1

Fill in the circles below with the appropriate options: Full PERC; No PERC; Limited PERC.



Exercise #2

1. Give the type of edit or alert for the following identifiers.

   a. S-E

   b. R-A

   c. I-A

2. What causes an interface edit?

3. What is the first position of the two-position alpha code of the SSR/MBR edit? For the SSR/NUMIDENT?

4. Identify the type of exception for each of the following:

   a. WILA, FRANK.
   R-E UA TYPE “N” INCOME AND TP NOT CHILD

   b. WALKER, ANDY. I-E JP UM TYPE A FREQUENCY IS
   R-MBR LAF C MBR 212.40 SSR

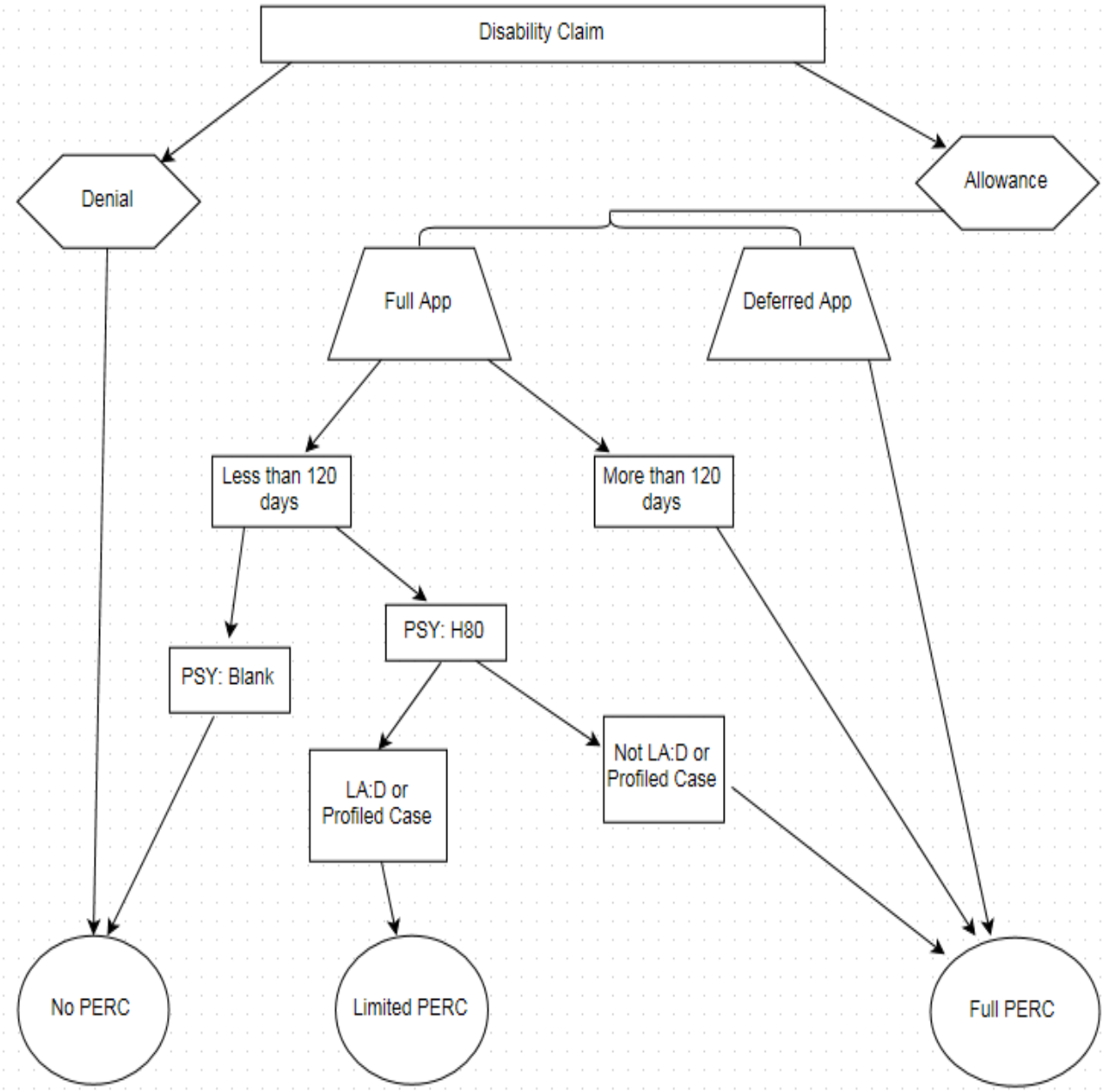
   c. CARTER, LINDA. I-E NL SS-5 NOT ON NUMIDENT-DEVELOP CITIZENSHIP

   d. FIELD, SAM. S-E 04 UM FIELD DOES NOT CONTAIN FIXED NUMBER OF CHARACTERS.

EXERCISE ANSWERS

Exercise #1

Fill the circles below with the appropriate options: Full PERC; No PERC; Limited PERC



Exercise #2

1. a. surface edit
   b. relationship alert
   c. interface alert

2. Data on the initial claims input conflicts or is inconsistent with related data on the MBR or NUMIDENT.

3. “J” for SSR/MBR
   “N” for SSR/NUMIDENT

4. a. Relationship edit
   b. Interface edit
   c. Interface edit
   d. Surface edit

FEEDBACK SHEET

Request to the Participant

As you use this training package, please make a note of errors to be corrected and/or revisions needed. At the completion of this segment, this form should be mailed to the Course Manager at the address on the next page.

Source of Report

Location of training: _____

Your name: _____

Your phone number: _____

Topics

Is there any material in this module that is covered but not relevant to your position and should be removed? If so, what?

Can you identify any topic that is not covered in this module and should be included?

Complexity Level

Are there any topic(s) in this module that are either too simple or too complex? Which topic(s)? Why?

Exercises

Please rate the usefulness of the exercises.

1	2	3	4	5
Irrelevant		Adequate		Quite helpful

Please note your corrections below or attach a photocopy of corrected pages.

Page #	Correction Needed

Comments

Use the space below for your comments on how we can improve this material.

Mail to:

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Atlanta Studio 4 IVT
61 Forsyth ST SW Suite 22T64
Atlanta GA 30303