
STATE ONLINE QUERY/THIRD PARTY QUERY

EIS 1107 - STATE ONLINE QUERY/THIRD PARTY QUERY
REVISED 05/01/11 - CHANGE NO. 04-11

I. GENERAL INFORMATION

- A. The State Online Query (SOLQ) is a method of verifying Title II (RSDI) and Title XVI (SSI) benefits for applicants and recipients of public assistance. When a request is keyed by a caseworker, it is immediately transmitted via a telephone line to the Social Security Administration (SSA), and the response is returned immediately. SOLQ may only be used in determining eligibility for a public assistance benefit (e.g., Medicaid, Temporary Assistance for Needy Families (TANF), Special Assistance, Child Care, and Food and Nutrition Services). **To utilize the SOLQ through the OnLine Verification (OLV) System, click on the link below.**

[http://www.ncdhhs.gov/ncfast/olv/OLV%20Education final v1.1.pdf](http://www.ncdhhs.gov/ncfast/olv/OLV%20Education%20final%20v1.1.pdf)

- B. The Third Party Query (TPQY) system in the mainframe is an alternate method of verifying Title II (RSDI), Title XVI (SSI) benefits and Employment Security Commission (Unemployment benefits). It may be used by the county dss when the Online Verification system is unavailable or when 40 quarters information for aliens is needed. TPQY is mainly utilized by Division of Vocational Rehabilitation, Division of Mental Health, and Division of Services for the Blind staff. All requests that are keyed each day are sent to SSA via a telephone line that night. SSA returns the information via the telephone line in 24 to 48 hours.
- C. **These processes allow** caseworkers to:
1. Obtain prompt verified information on SSA administered benefits, which may shorten application processing time.
 2. Reduce the need to refer applicants to the local SSA offices to obtain benefits verification or to contact local SSA offices to obtain verification of benefits.
- D. SOLQ and TPQY requests are monitored for acceptable usage. Any violation will require that the caseworker be sanctioned.
- E. Security officers must review the Social Security Agreement and SOLQ Agreement with all new staff and contractors (on and off site) that access SSA data. State approval is required prior to allowing contractors/**temporary staff** access to SSA data. Review of these agreements is also required on an annual basis for all existing staff having access to the data. These agreements and the appendices can be found on-line at <http://www.ncdhhs.gov/dma/county/medicaidtraining.htm> (Medicaid Training Resources). These resources for the SSA contract guidelines are listed as: **Federally Funded Programs, State Funded Programs** and SOLQ Amendment. The security officer must also ensure that a Department of Health and Human Services Memorandum of Understanding agreement as well as the Documentation of Social Security Administration Security Training is on file for each staff person that utilizes SSA systems. Any questions about these procedures should be addressed to the Income Eligibility Verification System Coordinator at the Division of Medical Assistance.

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II. ACCESSING THE THIRD PARTY QUERY

- A. To access the Third Party Query, the terminal screen must be on the Banner Screen. Refer to [EIS 4900 Appendix A](#) for an example of the Banner Screen.
- B. From the Banner Screen, key "SCC4CICS". Press ENTER. The "WELCOME TO SCC4CICS 'EIS'" message appears at the top of the next screen. This is the RACF screen.

```

WELCOME TO SCC4CICS 'DHHS'

      cccccccccccc\      IIIIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
      cccccccccccc\      IIIIIIIIIIIIIII\      cccccccccccc\      ssssssssssss\
      ccc\//////////      \\\III\//////////      ccc\//////////      ssss\//////////
      ccc\              III\              ccc\              ssss\
      ccc\              iii\              ccc\              ssss\
      ccc\              iii\              ccc\              ssss\
      ccc\              iii\              ccc\              ssss\
      cccccccccccc\      IIIIIIIIIIIIIIIi\      cccccccccccc\      ssssssssssss\
      cccccccccccc\      IIIIIIIIIIIIIIIi\      cccccccccccc\      ssssssssssss\
      \\\//////////      \\\//////////      \\\//////////      \\\//////////

                                     ..fill in bill-code (as:bbb-ddd).
Userid   ==>                                     bill-cde ==>
Password ==>                                     new pswd ==>
Please fill in your Userid and Password and press ENTER

News ----- PF 2 Zoom
| *** North Carolina DHHS region *** PRODUCTION
| To be used by authorized users on official business only.
| Help Desk: (919) 855-3200
|
|                                     Press PF2 for more information ....
|
+-----+
Wed Mar 16 03/16/11 11:36:54 term=$043/ZNU01374 sys=CICSSCC4 cpu=SYSA USER
  
```

- C. From the RACF screen, key your RACF USER ID, the BILL-CDE, and your RACF PASSWORD. Press ENTER. A blank screen appears.
- D. Key "EIS3". Press ENTER. The Primary Menu Screen appears.

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N O R T H C A R O L I N A
E L I G I B I L I T Y I N F O R M A T I O N
S Y S T E M

* * * P R I M A R Y M E N U * * *

- | | |
|--------------------------|-------------------------|
| 1. | 8. |
| 2. MISCELLANEOUS UPDATE | 9. |
| 3. | 10. MASTER CLIENT INDEX |
| 4. MISCELLANEOUS INQUIRY | |
| 5. INTERFACE INQUIRY | |
| 6. | |
| 7. | |

99. TERMINATE EIS SESSION
SELECTION:

NEXT-SELECTION:

KEYS:

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II. (CONT'D)

- E. From the Primary Menu, key Selection "05". The Interface Inquiry Menu appears.

03/14/2011	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	MCI905M
	INCOME AND ELIGIBILITY VERIFICATION SYSTEM	MCI905
01		
02	SDX INQUIRY	
03		
04	TPQ INQUIRY	
05	SEND TPQY REQUEST	
06		
07		
08		
09		
10		
	SELECTION 00 KEY:	CD:
	NEXT-SELECTION:	DCN: KEYS:
	PRESS PF3 TO RETURN TO MENU	

III. REQUIRED INTERFACE INQUIRIES

- A. From the Interface Inquiry Menu, key selection "04" and the applicant/recipient's social security number. If information is present, it will display in the following order:
1. SDX
 2. BENDEX
 3. THIRD PARTY QUERY
 4. ESC
- NOTE: Only displayed if the employee is authorized to access data.**
- B. Press PF1 to page forward within each inquiry. Press PF2 to page backward within each inquiry.
- C. Press the PF8 key to scroll to the next inquiry; i.e., if you are viewing SDX, press the PF8 key to view BENDEX. Press the PF7 key to view the previous inquiry; i.e., if you are viewing BENDEX, press the PF7 key to view SDX. Once viewing is complete, you may press the PF3 key to return to the Interface Inquiry Menu or you may enter the SSN for another individual. The next inquiry will begin with the SDX screen.
- D. If information is not present for a specific inquiry, the following message will appear, specific to the inquiry not found:
"NOT FOUND FOR THIS SSN: BENDEX DATA"

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III. (CONT'D)

E. If information is not present for all inquiries, the following message will appear:

"NOT FOUND FOR THIS SSN: SDX DATA BENDEX DATA
TPQ DATA ESC DATA"

IV. INITIATING A TPQY REQUEST

Use the DSS-8200 as the input document in counties opting to have data entry perform the TPQY function.

For those counties/state agencies who choose to have the individual employee perform the TPQY function, you may key into the input screen.

To access the TPQY screen, from the Interface Inquiry Menu, key selection "05". Press ENTER. The THIRD PARTY QUERY REQUEST ENTRY screen displays.

03/14/2011	NC DEPT OF HEALTH AND HUMAN SERVICES	HWA905-1
THIRD PARTY QUERY REQUEST ENTRY		

COUNTY NUMBER:	WORKER/DISTRICT ID:	
SOCIAL SECURITY NO:	CLAIM ACCOUNT NO:	BIC:
LAST NAME:	MI:	FIRST NAME:
DATE OF BIRTH:	SEX:	CATEGORY OF ASSISTANCE:
INDIVIDUAL / CASE ID:	ALIEN WAGE REQUEST: N	
DATE OF REQUEST: 03/14/2011		
NEXT SELECTION:	KEYS:	
PF1: RESPONSE SCREEN	PF3: RETURN TO MENU	

- A. Complete the DSS-8200 or the input screen, by entering the following fields for both types of inquiries.
1. County Number: Enter the two-digit county number for your county. **Vocational Rehabilitation staff enter VR. State mental health facility staff enter MH. Division of Service to the Blind staff enter SB.**
 2. Worker/District Number: Enter the three-digit worker or district number.

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IV. (CONT'D)

3. Social Security Number: Enter the nine-digit social security number for the applicant/recipient.

OR

4. Claim Account Number: Enter the nine-digit account number from which the applicant/recipient receives benefits, followed by the BIC.

NOTE: An entry in both Social Security Number and Claim Account Number is not allowed. If you have both, we recommend that you submit two TPQY requests, one using the Social Security Number and one using the Claim Account Number. These may both be submitted on the same day.

5. BIC: Enter the one, two, or three-digit suffix.
6. Last Name: Enter the applicant/recipient's last name.
7. First Name: Enter the applicant/recipient's first name.
8. Middle Initial: Enter the applicant/recipient's middle initial. This is an optional field for both inquiries.
9. Date of Birth: Enter the applicant/recipient's date of birth as MMDDCCYY.
10. Sex: This field is displayed only on the TPQY inquiry and is an optional field.
11. Category of Assistance: Enter one of the following two digit indicators for category of assistance for **SOLQ and TPQY** requests.

- a. CI Crisis Intervention
- b. CS Child Support
- c. EA Emergency Assistance
- d. FM Food and Nutrition and Medicaid
- e. FS Food and Nutrition
- f. FW Food and Nutrition and Work First Family Assistance
- g. LI LIEAP
- h. MA Medicaid
- i. MH State Mental Health Hospital
- j. SA Special Assistance
- k. SB Services for the Blind
- l. SW Social Worker
- m. VR Vocational Rehabilitation

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n. WF Work First Family Assistance

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IV. (CONT'D)

12. Individual/Case ID: Enter the Individual ID or the Case ID for the applicant/recipient. If the request is for a financially responsible spouse or parent who is not included in the case, follow the Case ID or the Individual ID with the abbreviation, "SP", or "P", respectively. If an Individual ID has not yet been assigned in the interview process, key in the word, "Interview".

NOTE: It is important that you key correct information in this field. If a case is selected for an audit, you must be able to justify the need for the request. This will link this request to a record or an intake interview.

13. Alien Wage Request: This field is displayed only on the TPQY inquiry. Enter a "Y" if requesting 40 Quarters information. This field defaults to an "N".
- B. When all information is entered, press ENTER.
- C. If a Third Party Request has been submitted earlier but a response has not been returned, the following message will display: **"A REQUEST EXISTS FOR THIS SSN FROM COUNTY: XX WORKER: NNN"**
- D. All Third Party Requests will be accumulated during the working day and transmitted to SSA in Baltimore at night. SSA responds to these requests in 24 to 48 hours.

V. RETRIEVING THIRD PARTY QUERY REQUESTS

You have three options to retrieve responses for Third Party Query requests.

- A. If you wish to determine if a response has been returned on a specific individual, key Selection "04" from the Interface Inquiry Menu and the individual's SSN. Press ENTER.
1. If no response has been returned, the following message displays:
"NOT FOUND FOR THIS SSN: TPQ DATA"
Other inquiries not found are also listed in this message, i.e., "SDX DATA".
 2. If information is present, it displays in the following order:
 - a. SDX
 - b. BENDEX

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- c. THIRD PARTY QUERY
- d. ESC

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V. (CONT'D)

- B. To retrieve all responses in a county, key selection "05" from the Interface Inquiry Menu. Press ENTER. The Third Party Query Request screen displays. Key in your County Number. Press the PF1 key.
 - 1. A list of last names and SSN's for all responses in your county displays on the Third Party Query Response Summary Screen. The list is in SSN order (from left to right). If there is more than one page of responses, the message, "PF2: More Responses" appears.

HWA905-2	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE:03/14/2011
THIRD PARTY QUERY RESPONSE SUMMARY		

000000001	MCLEOUD	000000002 EARNHARDT
000000003	BARNES	000000004 DAWKINS
000000005	GOOCH	000000006 SPIVEY
000000007	DANIELS	000000008 MCDUGAL
KEY AN "X" TO THE LEFT OF AN SSN AND PRESS ENTER TO SELECT IT FOR INQUIRY		
PF1: REQUEST ENTRY SCREEN		PF3: RETURN TO MENU

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V. B. (CONT'D)

2. Select the name and SSN you wish to view by keying an "X" to the left of the SSN. Press ENTER.

NOTE: Once this individual has been selected, his name and SSN is removed from the Third Party Query Summary. If a second worker needs to access this individual's record, he must use the option in **V. A.** above.

- C. To retrieve all responses in a county for a particular worker, key selection "05" from the Interface Inquiry Menu. The Third Party Query Request screen displays. Key in your County Number and Worker or District Number (whichever was used for the request.) Press the PF1 key.

1. A list of last names and SSN's for all responses in your county for the Worker/District Number keyed displays on the Third Party Response Summary screen. The list is in SSN order (from left to right.)
2. Select the name and SSN you wish to view by keying an "X" to the left of the SSN. Press ENTER.

NOTE: Once this individual has been selected, his name and SSN is removed from the Third Party Query Summary. If a second worker needs to access this individual's record, he must use the option in **V. A.** above.

VI. NAVIGATION AND RETENTION

- A. Press PF1 to page forward within each inquiry. Press PF2 to page backward within each inquiry.
- B. Press the PF8 key to scroll to the next inquiry. Press the PF7 key to view the previous inquiry (not an option for SOLQ, since you did not view a previous inquiry).
- C. Once viewing is complete, you may press the PF3 key to return to the Interface Inquiry Menu or you may enter the SSN for another individual. This inquiry will begin with the SDX screen.
- D. A Third Party Query response will remain in inquiry for thirty days.
- E. If more current data is present on an individual in SDX or BENDEX when you are performing TPQY inquiry, the following message will display:

"SDX OR BENDEX INFORMATION IS MORE CURRENT"

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VII. INFORMATION ON THE TPQY RESPONSE RECORD

When TPQY information is returned from the SSA, the information will be formatted in the following order:

A. General Information Screen

The first screen contains the identifying information submitted in the request to SSA with some additional data elements. If no benefit information is found at SSA, this is the only screen. This screen indicates whether or not the SSN is verified.

TPQY RESPONSE SCREEN

HWA906-1 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE:03/14/2011	
THIRD PARTY QUERY: GENERAL INFORMATION RECEIVED:		03/14/2011	

SOCIAL SECURITY NO:	30140777	CAN:	
	LAST	FIRST	MI
NAME:	SWANS	MAEIVEY	D
DATE OF BIRTH:	07/25/1930		
SEX:	F		
STATE AGENCY CODE:	034	ALIEN QC'S:	
RECORD CODE:	4	TITLE II AND TITLE XVI FOUND	
ERROR CONDITION:			
SSN VERIFICATION CODE: V		SSN VERIFIED	
VERIFIED SSNS:			
WELFARE ID NUMBER:	123456789		
WORKER/DISTRICT NO:	320		
NEXT SELECTION:	KEYS:		
PF1: NEXT PAGE		PF3: RETURN TO MENU	
PF7: SDX INQUIRY		PF8: ESC INQUIRY	

In addition to the identifying information, the following fields display on the General Information Screen:

1. Today's Date: Self-explanatory.
2. Received Date: The date the record was received from SSA.
3. State Agency Code: This is the three-digit state agency code used to identify each state.

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VII. A. 3. (CONT'D)

<u>STATE</u>	<u>CODE</u>	<u>STATE</u>	<u>CODE</u>
Alabama	001	Montana	027
Alaska	002	Nebraska	028
Arizona	003	Nevada	029
Arkansas	004	New Hampshire	030
California	005	New Jersey	031
Colorado	006	New Mexico	032
Connecticut	007	New York	033
Delaware	008	North Carolina	034
District of Columbia	009	North Dakota	035
Florida	010	Ohio	036
Georgia	011	Oklahoma	037
Guam	065	Oregon	038
Hawaii	012	Pennsylvania	039
Idaho	013	Puerto Rico	040
Illinois	014	Rhode Island	041
Indiana	015	American Samoa	064
Iowa	016	South Carolina	042
Kansas	017	South Dakota	043
Kentucky	018	Tennessee	044
Louisiana	019	Texas	045
Maine	020	Utah	046
Maryland	021	Vermont	047
Massachusetts	022	Virgin Islands	048
Michigan	023	Virginia	049
Minnesota	024	Washington	050
Mississippi	025	West Virginia	051
Missouri	026	Wisconsin	052

4. Alien QC's: This field is applicable to the Medicaid, Special Assistance, and Food Stamp programs. It only appears on the TPQY response, not the SOLQ response.
5. Record Code: This code indicates the type of information returned from SSA.
 - a. Code 1: This indicates that the only information received from SSA is the identifying information. No Title II (RSDI) or Title XVI (SSI) information was found.
 - b. Code 2: This indicates that the information received from SSA is Title II (RSDI) information only.
 - c. Code 3: This indicates that the only information received from SSA is Title XVI (SSI) information.
 - d. Code 4: This indicates that both Title II (RSDI) and Title XVI (SSI) information was found.
6. Error Condition: This is a three-digit code indicating specific error conditions caused by invalid or missing data as follows:

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VII. A. 6. (CONT'D)

101 Claim Account Number is invalid or missing.
102 Social Security Number is invalid or missing.
103 Both Claim Account Number and Social Security Number
are invalid
110 Claim Account Number is unverified.
120 Social Security Number is unverified.
201 Surname is invalid or missing.
202 First name invalid or missing.
300 Date of birth invalid or missing.
600 Query is for a public figure whose record may not be
routinely queried.

7. SSN Verification Code: A one-digit indicator that shows whether the SSN number was verified. If the SSN is verified, the source of verification is given. If the SSN is not verified, a reason is given. Verification codes are as follows:

V: SSN verified by Numident
M: SSN verified by method other than Numident, because not found in Numident
P: SSN verified by method other than Numident because the date of birth did not match Numident file. The correct date of birth is displayed in the Verified SSNs field.
R: SSN verified by method other than Numident because the name did not match Numident file.
F: SSN is verified, although surname may not match Numident file
Z: If a claim account number request was submitted, this indicates that SSA did not perform a formal verification, but was able to locate the claim account number.
1: SSN is not in SSA's files
3: Name and sex matches SSA's files, birthdate does not match
5: Name does not match SSA's files; sex and birthdate not checked
* The input SSN was not verified; however, the correct SSN is provided in the Verified SSN field
& Multiple SSNs are provided in Verified SSNs field

NOTE: The primary method of SSN verification is the Numident File. SSA has separate databases for RSDI recipients (the MBR) and SSI recipients (SSR). If SSN cannot be verified by Numident, these databases are used as the secondary sources for SSN verification (see M, P, and R above.)

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VII. A. (CONT'D)

8. Verified SSNs: If the input SSN is incorrect, but the number was transposed or had a slight error, SSA may provide the correct SSN. The exception is if the incorrect SSN entered actually matched an SSN belonging to another individual. In that case, the SSN Verification Code "5" is displayed (see VI. A. 7. above). If the individual has multiple verified SSNs, the additional SSNs are displayed. If the date of birth keyed on the request is more than one year greater or less than the date on the Numident file, SSA will return a corrected date of birth in this field. SSA only looks at month and day when making this determination. If the month and day of birth are within one year of the date on the Numident file, SSA does not provide a corrected date of birth.
9. Welfare ID Number: The Individual ID or Case ID keyed in the request.
10. Worker/District Number: The worker/district number entered on the request.

B. RSDI Information

1. If the individual has RSDI information, the second screen will display RSDI information.

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VII. B. 1. (CONT'D)

TPQY SCREEN

HWA906-2	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE:	03/14/2011
	THIRD PARTY QUERY - SOCIAL SECURITY INFO	RECEIVED:	03/14/2011

NAME:	SWANS, MAEIVEY D.	SSN:	301407777
TITLE II CAN:	001950925C02	STATE/COUNTY CODE:	34300 ZIP CODE: 87901
ADDRESS:	MAEIVEY D SWANS	P.O. BOX 999	DURHAM NC
FIRST NAME	MAEIVEY	DIRECT DEPOSIT:	C
INITIAL:	D	DEFERRED PAY DATE:	
LAST NAME:	SWANS	SCHEDULE PAY:	IND:
DATE OF BIRTH:	07/25/1930	DATE:	CURRENT: 0.00
SEX:	F	COMB CK IND:	PRIOR: 0.00
LAF CODE:	C PROOF OF AGE: A	RAILROAD INFORMATION:	
		INDICATOR:	
INITIAL ENTITLEMENT DATE:	01/1979	PERSONS OWN SSN:	301407777
CURRENT ENTITLEMENT DATE:	01/1979	DATE OF DEATH:	
SUSPENSION TERM DATE:		DIS ONSET DATE:	
NET MONTHLY BENEFIT:	285.00		
NEXT-SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
PF7: BENDEX INQUIRY	PF8: ESC INQUIRY		

In addition to the name and social security number, the following fields will display on this screen:

- a. Title II CAN: The account number under which a Title II claim exist.
- b. State/County Code: The first two positions represent the state code. The remaining positions is the code for the county that is responsible for any mandatory or optional supplementation payment. This field represents the state and county residence for recipients unless another state and county have jurisdiction.

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VII. B. 1. (CONT'D)

COUNTY CODE	COUNTY NAME	COUNTY CODE	COUNTY NAME
000	Alamance	500	Johnston
010	Alexander	510	Jones
020	Alleghany	520	Lee
030	Anson	530	Lenoir
040	Ashe	540	Lincoln
050	Avery	550	McDowell
060	Beaufort	560	Macon
070	Bertie	570	Madison
080	Bladen	580	Martin
090	Brunswick	590	Mecklenburg
100	Buncombe	600	Mitchell
110	Burke	610	Montgomery
120	Cabarrus	620	Moore
130	Caldwell	630	Nash
140	Camden	640	New Hanover
150	Carteret	650	Northampton
160	Caswell	660	Onslow
170	Catawba	670	Orange
180	Chatham	680	Pamlico
190	Cherokee	690	Pasquotank
200	Chowan	700	Pender
210	Clay	710	Perquimans
220	Cleveland	720	Person
230	Columbus	730	Pitt
240	Craven	740	Polk
250	Cumberland	750	Randolph
251	Currituck	760	Richmond
270	Dare	770	Robeson
280	Davidson	780	Rockingham
290	Davie	790	Rowan
300	Duplin	800	Rutherford
310	Durham	810	Sampson
320	Edgecombe	820	Scotland
330	Forsyth	830	Stanly
340	Franklin	840	Stokes
350	Gaston	850	Surry
360	Gates	860	Swain
370	Graham	870	Transylvania
380	Granville	880	Tyrrell
390	Greene	890	Union
400	Guilford	900	Vance
410	Halifax	910	Wake
420	Harnett	920	Warren
430	Haywood	930	Washington
440	Henderson	940	Watauga
450	Hertford	950	Wayne
460	Hoke	960	Wilkes
470	Hyde	970	Wilson
480	Iredell	980	Yadkin
490	Jackson	981	Yancey

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VII. B. 1. (CONT'D)

- c. Zip Code: The zip code of the residence address.
- d. Address: The residence address of the recipient.
- e. First Name: The first name of the recipient.
- f. Initial: The middle initial of the recipient.
- g. Last Name: The last name of the recipient.
- h. Date of Birth: The date of birth of the recipient.
- i. Sex: The sex of the recipient.
 - M Male
 - P Female
 - U Unknown
- j. LAF (Leger Account File) Code: This reflects the Master Beneficiary Record payment status for this beneficiary.
 - A Withdrawal for adjustment
 - AA Adjusted to split PICs in Advance File Status
 - AC PIA correction (no recomputation)
 - AD Adjusted for dual entitlement
 - AF Transferred to another program service center or OIO. This code is no longer valid since implementation of national MBR. Adjusted to cancel worker's compensation offset
 - AJ Worker's compensation offset/public disability benefits cancellation
 - AM Withdrawn from HIB-only status
 - AP Withdrawn for change of PIC or post-entitlement action adjusted simultaneous entitlement
 - AR Withdrawal of a beneficiary from LAF S or T to place in current payment status
 - AS Adjusted for simultaneous entitlement
 - AW Withdrawn to impose worker's compensation offset/public disability benefits
 - A(-) Withdrawn from current payment status to be placed in suspense or deferred status

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VII. B. 1. (CONT'D)

A0 Withdrawn to adjust reduction factor
A2 Withdrawn for 1965 or 1968 recomputation
A4 Withdrawn for disability offset recomputation
A6 Withdrawn to recalculate PIA to include
disability freeze
A7 Withdrawn for recomputation under Section 217
(non-contributory military credits before 1957)
A8 Record transferred from OIO to another program
service center. This code is no longer valid
since implementation of national MBR.
A9 Withdrawn for adjustment action not separately
defined
B Abatement status
C Current payment status (except Railroad payment)
D Deferred payment status
DP Deferred because of Public Assistance
DW Deferred because of worker's compensation/public
disability benefit offset
D1 Deferred because of Foreign Work Test
D2 Deferred because of annual retirement test
D3 Deferred as an auxiliary because the primary
beneficiary is LAF-D2
D4 Deferred for no child-in-care
Deferred as an auxiliary because the primary
beneficiary is in LAF-D1
D6 Deferred to recover overpayments not separately
defined
D9 Deferred for reasons not separately defined
E Current payment certified to the RRB
F Advanced Filing for Current Payment through RRB
J Advanc File Current Pay Case
K Advanced Filing for Deferred Payment
L Advanced Filing for Conditional Payment
N Disallowed claim
ND Denied claim
P Delayed claim (adjudication pending)
PB Delayed claim - beneficiary's claim not finally
adjudicated

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VII. B. 1. (CONT'D)

PF,	Used with delayed claims to indicate the
PH,	beneficiary is to be placed in conditional
PJ,	payment status (LAF S) upon final adjudication.
PK,	The second position character (subscript) has the
PL,	same meaning as the subscript for the S LAFs.
PM,	
PP	
PT	Claim has been terminated from delayed claims status
PW	Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
P0-P9	Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
R	Kill Credit
Sx	Conditional/Suspended statuses
SB	Benefits due but not paid (ess than \$1.00)
SD	Technical Dual Entitlement - beneficiary is entitled on another claim or disability family maximum provision has reduced the MBA to zero
SF	Prouty beneficiary fails to meet residency requirement
SH	Prouty beneficiary receiving government pension
SJ	Alien suspension
K	Deportation
SL	Beneficiary is in a barred payment country
SM	Refused old age insurance benefits to get Medicare-only coverage (prior to 1/81)
SP	Prouty beneficiary receiving public assistance
SS	Post-secondary student summer suspension
SW	Worker's compensation/public disability benefit offset
S0	Pending determination of continuing disability
S1	Beneficiary worked outside the U.S.
S2	Beneficiary worked inside the U.S.
S3	Primary beneficiary worked in the U.S.
S4	Failure to have child-in-care
S5	Primary beneficiary worked outside the U.S.
S6	Development of a better (correct) address for mail or direct deposit, as appropriate

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VII. B. 1. (CONT'D)

S7 Prisoner suspension, suspension due to extended trial work period (EPE SGA); or suspension for refusing vocational rehabilitation (VR) services

S8 Payee is being determined

S9 Miscellaneous suspension

Tx Terminated status

TA Advanced filing claim terminated before maturity

TB Mother's/Father's benefits terminated because beneficiary is entitled to disabled widow(er)s benefits

TC Disabled widow attained age 62 and is not entitled as an aged widow

TJ Advance filed claim terminated after maturity

TL Termination of student (post secondary)

TP Terminated for change of payment identification code (PIC) on post entitlement actions

TX DIB attained age 65 (also used for auxiliary beneficiaries)

T(&) Claim was withdrawn

T(-) Disability benefits terminated because of conversion to retirement benefits upon attainment of age 65

T0 Benefits payable by some other agency

T1 Death of beneficiary

T2 Auxiliary terminated due to death of primary beneficiary (converted to survivor's benefits)

T3 Beneficiary divorced, married, or remarried

T4 Child beneficiary terminated because of attainment of age 18 or 19 and is not disabled; mother/father terminated based on last child's attainment of age 16

T5 Entitled to other benefits

T6 Child beneficiary is no longer attending school on full-time basis and is between ages 18 or 19, or a disabled child is no longer under a disability. Termination of a mother/father because of death or marriage of the last remaining child entitled to receive benefits

T7 Child terminated because of adoption, mother/father terminated because last entitled child adopted

T8 Primary DIB no longer disabled; mother/father terminated because child no longer disabled

T9 Terminated for reasons not separately defined

U Active Uninsured Status

W Withdrawal before entitlement

Xx Adjusted/Suspended/Terminated/Un-insured statuses

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VII. B. 1. (CONT'D)

XD	Withdrawal for adjustment
XF	Entitlement transferred to another program service center or OIO
XK	Beneficiary deported
XR	Withdrawn from SMIB
X(+)	SMI withdrawn; beneficiary entitled only to SMI
X0	Claim transferred to RRB
X1	Death of beneficiary
X5	Beneficiary entitled to other benefits
X7	Health insurance benefits (HIB)/SMIB terminated
X8	Payee being developed
X9	Entitlement has been interrupted for reasons not separately defined

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VII. B. 1. (CONT'D)

- k. Proof of Age Indicator:
 - A Alleged
 - B Birth/Baptismal Certificate
 - C Convincing Evidence
 - F Formerly established by SSA
 - Q Established by method other than B or C above
- l. Initial Entitlement Date: This is the initial date of entitlement to Title II benefits.
- m. Current Entitlement Date: This indicates the month and year the beneficiary became entitled to benefits for the current period of entitlement.
- n. Suspension Term Date: The date an event causing a suspension or termination occurred.
- o. Net Monthly Benefit: The benefit payable after deduction of the beneficiary obligation.
- p. Direct Deposit: The type of account to which the payment is being deposited.
 - C Checking account
 - S Savings account
 - N No direct deposit
- q. Deferred Pay Date: Reflects the month and year the first or next payment can be made. This is typically a one-time retroactive adjustment.
- r. Schedule Pay: Information on the scheduled payment.
 - (1) Ind: This indicates how schedule pay was made.
 - P Prior Month Accrual Amount paid by daily update
 - R Current month accrual paid by month merge
 - B Prior month accrual only
 - (2) Date: Reflects current operating month when the prior month accrual is made.
 - (3) Current: The total amount to be paid by a current month accrual.

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VII. B. 1. r. (CONT'D)

- (4) Comb Ck Ind: This indicates that the schedule payment or the scheduled prior payment was included in the regular monthly check.
- (5) Prior: The total amount paid by scheduled check.
- s. Railroad Information: This data relates to Railroad Retirement Benefits for the recipient, if applicable.
 - (1) Indicator: Indicates status of claim
 - A Active claim
 - T Terminated claim
 - (2) Persons Own SSN: The recipient's social security number.
 - (3) Date of Death: The recipient's date of death.
 - (4) Dis Onset Date: First date of onset of disability.
- 2. If the individual has RSDI information, the third screen will display as follows:

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VII. B. 2. (CONT'D)

TPQY SCREEN

HWA906-3 NC DEPT OF HEALTH AND HUMAN SERVICES		TODAYS DATE: 03/14/2011
THIRD PARTY QUERY - SOCIAL SECURITY INFO		RECEIVED: 03/14/2011

NAME:	SWANS, MAEIVEY D.	SSN: 301-40-7777
SUPPLEMENTAL MEDICAL INSURANCE:	HEALTH INSURANCE:	IND:
INDICATOR: Y	OPTION CODE: Y	E BUY-IN: N
OPTION CODE: Y	START DATE: 07/1973	CODE:
START DATE: 07/1973	STOP DATE:	START:
STOP DATE:	PREMIUM: 0.00	STOP:
PREMIUM: 115.40		
BUY-IN: :	WELFARE AGENCY CODE: 340	
INDICATOR: Y	ASSISTANCE CODE: D	
OPTION CODE: 340	BLACK LUNG:	
START DATE: 08/1992	ENTITLEMENT CODE:	
STOP DATE:	ENTITLEMENT AMOUNT: 0.00	
DUAL ENTITLEMENT NO:	BIC:	
NEXT-SELECTION:	KEYS	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU
PF7: SDX INQUIRY	PF8: ESC INQUIRY	

In addition to the name and social security number, the following fields will display on this screen:

- a. Supplemental Medical Insurance: This information pertains to Medicare B.
 - (1) Indicator: A "Y" (yes) or "N" (no) will indicate if beneficiary has Medicare B.
 - (2) Option Code: This indicates status of Medicare B.
 - C No (cessation)
 - D No (denied)
 - F No (terminated, invalid enrollment)
 - G Yes (good cause)
 - N No (no response)
 - P Railroad
 - R No (refused)
 - S No (no longer renal disease provision)
 - T No (terminated for nonpayment)
 - W No (withdrawal)
 - Y Yes
 - (3) Start Date: This is the current date of entitlement to Medicare B.

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VII. B. 2. a. (CONT'D)

- (4) Stop Date: This is the date entitlement to Medicare B ended.
 - (5) Premium: This is the current Medicare B premium amount collectible. The amount is deducted from benefits if premium payer is the recipient.
- b. SMIB Buy-In:
- (1) Indicator: A "Y" (yes) or "N" (no) will indicate if Medicare B buy-in data is present.
 - (2) Code: This is a three-digit code indicating the payer of the Medicare B premium.
 - (3) Start Date: The date for which a third party first paid the Medicare B premium.
 - (4) Stop Date: The date the third party last paid the Medicare B premium.
- c. Dual Entitlement No: The other claim account number (CAN) under which the beneficiary is entitled to Title II benefits.
- d. Health Insurance: This information pertains to Medicare A.
- (1) Indicator: A "Y" (yes) or "N" (no) will indicate if the beneficiary has Medicare A.
 - (2) Option Code: This code indicates the status of Medicare A.
 - C None - Cessation
 - D None - Denied
 - E Yes - Automatic
 - F None - Invalid enrollment
 - G Yes - Good cause
 - H None - Not eligible or did not enroll
 - P Railroad
 - R None - Refused
 - S None -No longer under renal disease provision
 - T None- Terminated for nonpayment of premiums
 - W None- Withdrawal
 - X None - Title II termination
 - Y Supplemental insurance (Part B) premium is payable

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VII. B. 2. d. (CONT'D)

- (3) Start Date: This is the current date of entitlement to Medicare A.
 - (4) Stop Date: This is the date entitlement to Medicare A ended.
 - (5) Premium: This is the current Medicare A premium amount if payable.
- e. HIB Buy-In:
- (1) Indicator: A "Y" (yes) or "N" (no) will indicate if Medicare A buy-in data is present.
 - (2) Code: Third party code for health insurance.
 - (3) Start Date: First month of coverage for which a third party paid the HI premium.
 - (4) Stop Date: Last month of coverage for which a third party paid the HI premium.
- f. Welfare Agency Code: The three-digit State exchange welfare code.
- g. Assistance Code: The state exchange categorical assistance code.
- A Aged
 - B Blind
 - C AFDC
 - D Disabled
 - F Food Stamps
 - H Health Maintenance
 - I Income Maintenance
 - J Work First and Food Stamps
 - K Food Stamps and Medicaid
 - N Title XIX Medicaid Eligibility
 - P Child Support Enforcement
 - S Statement of consent
 - U Unemployment Compensation
- h. Black Lung: This information pertains to Black Lung benefit information, if applicable.
- (1) Entitlement Code: Present entitlement status of the Black Lung benefit:

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VII. B. 2. h. (CONT'D)

E Entitled
N Nonpayment status
P Entitlement pending
T Terminated (other than death)
D Deceased

(2) Entitlement Amount: Black Lung monthly payment amount. Amounts paid to a miner or widow include all benefits due the family in the same household.

3. If the individual has RSDI information, the fourth screen will display as follows:

TPQY SCREEN

HWA906-4	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE: 03/14/2011
	THIRD PARTY QUERY - SOCIAL SECURITY INFO	RECEIVED: 03/14/2011

NAME: SWANS, MAEIVEY		SSN: 301-40-7777
CROSS-REFERENCE ACCOUNT NUMBERS:	MONTHLY BENEFIT CREDITED:	
CODE ENTITLEMENT NO. BIC	DATE AMOUNT TYPE	
	12/1997 397.00 C	
	12/1996 386.00 C	
	01/1996 376.00 C	
NEXT-SELECTION:	KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU
PF7: SDX INQUIRY	PF8: ESC INQUIRY	

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VII. B. 3. (CONT'D)

In addition to the name and social security number, the following fields will display on this screen:

a. Cross-Reference Account Numbers:

(1) Code:

A	MAFDUP selection precluded (possible duplicate Social Security Number (SSN) has already been investigated)
C	Civil Service number
D	Dual wage record number
E	Simultaneous entitlement number
F	Multiple SSN from claims automated processing system (CAPS)
G	Multiple SSN from automatic reappraisal military service an multiple account numbers (ARMSMULT)
H	Multiple SSN from program service center (PSC) or central office correction
L	Black Lung benefits number
M	Multiple SSN
O	Potential or actual entitlement number
S	Spouse's SSN
U	SSN upon which renal entitlement is based
V	Second validated beneficiary's own SSN/beneficiary's own account number (BOSSN/BOAN)
W	State welfare case number

(2) Entitlement No.: The social security number on which actual or potential entitlement exists.

(3) BIC: The Beneficiary Identification Code (suffix) for which an actual or potentials entitlement exists.

b. Monthly Benefit Credited: This lists the last four changes in benefit amounts.

Date: The date of the change in benefits.

Amount: The amount of the changed benefit.

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VII. B. 3. b. (CONT'D)

Type: Indicates whether or not benefits are being received.

- C Continuous monthly payment, or uninsured (Title II claim number suffix T and M)
- N One-time payment
- T Termination of continuous monthly payment
- R Used in conjunction with type A income to indicate recent RSDI filing or with type D income to indicate potential eligibility to an RRB benefit.
- U Used only in conjunction with a type D entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to an RRB annuity has not been determined.

C. Supplemental Security Information

1. If the individual has SSI information only, the second screen will display SSI information. If the individual has RSDI and SSI, the following screen will display as the fifth screen:

TPQY SCREEN

HWA906-5	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE:	03/14/2011
	THIRD PARTY QUERY - SUPPLEMENTAL SECURITY INFO	RECEIVED:	03/14/2011

NAME:	SWANS, MAEIVEY D.	SSN:	301-40-7777
PERSONS OWN SSN:	301407777	LAST NAME:	SWANS
SSI CORRECTION IND:		FIRST NAME:	MAEIVEY
SSI APPLICATION DATE:	05/05/1994	INITIAL:	D
DENIAL CODE:DATE:		RACE	B
DATE OF BIRTH:	07/25/1930	SEX:	F
DATE OF DEATH:		CURRENT PAY STATUS:	C01
DISABILITY ONSET DATE:	02/15/1994	DIRECT DEPOSIT IND:	S
ADDRESS:	P.O. BOX 999		
	DURHAM NC		
ZIP CODE:	27701-0000		
ADDRESS:	607 FOREST DRIVE	APT A	DURHAM NC
ZIP CODE:	27704-0000		
	NEXT-SELECTION:	KEYS:	
PF1:	NEXT PAGE	PF2:	PREVIOUS PAGE
		F3:	RETURN TO MENU
PF7:	BENDEX INQUIRY	PF8:	ESC INQUIRY

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VII. C. 1. (CONT'D)

In addition to the name and social security number, the following fields display on this screen:

- a. Person's own SSN: The social security number of the recipient.
- b. SSN Correction Ind: A one-digit code indicating the status of a pseudo SSN (900 series) or invalid SSN assigned to the recipient.

CODES:

- A** A pseudo or invalid SSN appears in the SSN field. A valid SSN appears in the last 9 positions of the Multiple SSN field and is initially transmitted to the State.
- B** The valid SSN appears in the SSN field. The pseudo or invalid SSN appears in one of the five slots of the multiple SSN field.
- c. SSI Application Date: The date the claimant files the application for SSI or the date the individual is deemed to have filed the application.
- d. Denial Code: The reason an applicant was denied initially for SSI. These reasons are defined in VI. C. 1. m. (Payment Status Codes) below.
- e. Date of Birth: The date of birth of the recipient.
- f. Date of Death: The date of death of the recipient.
- g. Disability Onset Date: First date of onset of disability. Prior to a determination of eligibility for Title XVI, this is the alleged date of disability.
- h. Last Name: The recipient's last name.
- i. First Name: The recipient's first name.
- j. Initial: The recipient's middle initial.
- k. Race: A one-digit code indicating the race of the individual. The Race Code will be overlaid with a one-digit ZEBLEY INDICATOR CODE in the current RACE CODE field, when applicable.

(1) RACE CODES:

W	White
B	Black
O	Other
U	Unknown

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VII. C. 1. k. (CONT'D)

(2) ZEBLEY INDICATOR CODES:

- Z Zebley case is pending determination of eligibility.
- F Zebley case approved and all Zebley related payments have been made.
- D Zebley payments have been denied.

1. Sex: A one-digit code indicating the sex of the individual.

CODES:

- M Male
- F Female
- U Unknown

- m. Current Pay Status: This is what the payment status will be if there are no other changes to the record. This also provides the reason for the status. The first position of the payment status code indicates the status of SSI/SS payment/eligibility. The second and third positions indicate the reason for the status.

(1) FIRST POSITION CODES:

- C Client is eligible for SSI/SS payment
- E Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation
- H Indicates a case in 'hold' status, final disposition is pending.
- M Case is under manual control; case is known as "force payment" although a payment may not be involved
- N Client is not eligible for SSI/SS payment or that a previously eligible recipient is no longer eligible
- S Client may still be eligible for SSI/SS but payment is being withheld
- T SSI/Social Security (SS) eligibility is terminated

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VII. C. 1. m. (2) (CONT'D)

(2) SPECIFIC CODES:

C01 Current Pay
E01 Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation
E02 First month of eligibility for claims filed on or after 8/22/96. Claimant is eligible for a payment in that month but is NOT due a payment.
H10 Living arrangement change in progress
H20 Marital status change in progress
H30 Resource change in progress
H40 Student status change in progress
H50 Head of household change in progress
H60 Hold pending receipt of date of death
H70 Hold pending receipt of date of death
H80 Early input
H90 Systems limitation involved. DO must manually compute and input payment amounts
M01 Force Payment - Recipient may be in payment or non-payment status
M02 Force Payment - Recipient may be in payment or non-payment status
N01 NON-PAY - individual's countable income exceeds title XVI federal benefit rate
N02 NON-PAY - Recipient is inmate of public institution
N03 NON-PAY - Recipient is outside U.S.
N04 NON-PAY - Recipient's nonexcludable resources exceed Title XVI limitations
N05 NON-PAY - Unable to determine if eligibility exists
N06 NON-PAY - Recipient failed to file for other benefits
N07 NON-PAY - Cessation of recipient's disability
N08 NON-PAY - Cessation of recipient's blindness
N09 NON-PAY - Recipient refused vocational rehabilitation without good cause
N10 NON-PAY - Recipient refused treatment for drug addiction

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VII. C. 1. m. (2) (CONT'D)

- N11 NON-PAY - Recipient refused treatment for alcoholism
- N12 NON-PAY - Recipient voluntarily withdrew from program
- N13 NON-PAY - Not a citizen or eligible alien
- N14 NON-PAY - Aged claim denied for age
- N15 NON-PAY - Blind claim denied. Applicant not blind.
- N16 NON-PAY - Disability claim denied. Applicant not disabled.
- N17 NON-PAY - Failure to pursue claim by applicant
- N18 NON-PAY - Failure to cooperate
- N19 NON-PAY - Recipient has voluntarily terminated participation in the SSI program
- N20 NON-PAY - Recipient failed to furnish a required report
- N22 NON-PAY - Inmate of a penal institution
- N23 NON-PAY - Not a U.S. resident
- N24 NON-PAY - Convicted of felony of fraudulently misrepresenting residence in two or more States (Effective Through 11/99) Non-pay - Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. (Effective 12/99 until present)
- N25 NON-PAY - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey a high misdemeanor) under the laws of the place from which he/she or is violating a condition of probation or parole imposed under Federal or State law.
- N27 NONPAY - Disability terminated due to substantial gainful activity
- N30 NONPAY - Slight impairment - medical consideration alone, no visual impairment
- N31 NONPAY - Capacity for substantial gainful activity - customary past work, no visual impairment
- N32 NONPAY - Capacity for substantial gainful activity - other work, not visual impairment
- N33 NONPAY - Engaging in substantial gainful activity despite impairment, no visual impairment
- N34 NONPAY - Before 3/9/91: Impairment no longer severe at the time of adjudication and did not last 12 months, no visual impairment Effective 3/9/91: Child under age 18, impairment(s) disabling for a period of less than 12 months
- N35 NONPAY - Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment
- N36 NONPAY - Insufficient or no medical data furnished
- N37 NONPAY - Failure or refusal to submit to consultative examination
- N38 NONPAY - Applicant does not want to continue development of claim

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VII. C. 1. m. (2) (CONT'D)

- N39 NONPAY - Applicant willfully fails to follow prescribed treatment
- N40 NONPAY - Impairment(s) does not meet or equal listing (disabled child under age 18 only), no visual impairment
- N41 NONPAY - Slight impairment-medical condition alone, visual impairment
- N42 NONPAY - Capacity for substantial gainful activity -customary work, visual impairment
- N43 NONPAY - Capacity for substantial gainful activity other work, visual impairment
- N44 NONPAY - Before 3/9/91: Engaging in SGA despite impairment, Effective 3/9/91: Child under 18. Impairment not severe
- N45 NONPAY - Impairment no longer severe at time of adjudication and did not last 12 months, visual impairment, or denial of child's claim
- N46 NONPAY - Impairment is severe at the time of adjudication but not expected to last 12 months, visual impairment
- N47 NONPAY - Insufficient, or no, medical evidence furnished, visual impairment
- N48 NONPAY - Failure, or refusal, to submit to consultative examination, visual impairment
- N49 NONPAY - Applicant does not want to continue development of the claim, visual impairment
- N50 NONPAY - Applicant willfully fails to follow prescribed treatment, visual impairment
- N51 NONPAY - Before 3/9/91: Impairment does not meet or equal listing (disabled child under age 18 only), visual impairment Effective 3/9/91: Child under 18. Individual Functional Assessment (IFA) shows impairments(s) not of comparable severity, visual impairment
- N52 NONPAY - Deleted from the State rolls before 1/73 payment
- N53 NONPAY - Deleted from the State rolls after 1/73 payment
- N54 NONPAY - DO unable to locate applicant
- S01 SUSPENDED - Suspension of payments due to report of death by Treasury, potential automated death case
- S04 SUSPENDED - System is awaiting disability determination (system generated)
- S05 SUSPENDED - Substantial gainful activity decision pending
- S06 SUSPENDED - Recipient's address unknown
- S07 SUSPENDED - Returned check for other than death, address, payee change, or death of representative payee
- S08 SUSPENDED - Representative payee development pending
- S09 SUSPENDED - Temporary Institutionalization Suspense (systems-generated)

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VII. C. 1. m. (2) (CONT'D)

- S10 SUSPENDED - Recipient has a bank account and refuses to receive payments via direct deposit
- S20 SUSPENDED - Potential rollback case or disability decision made prior to 7/73
- S21 SUSPENDED - The recipient is presumptively disabled or blind and has received six months payments (systems-generated)
- S90 SUSPENDED - PR1 change in process because SSR was established under the incorrect SSN (this condition is extremely rare)
- S91 SUSPENDED - PR1 change in process because SSR was established under the incorrect SSN (this condition is extremely rare)
- T01 TERMINATED - Death of the recipient
- T20 TERMINATED - Received payment under two different account numbers
- T22 TERMINATED - Received payment under two different accounts, termination resulted from electronic screening
- T30 TERMINATED - Manual termination (payment previously made). Change in record composition requires termination of existing record
- T31 TERMINATED - System generated termination (payment previously made or refund on record)
- T32 TERMINATED - Automated systems termination of a paid record that has exceeded certain size limitation
- T33 TERMINATED - Manual termination (through MSSICS)
- T50 TERMINATED - Manual termination (no previous payment made)
- T51 TERMINATED - System generated termination (no previous payment made)
- * Data transmitted in error

n. Direct Deposit Ind: This is an indicator that benefits are deposited directly to an account as follows:

- C Checking
- E Electronic Benefits Transfer
- S Savings
- Blank None

- o. Address: The mailing address of the recipient.
- p. Zip Code: The zip code of the mailing address.
- q. Address: The address where the recipient lives if the address is different from the mailing address. Otherwise, the field will be blank.
- r. Zip Code: The zip code of the residence address.

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VII. C. 2.

- 2. If the individual has SSI information only, the third screen displays payment and income information for SSI. If the individual has RSDI and SSI, this displays as the sixth screen.

TPQY SCREEN

HWA906-6	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE:	03/14/2011
THIRD PARTY QUERY - SUPPLEMENTAL SECURITY INFO		RECEIVED:	03/14/2011
NAME: SWANS, MAEIVEY D.		SSN: 301-40-7777	
---- CURRENT PAYMENT ----		RESOURCES: HOUSE: Z CAR: Z INS: Z	
DATE	FEDERAL	STATE	INC PROPERTY: Z OTHER: Z
01/01/2008	107.00	0.00	TELEPHONE NUMBER: (919) 711-7117
---- PAYMENT HISTORY ----		WAGE AMOUNT: 0.00	
DATE	FEDERAL	STATE	SELF-EMPLOYMENT INCOME: 0.00
03/01/2007	107.00		BLIND WORK EXPENSES: 0.00
01/01/2006	104.00		SELF-SUPPORT AMOUNT: 0.00
			REIMBURSEMENTS CODE: 0.00
			REIMBURSEMENTS STATE/COUNTY:
			REPRESENTATIVE PAYEE IND:
		DATE:	
		TYPE:	AAGY
NET COUNTABLE EARNED INCOME:		0.00	
NET COUNTABLE UNEARNED INCOME:		377.00	
NEXT-SELECTION:		KEYS:	
PF1: NEXT PAGE	PF2: PREVIOUS PAGE	PF3: RETURN TO MENU	
PF7: BENDEX INQUIRY	PF8: ESC INQUIRY		

In addition to the name and social security number, the following fields display on this screen:

- a. Current payment:
 - (1) Federal: The cumulative Federal SSI payment(s) actually paid to the recipient under Title XVI. This is the amount of the regular monthly check issued to the recipient.
 - (2) State: The cumulative State Supplementation payment(s) actually paid to the recipient.

NOTE: North Carolina does not have a State Supplementation payment.

- b. Payment History:
 - (1) Federal: Historical payment history data.
 - (2) State: Historical payment history data.

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VII. C. 2. b. (CONT'D)

NOTE: If an individual is determined to be disabled due to a drug or alcohol addiction (DAA), and they are eligible for a lump sum payment, their lump sum is prorated over a period of time. In this situation, the Payment History reflects the regular monthly payment associated with the first day of the month and the prorated lump sum payment associated with the second day of the month.

- c. Net Countable Earned Income: The current month's amount of earned income after all exclusions are applied. This is used in determining eligibility and, if the Budget Month Flag is zero, computing the payment.
- d. Net Countable Unearned Income: The current month's amount of unearned income after all exclusions are applied. This is used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit. It includes income deemed to the eligible individual.
- e. Resources:
 - (1) House: A one-digit code indicating that the individual does or does not own a home.
 - A Possession of a home-principal place of residence
 - S Equity in nonexcludable property is expected to increase in value
 - T Home and equity in nonexcludable property
 - Z None
 - (2) Vehicle: A one-digit code indicating that the individual does or does not own a vehicle and if the individual must dispose of the vehicle for SSI eligibility.
 - B Vehicle - either over or under limit
 - K Individual required to dispose of vehicle
 - Z None
 - Blank Not determined
 - (3) Life Ins.: A one-digit code indicating if the individual has life insurance and if the individual must dispose of life insurance for SSI eligibility.
 - C Life insurance - face value over \$1500
 - L Individual required to dispose of life insurance
 - Z None
 - Blank Not determined

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VII. C. 2. e. (CONT'D)

(4) Income Prop.: A one-digit code indicating if the individual owns income producing property and if the individual must dispose of the property for SSI eligibility.

D Income producing property under or over limit
N Individual required to dispose of income producing property
Z None
Blank Not determined

(5) Other: A one-digit code indicating if the individual owns other resources and if the individual must dispose of other resources for SSI eligibility.

E Other resources-over limit
N Individual required to dispose of other resources
Z None
Blank Not determined

- f. Telephone Number: The recipient's telephone number, including area code.
- g. Wage Amount: The gross amount of wages for the month, which the recipient expects to earn in a specified month.
- h. Self-Employment: The estimated net amount of self-employment income for a specified month.
- i. Blind Work Expenses: The amount of work expenses of a blind recipient for a specified month, which may be excluded from earned income.
- j. Self-Support Amount: The monthly amount of earned income for blind or disabled recipients which may be excluded under an approved plan of self-support.
- k. Reimbursements Code: This indicates the timing of SSA reimbursement of State interim assistance payment(s) or the reason for not effecting reimbursement. The reimbursement status code may change.

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VII. C. 2. k. (CONT'D)

- 0 Essential person record; applicant did not authorize reimbursement; there is no Federal/State agreement for reimbursement; or SDX record is for the month following the month of recipient's move from the state of reimbursement.
 - 1 Total amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields is being sent or was sent to State/county.
 - 2 All or part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/County.
 - 3 Reimbursement not being effected; applicant ineligible or retroactive payment not due.
 - 4 Reimbursable assistance case pending or denied.
 - 5 Reimbursement check returned.
- 1. Reimbursements: State/County: Reflects the State/County code corresponding to the agency with which the SSI/SS applicant signed an agreement for reimbursement of interim assistance payments. This field is zeroes in the following situations: The SDX record is for an essential person, an applicant who may not have authorized reimbursement to the State, or where there is no Federal/State agreement for reimbursement.
 - m. Representative Payee Ind: This indicates whether or not representative payee data is present.
- 3. If the individual has SSI information only, the fourth screen displays additional information for SSI. If the individual has RSDI and SSI, this displays as the seventh screen:

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VII. C. 3. (CONT'D)

TPQY SCREEN

HWA906-7	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAYS DATE:	03/14/2011			
	THIRD PARTY QUERY - SUPPLEMENTAL SECURITY INFO	RECEIVED:	03/14/2011			

NAME:	SWANS, MAEIVEY D.	SSN:	301-40-7777			
OVER/UNDER PAY IND:		DISABILITY CODE:	F			
		MULTIPLE SSNS:				
CURRENT PAY STATUS:	C01	FOOD STAMP INT DATE:	10/1995			
			123456789			
HEAD OF HOUSEHOLD:	N	FOOD STAMP APP SEC:	N			
MARITAL STATUS:	3	FOOD STAMP STATUS:	N			
STUDENT INDICATOR:	N					
CONDITIONAL PAYMENT:						

UNEARNED INCOME INFORMATION						
-----		-----				
TYPE	START	STOP	AMOUNT	FREQ	CLAIM ID NO.	VER
A	08/2006		397.00	C	001950925C02	2

NEXT-SELECTION:		KEYS:				
		PF2:	PREVIOUS PAGE	PF3:	RETURN TO MENU	
PF7:	BENDEX INQUIRY	PF8:	ESC INQUIRY			

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VII. C. 3. (CONT'D)

In addition to the name and social security number, the following fields will display on this screen:

- a. Over/Under Pay Ind: This indicates if an overpayment or underpayment exists. The SSI Monthly Assistance Amount reflects overpayment and/or underpayment.
 - O Overpayment
 - U Underpayment
 - R Both overpayment and underpayment exists
- b. Current Pay Status: Refer to VII C. 1. m. above.
- c. Head of Household: A field indicating whether or not the recipient is the head of the household for Title XVI purposes at the time the record is established. In addition, it is also used to indicate that one member of a couple was determined eligible for SSI while a disability determination was pending for the other member.
 - Y Head of household
 - N Not head of household
 - S Member of the couple that is (or was) paid as an individual while disability was being determined for the other member of the couple.
 - R Member of the couple for which the disability determination is or was pending.
- d. Marital Status: Indicates the marital status of the recipient at the time the record was established.
 - 1 Married and living with (ceremonial marriage, common law marriage, or de facto marriage)
 - 3 Single, widowed, or divorced
 - 4 Married, but separated
- e. Student Indicator: Indicates whether a recipient under age 22 is a student.
 - Y Student
 - N Not a student

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VII. C. 3. (CONT'D)

- f. Conditional Payment: A code indicating whether or not a payment is or was subject to disposition of excess resources. When a payment is no longer conditional, the code "C" remains.
- C Conditional
- N Not conditional
- Blank Not applicable
- g. Disability Code: A one-digit code indicating the status of SSI disability and blind cases.
- P Presumptive Finding
- F Final determination - allowance
- S State determination (conversion cases only) - allowance
- R Referred to state agency - final determination (denied, or pending determination)
- T Presumptive finding (state conversion case)
- X No disability determination made - claim denied on basis of nondisability issues
- h. Food Stamp Int Date: The month and year of the initial Food Stamp data input.
- i. Food Stamp App Sec: Indicates whether or not SSA personnel took an application for Food Stamps.
- Y Yes
- N No
- Blank No input
- j. Food Stamp Status: Indicates whether the recipient currently receives Food Stamps or had filed an application for food stamps in the past 60 days on which no decision has been made.
- Y Yes
- N No
- Blank No input
- k. Multiple SSNs: This field shows additional Social Security numbers used by the individual.

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VII. C. 3. k. (CONT'D)

1. Unearned Income Information

(1) Type - A one-digit code indicating the kind of unearned income that the individual is or was receiving. Each code is listed below.

A	Social Security
B	Black Lung
C	Veterans Administration Compensation
D	Railroad Retirement
E	Veterans-Administration Pension
F	Assistance based on need and not excluded from unearned income (Work First Family Assistance)
H	Income in-kind
I	Ineligible child allocation
J	Value of 1/3 reduction
K	Blind countable income
L	Military Pension (includes survivor payments)
M	Federal Civil Service Pension
N	Child Support payments received from absent parent
P	Employment related pension (State or local government retirement, private pension)
Q	Workmen's Compensation
R	Rents, interest, dividends, royalties
S	Other - A variety of types of income, including case contributions
T	Alaska longevity bonuses
V	Net deemed income- Income from a financially responsible spouse/parent
X	Minimum income level amount
Y	Special needs reduction (applies to a Federal countable minimum income level (MIL))
Z	State countable income (Vermont only)
1	This code indicates that the IMC must determine the source of income from the client and take any necessary action in the case. If type H income is indicated, further verification is needed to determine the value of the contribution.

(2) Start - The date indicating when the unearned income began if the payment is monthly or if a one-time payment (MMCCYY).

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VII. C. 3. 1. (CONT'D)

- (3) Stop - The termination date of unearned income (MMCCYY). In a situation where the unearned income amount changes, this is the last date the previous rate or one-time payment was received.

NOTE: THE YEAR CAN BE "98" OR "99" ON CONTINUING TITLE II INCOME TO INDICATE PAYMENT ADJUSTMENT IN PROCESS.

- (4) Amount - The monthly amount of unearned income for the period indicated on the left.

- (5) Frequency - A one-digit code indicating whether or not unearned income is being received or was received. The codes are listed below.

C Continuous monthly payment, or uninsured (Title II claim number suffix T and M)
N One-time payment
T Termination of continuous monthly payment
R Used in conjunction with type A income to indicate recent RSDI filing or with type D income to indicate potential eligibility to an Railroad Retirement Board (RRB) benefit
U Used only in conjunction with a type D entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to an RRB annuity has not been determined

- (6) Claim/ID No. - The individual's claim number followed by a one-digit code indicating the claim or identification number under which each type of unearned income is being received. This field contains the following coding for "H" (income-in-kind) type income:

A Living in own household
B Living in noninstitutional care situation
C Living in private nonprofit residential care institution covered by Church Amendment
D Living in other private nonmedical institution (domiciliary care, personal care, retirement homes, etc.)
E Living in private medical institution but Medicaid payees less than 50% of the cost
F Living in public institution for education or vocational training

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VII. C. 3. 1. (CONT'D)

(7) Program Service Center Code - A one-digit code following claim/ID No. which indicates the service center from which payment is made.

- 1 New York
- 2 Philadelphia
- 3 Birmingham
- 4 Chicago
- 5 San Francisco
- 6 Kansas
- 7 Office of Disability Operations, Baltimore
- 8 Division of Internal Operations, Baltimore
- B Type B (Black Lung income under Department of Labor jurisdiction)
- D Individual is a VA dependent; Type C or E amount represents dependent's portion of a combined VA check payment
- F Type C or E VA fixed payment or Type D (RRB Benefit) not subject to general legislative increases
- G Type E VA parent's dependency and indemnity compensation
- V Individual is a veteran or surviving spouse of veteran. Type C or E amount represents Veteran/Surviving spouse portion of a combined VA check payment
- X Same as "V" above except not subject to general legislative increases

(8) Verification - A one-digit code indicating whether or not the unearned income, as stated by the individual, has been verified.

- 0 Number and income amount not verified
- 1 Number verified, amount not verified
- 2 Number and income amount verified
- 8 Dually entitled to Title II benefits

VIII. LOGOFF PROCEDURES

- A. Key "99" in Next Selection.
- B. Press ENTER. The message "EIS SESSION TERMINATED" appears.
- C. Key "LOGOFF" over this message.
- D. Press ENTER. The Banner screen appears.