DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

February 3, 1984

All County Welfare Directors   Letter No. 84- 2

SOCIAL SECURITY ACCOUNT NUMBER (SSAN) VALIDATION/REFERRAL SYSTEM

All County Welfare Directors Letter No. 83-75 transmitted the draft procedures
for the Social Security Account Number (SSAN) validation and referral processes.
Counties were requested to review and comment on the procedures. Comments
received have been incorporated in this final letter.

We are confident that the computer system and the referral and validation
procedures are much more refined than our initial attempt in 1981. However,
we recognize that important elements of the system are related to the actual
number of "non-matches" that will occur and the actual number of discrepancies
to be identified that will require follow-up by county staff. Accordingly,
please do not hesitate to provide feedback regarding the system and especially
regarding the discrepancy reports and corrective action procedures based on
your use.

Background

In July 1981, the Department of Health Services (DHS) and the Department of
Social Social Services (DSS) processed the first SSAN validation data. This
process was to verify the validity of recipient reported SSANs. The SSAN is
used as a unique identifier in the Medi-Cal Eligibility Data System (MEDS) and
for state verification and fraud detection systems for individuals in receipt
of Medi-Cal and cash benefits. All references to DHS in the procedures refer
to the processing of SSAN data against the MEDS database.

There are two SSAN validation methods that will be used: 1) the State
validation process, which occurs every six months, and 2) the Referral
Process which results in a monthly tape that is submitted by the Social
Security Administration (SSA) to DHS. This Referral Process is a result of
the Social Security Administration Referral Notice (MC 194) that is
completed by the county welfare departments. For example, if DHS was not
able to obtain a match during the State Validation process, and the county
was not able to resolve the discrepancy through a review of the recipient's
case file, the recipient would be required to take an MC 194 to the
appropriate local Social Security office in order to resolve the discrepant
SSAN. Included as Appendix A and B of the procedures are flow charts
describing the SSAN Validation and Referral Processes respectively.

In the initial validation process (July 1981), counties were sent reports of
those current eligibles whose SSAN was not validated by the SSA. Procedures
were established for counties to resolve the SSAN discrepancies and a referral
process was developed between the counties and the local SSA district offices.

As a result of this referral process, DHS receives monthly tapes from SSA which indicate the results of the referred cases. Those SSANs which were validated by SSA were posted to the MEDS database. Those SSANs which were not validated will be resubmitted in the next Validation process.

Current Process

On September 12, 1983, the Department created computer files of SSANs which had not been validated and sent them to SSA for validation. The files contained records for all individuals known to MEDS regardless of eligibility (including all SSI/SSP individuals). The Department also sent records on CID eligibles for counties not on MEDS. These files were returned to the State in November 1983 and December 1983 and the results will be sent to the counties in February 1984. Thereafter, the Department will ask SSA to validate SSANs on a semi-annual basis and DHS will send computer files to SSA of all Medi-Cal and AFDC recipients. In all situations, counties will be informed of those SSANs for records which could not be exactly matched to MEDS. DHS will annotate its record to reflect those SSANs that have and have not been validated.

Enclosed are the procedures that describe the SSAN Validation and Referral Process. These procedures describe the background, systems, referral, sight verification and validation processes which must be accomplished to ensure that SSANs for Medi-Cal and AFDC recipients are correct.

The referral system is expected to be in operation in January 1984 with the first county reports distributed in early February 1984. Thereafter, referral errors will not be cited in the Federal Quality Control process. This will eliminate all but the most unusual SSAN errors and result in reduced Federal error rates.

If you have any questions regarding the SSAN validation procedures as they relate to Medi-Cal recipients, please contact Karla Gurley or Jenny Juarez, Eligibility Branch, (916) 322-3394 or (916) 445-1969 respectively. If you have any questions related to SSAN Validation for AFDC recipients, please contact Bob Johnson, AFDC Corrective Action Bureau at (916) 324-2000. Any questions regarding food stamp recipients should be addressed to Patt Moore, Food Stamp Program Development Bureau, at (916) 445-9537. Please contact your DHS or DSS County Administrative Expense Unit Analyst for any questions regarding funding.

Sincerely,   Sincerely,

Original signed by   /

                                                    Original signed by

Kyle S. McKinsey
Deputy Director   Caroline Cabias, Chief
Welfare Program Operations Division   Medi-Cal Eligibility Branch
Department of Social Services   Medi-Cal Poicy Division
                                                    Department of Health Services

Enclosures

SOCIAL SECURITY NUMBER

VALIDATION/REFERRAL PROCESS

STATE DEPARTMENT OF HEALTH SERVICES
STATE DEPARTMENT OF SOCIAL SERVICES

DATE: FEBRUARY 1984

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INTRODUCTION

The Department of Health Services (DHS) in cooperation with the Department of Social Services (DSS) has developed a process for validating Social Security Account Numbers (SSANs) to ensure their accuracy as reported by Medi-Cal and AFDC recipients. The development of this process is necessary for the following reasons:

1. The SSAN is used as the primary identifier in the Medi-Cal Eligibility Data System (MEDS). MEDS, which includes Aid to Families with Dependent Children (AFDC) recipients, replaces the current Central Issuance Division (CID). MEDS is an on-line data system, completing a network of eligibility data exchange between the county welfare departments (CWDs) and DHS. The eligibility information is used to coordinate and administer the Medi-Cal program.

    MEDS will use the SSAN to detect and to prevent duplication of Medi-Cal cards being issued to a recipient and will enable DHS to maintain accurate claims payment history.

2. The use of the SSAN as the primary identifier enables both Departments (DHS and DSS) to obtain recipient income information from the Employment Development Department (Earnings Clearance, Unemployment Insurance, Disability Insurance) and benefit amount information from the Social Security Administration (SSA). This information is used to detect and process overpayments and fraud cases.

Current SSAN policy provides for "where a state agency enters into an agreement with SSA to obtain a magnetic tape of SSANs issued to applicants or recipients of AFDC the Quality Control (QC) review is limited to verifying that an application for an SSAN was made". The referral (enumeration) system is expected to be in operation in January 1984. Thereafter, referral errors will not be cited in the Quality Control process. This will eliminate all but the most unusual SSAN errors and result in reduced error rates.

Through an agreement with SSA, DHS will attempt to identify any errors in the County/State records and make corrections to these records so that the data will match with SSA. If a discrepancy is identified between State/County and SSA records, a referral will be made via the county to the current local SSA district office. SSA has agreed to process these referrals, to review and correct any erroneous information in its records, and to provide DHS with a tape copy of the originally assigned or verified SSAN for each referral processed. DHS will annotate its record to reflect those SSANs that have been validated.

Regulatory Background -- Medi-Cal Applicants/Recipients

Regulations which were effective May 9, 1980 require counties to sight verify each Medi-Cal-only recipient's SSAN (Title 22, California Administrative Code (CAC), Section 50168). Medi-Cal regulations (Title 22, CAC, Section 50187(e)(f) also require CWDs to assist the Medi-Cal-only recipient in obtaining or validating an SSAN. If the recipient fails, without good cause, to cooperate in the validation effort within 60 days of notification from the CWD, Medi-Cal eligibility shall be discontinued.

Regulatory Background -- Applicants/AFDC Recipients

The DSS regulations which were effective June 1, 1983, require sight verification and validation of SSANs for AFDC applicants/recipients. The regulations also require CWDs to assist the AFDC applicant/recipient in obtaining or validating an SSAN. If the recipient fails to cooperate, aid shall be denied or discontinued only for the member(s) of the Family Budget Unit whose SSAN is in question. (EAS 40-105.27)

I. SYSTEM DESCRIPTION

There are two SSAN validation methods that will be used: 1) the State
Validation process, which occurs every six months, and 2) the Referral
Process which results in a monthly tape that is submitted by SSA to DHS.
This Referral Process is a result of the Social Security Administration
Referral Notice (MC 194) that is completed by the county welfare
department. For example, if DHS was not able to obtain a match during the
State Validation process, and the county was not able to resolve the
discrepancy through a review of the recipient's case file, the recipient
would be required to take an MC 194 to the appropriate local Social
Security office in order to resolve the discrepant SSAN. Included as
Appendix A and B are flow charts describing the SSAN Validation and
Referral Process respectively.

A. State Validation Submittals

1. Every six months, DHS will prepare a computer tape of all Medi-
    Cal and AFDC cash recipients whose SSAN has not yet been
    validated and request that SSA validate these SSANs.

    Note: Since the MEDS eligibility file is composed of only
    individuals linked to Medi-Cal, the SSAN validation process will
    not, at this time, include nonassistance Food Stamp (NAFS)
    applicants/recipients.

2. Each record shall contain the recipient's name, SSAN, date of
    birth, sex and the welfare identification number.

3. SSA will compare the data from each record submitted by the State
    with current SSA records and indicate on the record submitted
    either a match or no match.

4. If the state record matches the SSA record, the MEDS data base
    SSAN Verification field will be coded as "validated".

5. The State will notify counties of currently active recipients
    whose SSANs were not validated by SSA. Counties who choose may
    also be notified of those SSANs that did validate.

6. The counties will attempt to obtain correct SSAN information and
    submit the corrections to DHS through their normal MEDS processing
    channels. DHS will process all corrections submitted by the
    counties and update the state records. These corrected records
    will be included in the next State Validation file sent to SSA in
    an attempt to validate the SSANs based upon updated information
    submitted by the counties.

B. SSA District Office Referrals

1. An applicant/recipient is referred by a CWD to an SSA district
    office to either (1) obtain an SSAN, (2) obtain a duplicate SSAN

card, or (3) correct information in the SSA's record. (See page 5 and 6 items 4, 5 and 6 for completion of the referral form.)

Match fields are : Name, birthdate, sex, birthplace, father's given name and mother's maiden name.

As a result of this referral, DHS receives a monthly computer tape from SSA listing the current beneficiary SSAN record. Each record contains the recipient's name, SSAN (newly assigned or confirmed as a result of the referral), sex, date of birth and welfare identification number.

2. DHS will compare this information with its MEDS record. If they agree, the SSAN will be coded as "validated".

3. Each month, DHS will notify counties of those referrals which did not successfully update MEDS. Counties will also receive notification of those SSANs accepted via the referral process providing the case is active at the time of report generation. (See Appendix C.)

II. COUNTY PROCEDURES

A. Sight Verification

1. SSANs for all Medi-Cal and AFDC recipients shall be verified by viewing SSAN cards, an award letter, a check from SSA, or a Medicare card showing the recipient's name and SSAN with the letters A, HA, J, M, or T following the SSAN (Title 22, CAC, Section 50168. EAS 40-107.71) When reviewing the SSAN card, it must be the original SSA issued card, not a plastic or metal reproduction available from mail order companies.

2. Counties should file a copy of this documentation in the case folder.

3. If any recipient does not have either an SSAN or the proper verifying documentation, counties shall refer the individual(s) to SSA as described in "SSA District Office Referral Process" procedures.

B. SSA District Office Referral Process (MC 194 Referral Process)

1. When to Use the SSA Referral Process.

If the county cannot sight verify a recipient's SSAN, or if the recipient does not have an SSAN, or if the SSAN has been reported as unvalidated and the case review and/or the beneficiary verifies that the county/state has the correct information, or if a previous referral has failed and the recipient does not agree with the information reported by SSA, the county should refer the person to the local SSA office using the form MC 194 "Social Security Administration Referral Notice". (See Appendix D)

2.   SSA Referral Notice (MC 194).

The MC 194 has been developed specifically to be used to refer a recipient to the local SSA district office. The MC 194 can be used to request that SSA correct any SSAN data discrepancies relating to the recipient, to request duplicate SSAN card, or to request an original SSAN. The MC 194 also verifies that the recipient has met his/her obligation of going to SSA. To document compliance with this requirement, SSA will either return the completed MC 194 form to the recipient or mail it back to the county, depending on the method the county specifies on the form.

The MC 194 is stocked in the state warehouse and counties may order the form in the same manner that they request other Medi-Cal and AFDC forms.

3.   SSA Referral Notice Information Returned from SSA District Office.

When SSA indicates on form MC 194 that the recipient being referred has completed an SSAN application and that the application is being processed (MC 194, Item C, 1), any one of the following may apply: (1) the recipient's present SSAN is still valid, however, SSA's record will have to be updated to reflect a change, or (2) the recipient has been using the wrong SSAN and SSA will issue a duplicate card with the correct SSAN, or (3) an original SSAN will have to be issued. Because SSA may have to issue an original SSAN, counties should inform the recipients being referred to SSA to take identification, proof of citizenship, or lawful admission and age documents as listed on the back of the MC 194, even though they may already have an SSAN.

4.   Preparation of MC 194.

Complete an MC 194 form for each individual being referred to SSA. Complete Section I as described below. SSA has been instructed to return to the county any form not properly completed. Do not refer a recipient to SSA without a completed MC 194. Retain the original for your records; give the copy (second copy) to the recipient being referred to SSA.

Complete Section I in the following manner:

a.   Part I, A -- Use district stamp to enter the referring office address or print address clearly.

b.   Part I, B -- Enter the name, address, and telephone number of the SSA office closest to the applicant's/recipient's home. (Check recipient's address to determine.)

c.   Part I, C -- Check the appropriate box for service required.

d.   Part I, D --

    (1)   Enter name of applicant/recipient being referred to SSA as it appears in the case record.

    (2)   Enter birthdate exactly as it appears in the case record.

    (3)   Enter applicant's/recipient's sex.

    (4)   Enter applicant's/recipient's welfare identification number. Enter full 14-digit number (2-digit county number, 2-digit aid code, 7-digit serial number (preceed with zero(s) if there are less than seven numbers), 1-digit FBU, 2-digit person number). Do not refer the recipient to SSA until the recipient has been assigned a complete welfare ID number. Example of 14-digit number: 02-84-0000179-1-01.

    (5)   Enter case name.

e.   Part I, E --

    (1)   Enter name of the EW, initials, telephone number, and the date the form was completed.

    (2)   Check the method of return you wish SSA to follow.

5.   Use of the 14-Digit Welfare Identification Number on the MC 194.

You will note that the ("Original" of the MC 194, which the county retains, has 14 boxes in the "Recipient's Case Number" field (Section I.D). All 14 digits are to be entered. However, you will notice that the "copy" (second page) that is delivered to SSA has the fourth box (units of aid) blanked out. This means that SSA will pass on a 13-digit county case identification number in processing the referral.

The reason for the 13-digit number is that SSA's county ID field on their computer tapes consist of only 13 digits. The second copy of the MC 194 provides SSA with the 13-digit county case identification number which will be used to cross-match with the county case identification numbers on MEDS.

DHS will receive monthly tapes from SSA indicating the current information SSA has on their files for individuals referred to SSA by the county. DHS will attempt to match this information with the MEDS record using this 13-digit county case identification number. Therefore, it is imperative that counties use only the referral form (MC 194) and that you send the "copy" (second page) of this form to SSA to ensure that the proper 13-digit case number gets passed along in the process. Do not refer the recipient to SSA until the recipient has been assigned a complete case ID number.

6.   Nonassistance Food Stamp Applicants/Recipients.

Since nonassistance Food Stamp (NAFS) applicants/recipients will also be referred to SSA via the MC 194 referral process, the monthly SSA Referral tape sent to DHS will also include those applicants/recipients. However, NAFS applicants/recipients are not currently included on the MEDS data base if they are not recipients of Medi-Cal benefits. Thus, when the SSA Referral tape is compared to the DHS MEDS file, these NAFS SSAN records may not match anything on the file and will be reported as unknown records on the reports generated by the system. These unmatched NAFS SSAN's will comprise a large portion of the SSAN referrals reported as failed by DHS and forwarded to the counties for resolution. Since many of these NAFS SSAN's could, in fact, be valid numbers per SSA, it would be beneficial for the counties to establish a system to match them to their NAFS case files that are pending SSA validation prior to any additional mismatch follow up.

When a county determines that an SSAN reported on a county ID unknown to DHS is a valid NAFS SSAN, the county should document the validity of the SSAN in their files. This will avoid duplicate client referral and processing through the SSA system.

C.   **County Reports Generated from the Semiannual Validation Process**

As stated in All County Welfare Directors Letter No. 83-75, counties were given the option of receiving the semiannual validation results (validated and unvalidated) via paper or tape. Depending upon whether the county had an EDP system, the following criteria was established:

Counties Choosing to Receive "Validated" SSAN Information:

1.   Counties with EDP systems must receive validated SSAN information via tape.

2.   Counties without EDP systems will receive validated SSAN information via paper.

The record layout for both tape and paper for validated SSANs is included as Appendix E. Headings for each data field will be included on the paper listings. It should be noted that even though an SSAN indicates validated on the SSAN validation file, the MEDS data base may indicate unvalidated. This situation occurs when a MEDS ID change and/or birthdate change was made by the county subsequent to creation of the last validation tape.

EDP Counties Choosing to Receive "Unvalidated" SSAN Information Via Tape:

Counties choosing the option of receiving SSAN unvalidated information on tape will receive that information in the format as described in Appendix E.

Counties Receiving "Unvalidated" SSAN Information Via Paper Listings:

Unvalidated SSAN information for those EDP counties choosing paper
transmittal or those non EDP counties who must receive paper
documentation will be in the format indicated on Appendix C.
The initial reports will be titled County Eligibility Worker Alerts
but can be recognized as validation alerts by the transaction code
SS30. At a later date we will title the worker alerts so that they
are identified as validation alerts.

D. Validation Error Resolution

Every six months DHS will prepare a computer tape of all Medi-Cal and
AFDC recipients whose SSAN have not yet been validated and SSA will
be asked to validate these SSANs. SSA will compare the data submitted
by the State with current SSA data and return a response of the
validation attempt to DHS. DHS subsequently will prepare notification
to each CWD identifying those recipients whose SSAN was not validated.
Counties that requested validated SSAN information based upon the
questionnaire included in ACL 83-75 will receive that information
at the same time the unvalidated information is reported. While
it is suggested that CWDs resolve the unvalidated SSANs as soon as
possible, this process may be accomplished at redetermination for
both Medi-Cal and AFDC individuals. However, counties must
cooperate in resolving SSAN conflicts which prevent the reporting
of an individual's SSAN to MEDS. These particular conflicts
should be resolved within 30 days upon notification to the county.
In resolving unvalidated SSANs the counties will:

1. Compare the unvalidated data with the case record data to
    determine if errors were made in forwarding information to the
    State. Before contacting the recipient, the county should check
    for:

    a. Incorrect SSAN (i.e., SSAN belongs to another family member).

    b. Transposition of a number in the SSAN.

    c. Incorrect digit(s) in the SSAN.

    d. Incorrect spelling of the first name and/or last name, use
        of maiden name instead of married name, use of nickname, or
        the use of two surnames for any of the children.

    e. Incorrect sex and/or birth date.

2. If the county finds errors in either the county or state record,
    the county should submit corrected information to DHS through
    their normal MEDS processing channels.

3. If no errors are found in the case record, the county should
    contact the recipient to obtain/verify the information. During
    the recipient contact (by telephone or in person) the county
    should:

a. Use the sight verification procedure as outlined in Section II
    (if contact is in person) to compare the listed SSAN and name
    with the original document used to verify the SSAN and
    name provided by the recipient.

b. Determine by questioning the recipient if he or she used
    another name when applying at SSA for an SSAN. Be alert to
    the possibility that the individual may have made up a
    number, used someone else's SSAN, or that he or she may be
    using more than one number. (MEDS will automatically
    detect someone receiving aid in two or more counties using
    the same SSAN, but MEDS will not detect the same person using
    two different numbers and the same name, or two different
    numbers and two names.) Fraud referrals should be made
    when appropriate.

c. Ask for additional date of birth verification to compare
    with the month and year shown on the report.

The SSA/DHS data match compares SSAN, first six letters of the
surname, first letter of first name, sex, year and month of
birth, in that order. If any of these fields do not match, SSA
notifies DHS of those SSANs which were not validated, but the
specific data element(s) that caused the mismatch is not
identified. Therefore, counties should continue to check data
elements after discovering one inaccuracy. Checking all data
elements will help prevent the same persons from appearing again
on an unvalidated SSAN report.

All corrections will be processed by DHS to update the State's
record through the MEDS normal eligibility update process.
These records will be included in the next state validation file
submittal to SSA. If the record returns as "validated", the
state files will be updated accordingly. It should be noted
that even though an SSAN indicates validated on the SSAN
validation file, the MEDS data base may indicate unvalidated.
This situation occurs when a MEDS ID change and/or birthdate
change was made by the county subsequent to creation of the last
validation tape.If the record returns as "unvalidated", the
state files will be updated accordingly and the records will be
forwarded to the county for further processing. The state will
notify the county of the first validation attempt, and
subsequent validation attempts. Since counties may resolve
validation discrepancies at redetermination they may ignore the
subsequent validation attempts notification if the case is not
scheduled for redetermination until a later date.

4. If the recipient indicates that the county had the correct
    information, the county must then refer the recipient to the
    local Social Security office, as described under the heading,
    "SSA District Office Referral Process".

E. County Reports Generated from Monthly Referral Process

    On a monthly basis, beginning February 1984, counties will receive
    worker alerts for those SSANs that were accepted via the referral
    process and for those referral records that failed MEDS match
    criteria. The initial reports will be titled County Eligibility
    Worker Alerts but can be recognized as referral alerts by the
    transaction code SS10. At a later date, we will title the worker
    alerts so that they are identified as referral alerts.

F. Referral Error Resolution

    After distribution of the reports to the proper location within the
    county, processing should be as follows:

    1. Check each recipient's report to identify the discrepant item(s).

    2. For any difference (name, sex, date of birth, or SSAN), contact
        the recipient to determine if he/she concurs with the SSA
        information.

    3. If he/she concurs with the SSA information, sight verify the
        appropriate documents and submit a change/correction through
        normal MEDS channels. Make appropriate changes to county files
        and records. Consider whether the changes justify referral to
        the county Fraud Investigation Unit. These SSANs should then
        validate in the next validation process.

    4. If the recipient does not concur with the SSA information, refer
        the recipient to SSA with another MC 194. This form should (1)
        contain both the state and SSA data for each discrepant item,
        and (2) indicate that it is a second referral based on refusal
        of the recipient to accept the SSA data record which was created
        when the individual was previously referred to SSA. Before this
        final referral, the county must emphasize to the recipient the
        need to provide convincing proof of the specific data items in
        question to SSA.

    When SSA returns the MC 194 to the county for a recipient that has
    been referred to SSA a second time, one or more of the following
    items will be indicated:

    1. SSA is revising its record to match the state record for each
        discrepant item. In this event, no county action is necessary.

    2. SSA is not revising its record for at least one item, but may be
        revising other items. In this event, counties should investigate
        further, via recipient contact and/or fraud referral. This
        investigation should result in either:

        a. A change in state and county files and records, and
            possible fraud action if the findings support the SSA data
            record, or

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b.   discussion of the findings with SSA to resolve any
                          discrepancy between the SSAN and state records.

III. COUNTY QUESTIONS AND ANSWERS

        As the result of county input, several questions were raised which we
        would like to share with all counties.

        Question

        All County Welfare Directors Letter No 83-75 stated that in certain
        circumstances the State would update the MEDS ID with the SSAN received
        from SSA as the result of the Referral process. How will daily updates to
        MEDS using the "old" MEDS ID prior to receiving notification from the
        Department of the new MEDS ID change be accomplished.

        Answer

        The Department will be sending an all county letter describing the MEDS
        process for updating and reporting MEDS ID changes as the result of the
        Referral process. Counties will have an opportunity to review and respond
        to this letter.

        Question

        How will the State's "Buy-In" process be affected by SSAN validation and
        the MEDS ID change proposal?

        Answer

        The MEDS ID change process has been coordinated with the Buy-In process
        to preclude "buying out" of Medicare Part B coverage under the "old" MEDS
        ID. The Department will coordinate the MEDS update process with the
        Buy-In process to prevent any lag in picking up Medicare Part B
        premiums under the new SSAN.

        Question

        Will the Department notify counties each time the same SSAN does not
        validate even though counties do not have to resolve SSAN discrepancies
        until redetermination?

        Answer

        Yes, since all counties do not report redetermination dates, and changes to
        MEDS records can occur daily, the State cannot determine if a change to
        MEDS is the result of SSAN data discrepancy resolution or not. Therefore,
        semiannually any SSAN that is not validated will be sent to SSA for
        validation. The SSAN-VER Code field on the MEDS data base will be coded
        each time an SSAN is sent to SSA, and counties will be notified each time
        that a number does not validate. (See validation messages and SSAN-VER
        Codes, Appendix F.) In addition, counties will only be notified if the
        beneficiary is in an eligible status at the time the return files are
        processed.
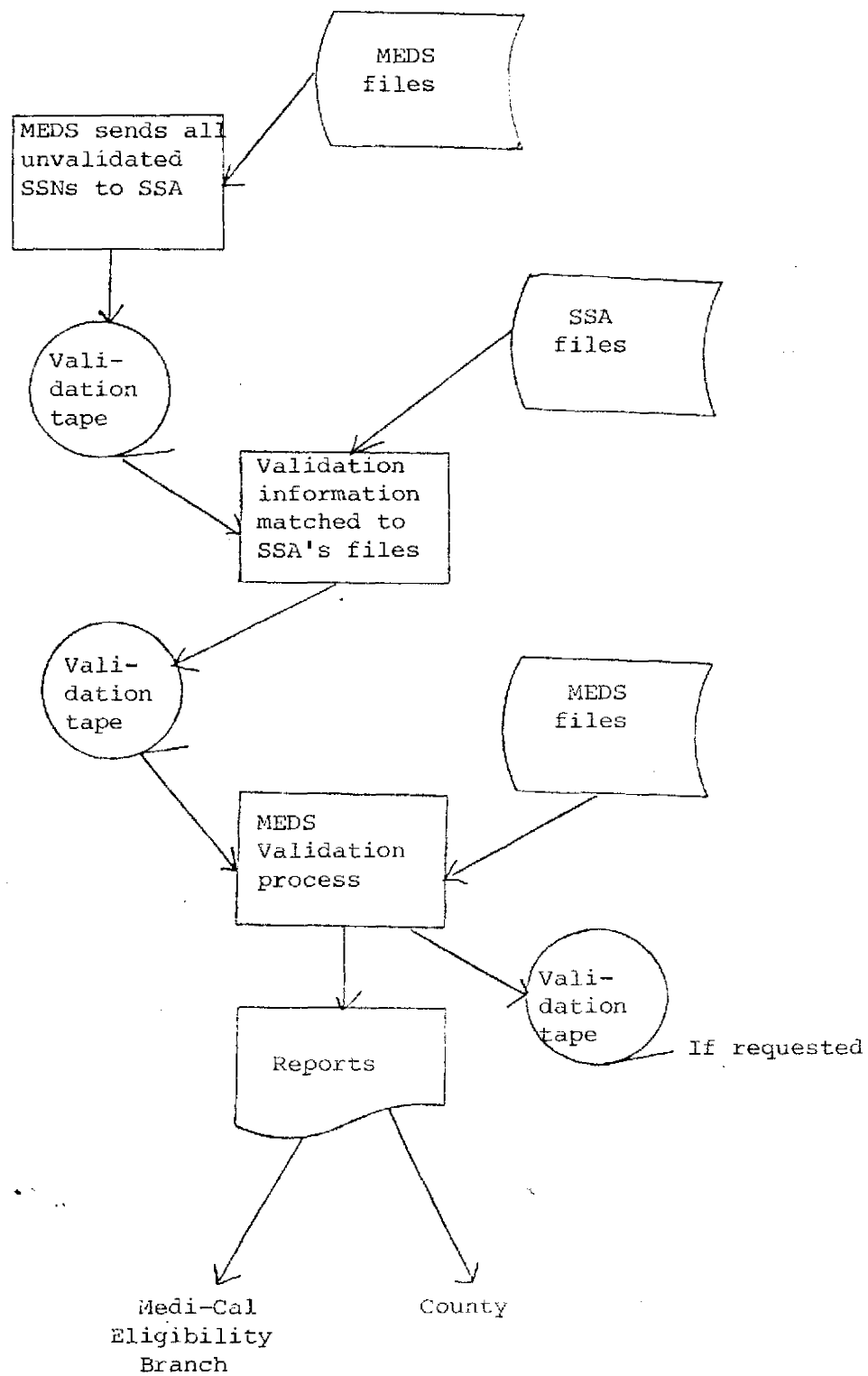
How does the county resolve SSAN conflicts (i.e., two individuals in two different counties with the same SSAN, etc.)?

Answer

The Department is in the process of preparing an all county letter describing the procedure counties should follow for resolving SSAN conflicts. In addition, a new MEDS contact list, which will include county staff assigned to resolve SSAN conflicts will be published.

Social Security Account Number (SSAN)
Validation (Semi-Annual Process)

MEDS
files

MEDS sends all
unvalidated
SSNs to SSA

Vali-
dation
tape

SSA
files

Validation
information
matched to
SSA's files

Vali-
dation
tape

MEDS
files

MEDS
Validation
process

Vali-
dation
tape

Reports

If requested

Medi-Cal
Eligibility
Branch

County

Social Security Account Number (SSAN)
Referral (Monthly Process)
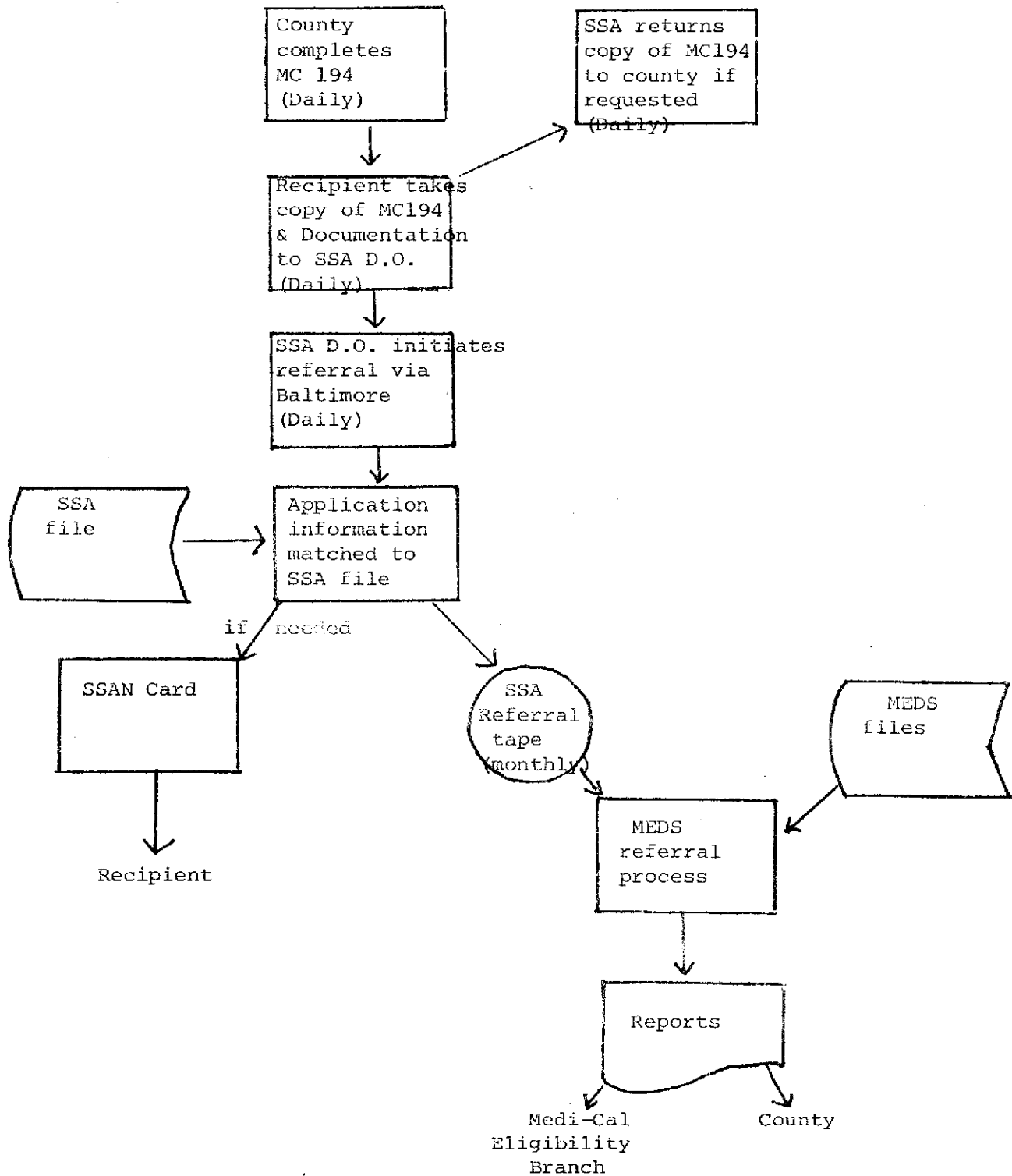
```
┌──────────────┐              ┌──────────────┐
│ County       │              │ SSA returns  │
│ completes    │              │ copy of MC194│
│ MC 194       │              │ to county if │
│ (Daily)      │              │ requested    │
└──────┬───────┘              │ (Daily)      │
       │                      └──────────────┘
       ▼                  ┌──►
┌──────────────┐         │
│ Recipient takes│───────┘
│ copy of MC194 │
│ & Documentation│
│ to SSA D.O.   │
│ (Daily)       │
└──────┬────────┘
       ▼
┌──────────────┐
│ SSA D.O. initiates│
│ referral via  │
│ Baltimore     │
│ (Daily)       │
└──────┬────────┘
       ▼
┌────────┐   ┌──────────────┐
│ SSA    │   │ Application  │
│ file   │──►│ information  │
│        │   │ matched to   │
└────────┘   │ SSA file     │
             └──┬────────┬──┘
    if needed   │        │
         ┌──────┘        ▼
         ▼          ╭─────────╮           ┌──────────┐
┌──────────────┐   │ SSA     │           │ MEDS     │
│ SSAN Card    │   │ Referral│           │ files    │
│              │   │ tape    │           └────┬─────┘
│              │   │(monthly)│                │
└──────┬───────┘   ╰────┬────╯                │
       │                │                     │
       ▼                ▼                     ▼
   Recipient       ┌──────────────┐
                   │ MEDS         │◄──────────┘
                   │ referral     │
                   │ process      │
                   └──────┬───────┘
                          ▼
                   ┌──────────────┐
                   │ Reports      │
                   └──┬────────┬──┘
                      ▼        ▼
                 Medi-Cal    County
                 Eligibility
                 Branch
```

```
                                        ** DENOTES NO MEDI CAL ID CARD ISSUE
```

CASE NAME	PERSON NAME	BIRTHDATE
	BE___DEZ JR RENE	05/33/933

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS10	01/06/84	0106 SSAN-VER	3
			0106 SSAN-VER	C
		01/06/84	9031 ALIAS/LST-NAME	BE___IDES
			9032 ALIAS/1ST-NAME	RENE
		01/06/84	0110 SEX	F
			0110 SEX	M

CASE NAME	PERSON NAME	BIRTHDATE
	PA___CO MARCOS	03/01/977

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS10	01/06/84	0104 MEDS-ID	5657_149
			0104 MEDS-ID	3045_23?
		01/06/84	0106 SSAN-VER	6
			0106 SSAN-VER	U
		01/06/84	0175 COUNTY	15
			0815 COUNTY CASE NO	010__5004

CASE NAME	PERSON NAME	BIRTHDATE
	STE___SON HOLLY	05/10/983

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS10	01/06/84	0175 COUNTY	15
			0175 COUNTY	15

MATCHING MASTER, BIRTHDATE 05/10/983   COUNTY ID: 15-82-0206___5-0-03   MEDS
NAME: STE___SON   HOLLY   CASE NAME

		01/06/84	0295 COUNTY CASE NO	0275__5003
			0295 COUNTY CASE NO	0295__5003
		01/06/84	0106 SSAN-VER	3
			0106 SSAN-VER	V
		01/06/84	9031 ALIAS/LST-NAME	STE___SON
			9032 ALIAS/1ST-NAME	HOLLY

```
.... COUNTY.....      DISTRICT     WORKER
      KERN                          1801
```

```
COUNTY ID                 MEDS ID
15-30-026 55-0-01         567-75-  11
```

...	MESSAGE............................	STATUS..
	4802 SSA UPDATE VALIDATED - WITH DIFFERENCES	ACCEPT
	4804 SSA UPDATE VALIDATED - SSA NAME NEW TO MEDS	ALERT
	4815 SSA UPDATE - SEX DISCREPANCY BETWEEN MEDS AND SSA	ALERT

```
COUNTY ID                 MEDS ID
15-37-010  96-0-04        804-5  23P
```

...	MESSAGE............................	STATUS..
	4805 SSA UPDATE MATCHED - MEDS ID CHANGE REQUIRED	REJECT

```
COUNTY ID                 MEDS ID
15-38-023  5-0-05         565-75-6
```

...	MESSAGE............................	STATUS..
	4812 SSA UPDATE FAILED - COUNTY ID UNKNOWN TO MEDS	REJECT

```
ID: 565756      CURRENT ELIG. STATUS: 999
              DISTRICT:        WORKER: 1801
```

```
4814  SSA UPDATE FAILED -
      SSA NAME KNOWN TO MEDS          ALERT
```

REPORT NO	REPORT DATE	..........TITLE..........
5.1.1.1	01/05/84	COUNTY ELIGIBILITY WORKER ALERT

CASE NAME	PERSON NAME	BIRTHDATE
	COLLINS LINDA	05/14/952

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS30	01/08/84	0106 SSAN-VER	3
			0106 SSAN-VER	W

CASE NAME	PERSON NAME	BIRTHDATE
	DAVIS LINDA MAR	10/10/963

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS30	01/08/84	0106 SSAN-VER	3
			0106 SSAN-VER	L
		01/08/84	0110 SEX	F
			0110 SEX	M

CASE NAME	PERSON NAME	BIRTHDATE
	LOPES ROSITA	11/26/974

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS30	01/08/84	0106 SSAN-VER	3
			0106 SSAN-VER	K
		01/08/84	0140 BIRTHDATE	11/26/974
			0140 BIRTHDATE	11/26/979

CASE NAME	PERSON NAME	BIRTHDATE
	REMPER JULIE A	12/28/971

SOURCE	TRANS	DATE	DATA FIELD.........	DATA FIELD CONTENTS......
	SS30	01/08/84	0140 BIRTHDATE	11/28/972
			0140 BIRTHDATE	12/28/971
		01/08/84	9031 ALIAS/LST-NAME	REMPER
			9032 ALIAS/1ST-NAME	JULIE
		01/08/84	0106 SSAN-VER	3
			0106 SSAN-VER	W

.....COUNTY.....   DISTRICT   WORKER
     KERN   1164

COUNTY ID   MEDS ID
15-30-0039**9-0-50   570-98-0**4

.... MESSAGE..........................   STATUS..

    4817 SSAN UNVALIDATED -
          FIRST VALIDATION ATTEMPT   REJECT

COUNTY ID   MEDS ID
15-35-0247**8-0-50   517-25-7**1

.... MESSAGE..........................   STATUS..

    4802 SSA UPDATE VALIDATED -
          WITH DIFFERENCES   ACCEPT

    4815 SSA UPDATE - SEX DISCREPANCY
          BETWEEN MEDS AND SSA   ALERT

COUNTY ID   MEDS ID
15-35-0134**1-0-01   547-39-9**2

... MESSAGE..........................   STATUS..

    4802 SSA UPDATE VALIDATED -
          WITH DIFFERENCES   ACCEPT

    4803 SSA UPDATE VALIDATED -
          DIFFERENT BIRTHDATES   ALERT

COUNTY ID   MEDS ID
15-30-0101**1-0-05   589-33-5**7

... MESSAGE..........................   STATUS..

    4821 VALIDATION FAILED - BIRTHDATE
          SUBSEQUENTLY CHANGED   REJECT

    4822 INFORMATION SENT TO SSA
          RETURNED AS VALIDATED   ALERT

    4817 SSAN UNVALIDATED -
          FIRST VALIDATION ATTEMPT   REJECT

SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE

Appendix D

Instructions to CWD: *Please complete Part I. Retain original for your records; copy for recipient/SSA.*

Instructions to Recipients: *Read the back of this form. Take the necessary documentation to the Social Security Administration Office listed below in Part I. (B).*

Instructions to SSA: *This form is a request for the action noted in Part I. (C). Please complete Part II. of this form and distribute as noted in Part I. (E). If you have any questions, the eligibility worker's name and phone number are provided.*

I. TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

```
┌                                             ┐


TO:



└                                             ┘
```

B. Client's Social Security Office	**C. The bearer of this form is an applicant for, or recipient of, Medi-Cal or AFDC. The following service is required.**
Name of S.S.A. District/Regional Office	☐ Original SSN Card
Address (Number and Street)	☐ Duplicate SSN Card SSN No.
City State Zip Code	☐ Correction of Information on the SSN SSN No.
D. County Information	**E. CWD Information**
Recipient's Name (Last, First, MI)	Name of Eligibility Worker
Birthdate (Month/Day/Year) Sex (M or F)	Date Form Completed E.W. Initials E.W. Phone No.
Recipient's Case Number (Full 14 Digits)	SSA, After Completion:
Case Name	☐ Mail this form to the county welfare office ☐ Return this form to the recipient to be returned to CWD

II. TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

A. Date Received	B. Result of Referral:
C. Comments	☐ 1. Recipient has completed an SSN application (including form SS-5 and other proofs) and application is being processed ☐ 2. SSN application is not being processed. (Explain)
	D. SSA Representative Telephone No.
	Name:
	Signature:

DEPARTMENT OF HEALTH SERVICES – DATA SYSTEMS BRANCH

R E C O R D   L A Y O U T

FILE NAME >>>>>>>> SSN BALTIMORE RESPONSE

DATE: 08/12/82
REVISION: NEW
SYSTEM/PROJECT: SSN0002 / SSN VALIDATION

ORIGINATOR: SHIRLEE CISNEROS
REVIEWER: JAN YOKOI
SOURCE PROGRAM: SSN040

001	002	003	004	005	006	007	008	009	010	011	012	013	014	015	016	017	018	019	020	021	022	023	024	025	026	027	028	029	030	031	032	033	034	035	036	037	038	039	040	041	042	043	044	045	046	047	048	049	050

REFERENCE NUMBER
BENEFICIARY ID

| STATE CODE (05) | COUNTY CODE | TENS OF AID | 9 | CASE NUMBER | F B U | PERSON NUMBER | UNITS OF AID | FILLER | FILLER | ALLEGED SSN | SEX | SURNAME | CONT > |

S S N

051	052	053	054	055	056	057	058	059	060	061	062	063	064	065	066	067	068	069	070	071	072	073	074	075	076	077	078	079	080

| < CONT | F I R S T   N A M E | MIDDLE NAME | D A T E   O F   B I R T H | VALID CODE |

| | | | M M D D C Y Y | |

VALIDATION CODE: CO.. ..
N = NO (ALLEGED SSN HAS NOT BEEN VERIFIED)
V = YES (ALLEGED SSN HAS BEEN VERIFIED)

SEX CODE: M = MALE
F = FEMALE
U = UNKNOWN

MODE: BINARY – B
        PACKED – P

LABELS: STANDARD [X]
        NON-STANDARD [ ]
        OMITTED [ ]

RECORD FORMAT: FIXED – F [X]
                        VARIABLE –V [ ]

RECORD LENGTH: 80
RECORDS PER BLOCK: ▮
BLOCK SIZE: ▮

PROGRAM: SSN040
USE: INPUT [X]
        OUTPUT [ ]

NOTE: ORIGINAL FILE HAD NO LABELS (OMITTED) AND A BLOCK SIZE OF

Appendix F is a listing of the messages that will appear on worker alerts and the issuance conditions/considerations that create those alerts. In addition, a listing of the new SSAN-VER Codes which appear on MEDS inquiries is described. MEDS Project staff will also prepare a letter describing the MEDS processing of validation/referral information and the resulting messages, and data element definitions.

PROCESSING OF SSA VALIDATION AND REFERRAL RECORDS AGAINST MEDS

REFERRAL LOGIC

CONDITIONS**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
SSA'S CO ID ON CO XREF	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CO XREF MEDS ID=SSA'S SSAN	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MEDS ID NAME XREF=EXACT SSA	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
MEDS ID NAME XREF=RANGE SSA				Y	Y	Y	Y	N							Y	Y	Y	Y	Y	Y	Y	N	N	N
DATABASE BIRTHDATE=EXACT SSA	Y	N	N	Y	N	N	Y	-	Y	Y	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N
DATABASE BIRTHDATE=RANGE SSA		Y	N		Y	N		-			Y		Y				Y		Y	Y			-	-
SSA'S SSAN ON MEDS DATABASE									Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

ACTIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
FLAG MEDS ID AS VALID	X	X		X	X		X																	
CREATE NAME XREF RECORD	X	X		X	X		X																	
ISSUE MESSAGES PER CODE	A	B	N	C	D	M	C	M	I	E	J	F	R	P	K	G	L	H	Q	O	Q	O	Q	O
DATA ELEMENT DISPLAY CODE	*	*	A	*	*	D	*	D	*	*	*	*	B	B	*	*	*	*	C	C	G	G	C	C
SET SSAN-VER FLAG-REFERRAL	A	B	V	A	B	V	A	V	U	U	U	U	V	V	U	U	U	U	-	-	-	-	-	-
CHECK FOR SEX DISCREPANCY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHECK MEDS DATABASE SSAN-VER	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-	-	-	-
MEDS ID CHANGE TO NEW-FUTURE									F	F	F	F			F	F	F	F						

* REFER TO MESSAGES/DATA ELEMENTS TABLE FOR DATA ELEMENTS TO BE DISPLAYED
** 'MEDS ID' AND 'DATABASE MEAN FOR THE MEDS ID ON THE CO XREF FOR SSA'S COUNTY ID

CONDITIONS***	25	26	27	28	29	30	31	32	33	34	35	36	37
SSA'S CO ID ON CO XREF	N	N	N	N	N	N	N	N	N	N	N	N	N
SSA'S SSN FOUND ON NAME XREF	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
MEDS ID NAME XREF=EXACT SSA	Y	Y	Y	Y	N	N	N	N	N	N	N	N	
MEDS ID NAME XREF=RANGE SSA					Y	Y	Y	Y	Y	Y	Y	Y	
DATABASE BIRTHDATE=EXACT SSA	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	
LAST 6 DATABASE SERIAL=SSA	Y	N	Y	N	Y	Y	N	N	Y	Y	N	N	

ACTIONS	25	26	27	28	29	30	31	32	33	34	35	36	37
FLAG MEDS ID AS VALID	X				X								
CREATE NAME XREF RECORD	X				X								
ISSUE MESSAGES PER CODE	A	T	N	T	C	M	S	S	M	M	S	S	U
DATA ELEMENT DISPLAY CODE	*	J	A	F	*	H	I	I	D	D	E	E	*
SET SSAN-VER FLAG-REFERRAL	A	V	V	-	A	V	-	-	V	-	-	-	-
CHECK MEDS DATABASE SSAN-VER	X	X	X	-	X	X	-	-	X	-	-	-	-
CHECK FOR SEX DISCREPANCY	X	X	X	X	X	X	X	X	X	X	X	X	X

* REFER TO MESSAGES/DATA ELEMENTS TABLE FOR DATA ELEMENTS TO BE DISPLAYED
*** 'MEDS ID' AND 'DATABASE' MEAN FOR THE SSAN ON SSA'S TAPE. IF THE MEDS RECORD IS A TRUNCATED RECORD (I.E. THERE IS NO SERIAL NUMBER ON THE DATABASE RECORD), MESSAGE 4812 IS ISSUED AND NAME AND BIRTHDATE MATCH CONDITIONS ARE NOT CHECKED.

VALIDATION LOGIC

CONDITIONS**	1	2	3	4	5	6	7
SSA'S CO ID ON CO XREF	Y	Y	Y	Y	Y	Y	N
CO XREF MEDS ID=SSA'S SSAN	Y	Y	Y	Y	Y	N	
DATABASE BIRTHDATE=EXACT SSA	Y	Y	N	N	N		
DATABASE BIRTHDATE=RANGE SSA			Y	Y	N		
SSA INDICATES SSAN VALIDATED	Y	N	Y	N			
ACTIONS							
FLAG MEDS ID AS VALID	X		X				
CREATE NAME XREF RECORD	X		X				
ISSUE MESSAGES PER CODE	–	V	B	V	Y	W	X
DATA ELEMENT DISPLAY CODE	–	*	*	*	*	*	*
SET SSAN-VER FLAG	J	W	K	W	W	–	–
CHECK FOR SEX DISCREPANCY	X	X	X	X	X		
CHECK MEDS DATABASE SSAN-VER	X	X	X	X	X		

* REFER TO MESSAGES/DATA ELEMENTS TABLE FOR DATA ELEMENTS TO BE DISPLAYED
** 'MEDS ID' AND 'DATABASE' MEAN FOR THE MEDS ID ON THE CO XREF FOR SSA'S COUNTY ID

CONDITION TEST DESCRIPTIONS

NAME EXACT -- LAST & FIRST NAMES =
NAME RANGE -- FIRST 6 LETTERS OF LAST NAME PLUS FIRST LETTER OF FIRST NAME =
BIRTHDATE EXACT -- YYYMMDD =
BIRTHDATE RANGE -- EITHER MMDD = AND YYY +-2 OR YYYMM =

MESSAGE NUMBERS CORRESPONDING TO MESSAGE CODES

A = 1	E = 5	I = 6	M = 9	Q = 11	U = 13	Y = 21 + 22 OR 23
B = 2 + 3	F = 5 + 7	J = 6 + 7	N = 9 + 14	R = 11 + 14	V = 17 OR 18	
C = 2 + 4	G = 5 + 8	K = 6 + 8	O = 10	S = 12	W = 19 + 22 OR 23	
D = 2 + 3 + 4	H = 5 + 7 + 8	L = 6 + 7 + 8	P = 10 + 14	T = 12 + 14	X = 20 + 22 OR 23	

DATA ELEMENT DISPLAY CODE LEGEND

A = 1 + 2	F = 1 + 2 + 5	1 = OLD & NEW SSAN-VER
B = 1 + 2 + 3	G = 1 + 3 + 4	2 = SSA & MEDS DATABASE BIRTHDATES
C = 1 + 2 + 3 + 4	H = 1 + 4	3 = SSA & MEDS DATABASE SSANS
D = 1 + 2 + 4	I = 1 + 4 + 5	4 = SSA & MEDS DATABASE LAST NAMES & FIRST NAMES
E = 1 + 2 + 4 + 5	J = 1 + 5	5 = SSA & MEDS DATABASE COUNTY CODES & CASE NUMBERS

ACTION CHECK DESCRIPTIONS

SEX DISCREPANCY -- CHECKS FOR SEX DIFFERENCE BETWEEN MEDS AND SSA RECORD AND ISSUES MESSAGE 15 WHEN DIFFERENT
DATABASE SSAN-VER -- CHECKS SSAN-VER FLAG ON FILE FOR ALPHA CODES AND RESETS SSAN-VER ACCORDINGLY AND, WHEN NEEDED,
    DETERMINES WHETHER MESSAGE 17 OR 18 IS THE APPROPRIATE MESSAGE.

SSA VALIDATION/REFERRAL MESSAGES/DATA ELEMENTS TABLE

	MESSAGE DESCRIPTION	STATUS	DATA ELEMENTS DISPLAYED	MASTER RECORD
1	VALIDATED - NO DIFFERENCES	ACCEPT	OLD & NEW SSAN-VER	
2	VALIDATED - WITH DIFFERENCES	ACCEPT	OLD & NEW SSAN-VER	
3	VALIDATED - DIFFERENT BIRTHDATES	ALERT	SSA & MEDS DATABASE BIRTHDATES	
4	VALIDATED - SSA NAME NEW TO MEDS	ALERT	SSA LAST NAME & FIRST NAME	
5	MATCHED - MEDS ID CHANGE REQUIRED	REJECT	SSA & MEDS SSANS, OLD & NEW SSAN-VER, SSA COUNTY & CASE NO.	
6	MATCHED - TWO RECORDS ON MEDS	REJECT	SSA & MEDS SSANS, OLD & NEW SSAN-VER, SSA COUNTY & CASE NO.	SSA SSAN
7	MATCHED - DIFFERENT BIRTHDATES	ALERT	SSA & MEDS DATABASE BIRTHDATES	
8	MATCHED - SSA NAME NEW TO MEDS	ALERT	SSA & LAST NAME & FIRST NAME	
9	FAILED - BIRTHDATE/NAME DISCREPANCIES	REJECT	VARIABLE - SEE DECISION TABLE CONDITIONS	SSA SSAN
10	FAILED - POSSIBLE MEDS ID CHANGE	REJECT	VARIABLE - SEE DECISION TABLE CONDITIONS	MEDS SSAN
11	FAILED - POSSIBLE TWO RECORDS ON MEDS	REJECT	VARIABLE - SEE DECISION TABLE CONDITIONS	SSA SSAN
12	FAILED - COUNTY ID UNKNOWN TO MEDS	REJECT	VARIABLE - SEE DECISION TABLE CONDITIONS	SSA SSAN
13	FAILED - COUNTY ID & SSAN UNKNOWN TO MEDS	REJECT	SSA SSAN & COUNTY CASE NUMBER	
14	FAILED - SSA NAME KNOWN TO MEDS	ALERT	SSA LAST NAME & FIRST NAME	
15	SEX DISCREPANCY BETWEEN MEDS AND SSA	ALERT	SSA & MEDS SEX CODES	
16	NAME XREF/DATABASE DISCREPANCY	REJECT	SSA SSAN	
17	UNVALIDATED - FIRST VALIDATION ATTEMPT	REJECT	OLD & NEW SSAN-VER	
18	UNVALIDATED - PREVIOUSLY UNVALIDATED	REJECT	OLD & NEW SSAN-VER	
19	VALIDATION BYPASSED - MEDS ID CHANGE	REJECT	SSA & MEDS SSANS & COUNTY CASE NUMBERS	SSA SSAN
20	VALIDATION COUNTY ID UNKNOWN TO MEDS	REJECT	SSA COUNTY CASE NUMBER	
21	VALIDATION FAILED - BIRTHDATE CHANGE	REJECT	SSA & MEDS DATABASE BIRTHDATES	SSA SSAN
22	VALIDATION PER SSA -- VALIDATED	ALERT	SSA LAST NAME & FIRST NAME	
23	VALIDATION PER SSA -- UNVALIDATED	ALERT	SSA LAST NAME & FIRST NAME	

SSA VALIDATION/REFERRAL DATA ELEMENT VALUES

SSAN-VER   NEW CODES

A   VALIDATED VIA REFERRAL PROCESS
B   VALIDATED VIA REFERRAL PROCESS - BIRTHDATE DISCREPANCY
C   VALIDATED VIA REFERRAL PROCESS - SEX DISCREPANCY
D   VALIDATED VIA REFERRAL PROCESS - BIRTHDATE & SEX DISCREPANCY

J   VALIDATED VIA VALIDATION PROCESS
K   VALIDATED VIA VALIDATION PROCESS - BIRTHDATE DISCREPANCY
L   VALIDATED VIA VALIDATION PROCESS - SEX DISCREPANCY
M   VALIDATED VIA VALIDATION PROCESS - BIRTHDATE & SEX DISCREPANCY

U   REFERRAL MATCH - NOTICE TO COUNTY FOR MEDS ID CHANGE
V   UNVALIDATED - REFERRAL FAILED DUE TO INSUFFICIENT MATCHED FIELDS
W   UNVALIDATED - ONE VALIDATION ATTEMPT
X   UNVALIDATED - TWO VALIDATION ATTEMPTS
Y   UNVALIDATED - THREE OR MORE VALIDATION ATTEMPTS
Z   UNVALIDATED - VALIDATION ATTEMPT FOLLOWING FAILED REFERRAL

ALIAS/SSA-NAME-CD   (* INDICATES NEW CODES)

0*   SSA NAME/BIRTHDATE PER REFERRAL
1   NAME REPORTED BY A COUNTY AS AN SSA NAME
2   OTHER NAME REPORTED FOR THIS MEDS ID
8*   SSA NAME/BIRTHDATE FROM A PRIOR
     VALIDATION OR REFERRAL TRANSACTION
9*   SSA NAME/BIRTHDATE FROM VALIDATION

NOTE: NAME XREF SHOULD HAVE ONLY ONE RECORD
      CODED 9 OR 0 FOR A GIVEN MEDS ID,
      REFLECTING THE LATEST VALIDATION OR
      REFERRAL APPLIED TO MEDS -- UNLESS
      THERE WERE MULTIPLE RECORDS IN THAT
      PROCESS FOR THAT MEDS ID

SSA VALIDATION/REFERRAL MESSAGES

NUMBER	MESSAGE TEXT	STATUS	VALIDATION	REFERRAL
4801	SSA UPDATE VALIDATED - NO DIFFERENCES	ACCEPT		X
4802	SSA UPDATE VALIDATED - WITH DIFFERENCES	ACCEPT	X	X
4803	SSA UPDATE VALIDATED - DIFFERENT BIRTHDATES	ALERT	X	X
4804	SSA UPDATE VALIDATED - SSA NAME NEW TO MEDS	ALERT		X
4805	SSA UPDATE MATCHED - MEDS ID CHANGE REQUIRED	REJECT		X
4806	SSA UPDATE MATCHED - TWO RECORDS ON MEDS	REJECT		X
4807	SSA UPDATE MATCHED - DIFFERENT BIRTHDATES	ALERT		X
4808	SSA UPDATE MATCHED - SSA NAME NEW TO MEDS	ALERT		X
4809	SSA UPDATE FAILED - BIRTHDATE/NAME DISCREPANCIES	REJECT		X
4810	SSA UPDATE FAILED - POSSIBLE MEDS ID CHANGE	REJECT		X
4811	SSA UPDATE FAILED - POSSIBLE TWO RECORDS ON MEDS	REJECT		X
4812	SSA UPDATE FAILED - COUNTY ID UNKNOWN TO MEDS	REJECT		X
4813	SSA UPDATE FAILED - COUNTY ID & SSAN UNKNOWN TO MEDS	REJECT		X
4814	SSA UPDATE FAILED - SSA NAME KNOWN TO MEDS	ALERT		X
4815	SSA UPDATE - SEX DISCREPANCY BETWEEN MEDS AND SSA	ALERT	X	X
4816	NAME ON XREF/NO RECORD ON MEDS CONTACT DHS-ELIGIBILITY	REJECT		X
4817	SSAN UNVALIDATED - FIRST VALIDATION ATTEMPT	REJECT	X	
4818	SSAN UNVALIDATED - PREVIOUSLY UNVALIDATED	REJECT	X	
4819	VALIDATION BYPASSED - MEDS ID SUBSEQUENTLY CHANGED	REJECT	X	
4820	VALIDATION COUNTY ID UNKNOWN CONTACT DHS-ELIGIBILITY	REJECT	X	
4821	VALIDATION FAILED - BIRTHDATE SUBSEQUENTLY CHANGED	REJECT	X	
4822	INFORMATION SENT TO SSA RETURNED AS VALIDATED	ALERT	X	
4823	INFORMATION SENT TO SSA RETURNED AS UNVALIDATED	ALERT	X	

MESSAGE ISSUANCE CONDITIONS/CONSIDERATIONS

FOR ALL MESSAGES ISSUED TO THE CURRENT COUNTY ID PER MEDS, IF MEDS GOVERNMENTAL RESPONSIBILITY INDICATES EITHER ACTIVE OR TERMINATED SSI/SSP (VALUE OF 2 OR 3), MESSAGES ARE ISSUED ONLY TO DHS - MEDI-CAL ELIGIBILITY BRANCH (MEB).

FOR MESSAGES SENT TO THE CURRENT MEDS COUNTY ID, THE DISTRICT, WORKER, CASE NAME, COUNTY ID, RECIPIENT NAME AND BIRTHDATE IN THE REPORT HEADER ARE TAKEN FROM THE MEDS DATABASE. FOR MESSAGES SENT TO THE SSA COUNTY ID, COUNTY ID, RECIPIENT NAME AND BIRTHDATE IN THE REPORT HEADER ARE TAKEN FROM THE SSA TAPE; DISTRICT, WORKER, AND CASE NAME ARE NOT ON THE SSA TAPE.

MESSAGES 1-4 AND 17-18 ARE ISSUED ONLY TO THE CURRENT COUNTY ID PER MEDS AND ONLY IF THE RECIPIENT IS CURRENTLY ACTIVE (CURRENT ELIG-STAT NOT = 999). MESSAGES 5-8 ARE ISSUED ONLY TO THE CURRENT COUNTY ID PER MEDS AND ARE ISSUED REGARDLESS OF CURRENT ELIGIBILITY STATUS.

MESSAGES 9-12, 14 AND 21 ARE ISSUED TO THE CURRENT COUNTY ID PER MEDS IF THE RECIPIENT IS CURRENTLY ACTIVE (CURRENT ELIG-STAT NOT = 999) AND ALSO TO THE SSA COUNTY ID IF THE SSA COUNTY IS DIFFERENT FROM THE CURRENT COUNTY PER MEDS. IF THE RECIPIENT IS NOT CURRENTLY ACTIVE (CURRENT ELIG-STAT = 999), THESE MESSAGES ARE ISSUED TO THE CURRENT COUNTY ID PER MEDS IF IT IS THE SAME AS THE SSA COUNTY ID; OTHERWISE THEY ARE ISSUED ONLY TO THE SSA COUNTY ID.

MESSAGES 13, 16, 19 AND 20 ARE ISSUED ONLY TO THE SSA COUNTY ID.

MESSAGE 15 IS ISSUED WHENEVER THE SEX CHECK REVEALS A DISCREPANCY BETWEEN THE SEX ON MEDS AND ON THE SSA TAPE, PROVIDED ANOTHER MESSAGE IS BEING ISSUED FOR THAT RECORD (I.E. IF RECORD IS FLAGGED FOR MESSAGE 2 AND 15, BUT ELIGIBILITY STATUS = 999, NO MESSAGE IS ISSUED). MESSAGES 22 AND 23 ARE ISSUED ONLY IN CONJUNCTION WITH MESSAGES 19-21.