

Chapter 9

EIS: INME # 15

Social Security Administration Information
BENDEX Interface

STATE OF ALASKA

DEPT. of HEALTH and SOCIAL SERVICES
DIVISION of PUBLIC ASSISTANCE

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MEMORANDUM

DATE: April 16, 2007

TO: DPA Statewide Staff, OCS Eligibility Staff and
DPA State Associates

FROM: Char Ervin
Public Assistance Analyst II
Systems Operations

SUBJECT: EIS Procedure 2007 – 1, Enhanced Bendex Interface
(Replaces EIS Procedure 4-90)

Introduction

The Social Security Administration has made some changes to the Beneficiary Data Exchange (BDX) information it provides to the Division of Public Assistance. Bendex interface records will now contain much more information than in the past. This procedure explains:

- Changes to the method of accessing BDX information in EIS
- How to navigate through the expanded record
- BDX interface record fields and definitions

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Accessing Bendex Interface Records

EIS INME	INQUIRY MENU	030907 12:24 CASEWORK R
1. PRIOR CONTACT CHECK		
2. CASE PROFILE		
3. ISSUANCE HISTORY MEDICAL		
4. ISSUANCE HISTORY		
5. BENEFIT HISTORY MEDICAL		
6. BENEFIT HISTORY		
7. NOTICE HISTORY SUMMARY		
8. ACTION HISTORY		
9. INTERFACE INQUIRY		
10. INTERFACE SECURITY INQUIRY		
11. NATIVE TANF INQUIRY		
12. SVES INFORMATION REQUEST		
13. SVES INQUIRY RESPONSE		
14. FOR FUTURE USE		
15. BENDEX INQUIRY		
ENTER FUNCTION (BY NUMBER):		
CASE NUMBER (FOR 2 - 8):		
PROGRAM TYPE (FOR 3,4,5, AND 6):		
CLIENT SSN (FOR 9 - 12,13 AND 15):		
NEXT-->		

In order to view the expanded Bendex records, some changes have been made to the Inquiry Menu (INME).

- The *Recoupments* function has been moved from the INME to the Set Up Over or Underpayments Menu (SEOO).
- This changes *Interface Inquiry* from function #10 to function #9.
- Bendex records are no longer accessed via *Interface Inquiry*. They are accessible using function #15, *Bendex Inquiry*.
- Pre-existing BDX records have all been transferred from the *Interface Inquiry* location to the new *Bendex Inquiry* location. They will appear as one-page records.

To view Bendex records:

- Enter 15 in the ENTER FUNCTION (BY NUMBER) field.
- Enter the client's social security number (without spaces) in the CLIENT SSN field.
- Press ENTER.

Bendex Record Navigation Tips

EIS INBX	BENDEX INQUIRY	030907 14:37
	1 OF 4	CASEWORK R
SSN: 222 22 5555		
SOURCE NAME	DOB SEX	RECEIVED PAYMENT ISSUED
BNX TEST, CLIENT	10131955 M	022607 943.00 032007
SSA-CAN: 002483555A	COMMUNICA CODE: MATCHED	BENEFICIARY SSN: 000000000
PAYMENT STATUS: CP	SMI CODE (PART B): D	HOSP INSURANCE (PART A): D
MONTHLY BENEFIT: 94300	SMI ENTITLE DATE: 062007	HI ENTITLEMNT DATE: 062007
DATE OF ENTITLE: 062005	SMI PREMIUM AMOUNT:	HI PREMIUM AMOUNT:
GROSS PAYABLE: 94380	SMI TERMIN DATE:	HI TERMIN DATE:
O/P DEDUCT AMT:	SMI PREMIUM PAYER:	RECORD SOURCE CODE: C
O/P DEDUCT END:	SMI 3RD ENT DATE:	DATE OF DISABILITY: 122004
PROOF OF DOB INDIC: P	SMI 3RD TERM DATE:	RRB STATUS CODE:
SSI STATUS: T	STATE & COUNTY: 02120	
SSI ENT/TERM: 072006	DIRECT DEPOSIT IND:	
DUAL ENTITLE INDIC:		
ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN		NEXT-->

Bendex records will display in reverse order with the most recent record appearing first. Note that new Bendex records are different from previous records because they are labeled 'BNX' instead of 'BDX'.

Because the new records involve multiple pages, scrolling functions have been added using PF keys:

- Press ENTER to go to the first page of the client's previous Bendex record.
- Use PF2 to access the most recent Bendex record.
- Use PF3 to access the first page of the record being viewed.
- PF7 scrolls up to the previous page in the record being viewed.
- PF8 scrolls down to the next page in the record being viewed.
- Note: PF keys 'loop' through the record in the same way other multiple page screens (such as CLPM) are handled in EIS. For example, if PF8 is used when you are viewing page 4 of the record, you will return to the first page of the record.

Bendex Code Definitions, Original Format

EIS INBX	BENDEX INQUIRY	030907 14:37
	1 OF 4	CASEWORK R
SSN: 222 22 5555		
SOURCE NAME	DOB SEX	RECEIVED PAYMENT ISSUED
BNX TEST, CLIENT	10131955 M	022607 943.00 032007
SSA-CAN: 002483555A	COMMUNICA CODE: MATCHED	BENEFICIARY SSN: 000000000
PAYMENT STATUS: CP	SMI CODE (PART B): D	HOSP INSURANCE (PART A): D
MONTHLY BENEFIT: 94300	SMI ENTITLE DATE: 062007	HI ENTITLEMNT DATE: 062007
DATE OF ENTITLE: 062005	SMI PREMIUM AMOUNT:	HI PREMIUM AMOUNT:
GROSS PAYABLE: 94380	SMI TERMIN DATE:	HI TERMIN DATE:
O/P DEDUCT AMT:	SMI PREMIUM PAYER:	RECORD SOURCE CODE: C
O/P DEDUCT END:	SMI 3RD ENT DATE:	DATE OF DISABILITY: 122004
PROOF OF DOB INDIC: P	SMI 3RD TERM DATE:	RRB STATUS CODE:
SSI STATUS: T	STATE & COUNTY: 02120	
SSI ENT/TERM: 072006	DIRECT DEPOSIT IND:	
DUAL ENTITLE INDIC:		
ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN		NEXT-->

The first page of the revised Bendex record mimics the layout of the original one-page BDX record. The Bendex information located on this page can also be found on pages 2 through 4 of the expanded record where the elements are identified by both name and BNX code number.

DATA ELEMENT	DESCRIPTION
SSA-CAN	Claim number under which SSA benefit is filed. Recipient's own SSN when they are a primary beneficiary. In this situation the CAN is equal to the BOAN/SSN plus the BIC. If the beneficiary is receiving benefits as an auxiliary or spouse on someone else's account, the CAN does not equal the BOAN/SSN.
COMMUNICA CODE	Codes derived by the BENDEX SYSTEM to help the state interpret the data received. (See Addendum 1 for a detailed list of all possible codes and their definitions).
BENEFICIARY SSN	The beneficiary's own social security number.
PAYMENT STATUS	A one or two- position code reflecting the SSA payment status for this beneficiary (see Addendum 2 for a detailed list of all possible codes and their definitions).
MONTHLY BENEFIT	The current net amount due (MBP). \$\$\$\$ Money amounts are still displayed where the beneficiary was previously entitled but is in a nonpayment status (check Payment Status code). 00000 Zeros normally appear if the beneficiary was denied benefits. Blank Entry is not applicable.
DATE OF ENTITLE	Initial entitlement date to SSA benefits. If different from DOEC, this may indicate that the beneficiary has more than one period of entitlement.
GROSS PAYABLE	The monthly SSA benefit due before the collection of SMI premium, overpayment, attorney fees or unpaid maritime tax (MBA).
O/P DEDUCT AMT	Reflects the monthly amount withheld from the benefits to recover an overpayment.
O/P DEDUCT END	The month, century and year that overpayment recovery will

cease. Benefits will be resumed at the full rate the following month.

PROOF OF DOB INDIC

Indicates whether date of birth has been proven.

- P: Proven
- Blank: Not proven

SSI STATUS

Reflects the beneficiary's status in the SSI program.

- A: Individual eligible for SSI and not eligible for Medicaid or third party buy-in.
- B: Terminated due to excess income resulting from Title II benefit rate increases.
- C: Conditional SSI payment.
- D: Denied.
- E: Receives Federal payment.
- G: SSI recipient engaging in SGA; not eligible for special SSI payment; retains eligibility for Titles XIX and XX.
- I: Ineligible spouse or parent, or essential person.
- M: SSI recipient engaging in SGA; eligible for special SSI.
- P: Pending SSI determination.
- S: Receives State supplement.
- T: Terminated for reasons not specifically defined.
- U: Terminated due to death; source of report unknown.
- V: Terminated via T30 procedure; not reaccrued.
- W: State supplement terminated (no longer used).
- X: Terminated due to death.
- Y: Terminated due to excess income.
- Z: Terminated due to excess resources.

SSI ENT/TERM

The month of first payment or the month following the month of last payment.

DUAL ENTITLE INDIC

Indicates whether client has multiple entitlements

- D: Dual Entitlement
- T: Triple Entitlement
- Blank: No other entitlement

SMI CODE (PART B)

Valid entries:

- A: Age
- D: Disabled
- E: End Stage Renal
- W: Working Disabled

SMI ENTITLE DATE

The effective date of the first period of Supplemental Medical Insurance for the current Basis type.

SMI PREMIUM AMOUNT

The SMI premium amount collectible, which could include any additional penalty amount.

SMI TERMIN DATE

The effective date for which a previous period of Part B coverage was terminated, that is, the first month of non-coverage.
EXAMPLE: A date of 02/01 means the last covered month was 01/01, specifically 1/31/2001.

SMI PREMIUM PAYER

Valid entries:

- 010-650 The agency code for the state billed for SMI premium (see Addendum 3 for code definitions).
- 700 Civil Service OPM.
- A01-R99 Indicates it is a private payer Group Payer Enrollment.

SMI 3RD ENT DAT

The effective date of the third period of Supplemental Medical

	Insurance for this Basis type.
SMI 3RD TERM DATE	The date the number holder's third period of Supplemental Medical Insurance ended.
STATE & COUNTY	A five-position code reflecting the residence of the beneficiary. The first two positions represent the State code; the remaining positions are the SSA assigned county codes.
DIRECT DEPOSIT IND	Reflects the type of account to which payment is being deposited (blank if payment isn't direct deposit). C: Checking account S: Savings account
HOSP INSURANCE (PART A)	Valid entries: A: Age D: Disabled E: End Stage Renal W: Working Disabled
HI ENTITLEMNT DATE	Start date for the basis type.
HI PREMIUM AMOUNT	The amount withheld for HI Part A Medicare coverage.
HI TERMIN DATE	Effective date for the first month of non-coverage of the previous period of HI. Example: A date of 052001 means the last day of HI coverage was 04/30/01.
RECORD SOURCE CODE	Code explaining why the record was sent. A: Request originated from State's attempt to buy-in for a disabled person who is in the 24-month SMI waiting period. B: Request originated as a result of State buy-in activity. C: Response generated by SSA to report a change. D: Request originated from direct submission by a state. R: Reimplementation response generated by SSA at the request of the State.
DATE OF DISABILITY	If no date is present then either disability was not involved or the onset was prior to 1975.
RRB STATUS CODE	One letter code to indicate the status of Railroad Claim. A: indicates a current payment T: indicates Railroad benefit terminated NOTE: Obsolete codes F or S may appear on old records.

New Bendex Record Screens
Pages 2 through 4

The new screens containing the expanded Bendex information appear below. Definitions for the elements on these screens begin on page 10 of the procedure.

EIS INBX		BENDEX INQUIRY		032807 17:06	
		2 OF 4		CASEWORK R	
SSN: 222 22 5555					
SOURCE	NAME	DOB	SEX	RECEIVED	PAYMENT ISSUED
BNX	TEST, CLIENT	10131955	M	022607	943.00 032007
67	PAYEE N/A1: TEST CLIENT	280	PROOF OF BIRTH IND.: P		
89	PAYEE N/A2: PO BX 1111	281	DATE OF DEATH.....:		
111	PAYEE N/A3: NANWALEK AK	289	PROOF OF DEATH.....:		
133	PAYEE N/A4:	290	COMMUNICATION CODE.: MATCHED		
155	PAYEE N/A5:	301	EFFECTIVE DATE.....: 122006		
177	PAYEE N/A6:	307	MONTHLY BENEFIT.....: 94300		
209	STATE AND COUNTY....: 02120	312	GROSS AMT PAYABLE...: 94380		
214	DIRECT DEP IND.....:	317	NET MONTHLY BEN AMT.: 94300		
215	AGENCY CODE.....: 020	325	VERIFIED BOAN.....:		
218	SOURCE CODE.....: C	335	DUAL ENTITLEMENT SSN:		
219	CATEGORY OF ASSIST...: N	344	DUAL ENTITLEMENT BIC:		
240	SSN.....: 002483555	346	DUAL ENTITLEMENT IND:		
249	PYMNT STATUS CODE...: CP	347	TRIPLE ENTITLE SSN..:		
251	DATE INITIAL ENTITLE: 062005	356	TRIPLE ENTITLE BIC..:		
257	DATE CURRENT ENTITLE: 062005	369	RECORD PROCESS DATE.: 022607		
263	DISABILITY DATE.....: 122004	378	RETRO PAYMENT AMT...:		
272	DATE OF BIRTH.....: 10131955	385	END DATE FOR OP DED.:		
ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN				NEXT-->	

EIS INBX		BENDEX INQUIRY		032807 17:16	
		3 OF 4		CASEWORK R	
SSN: 222 22 3555					
SOURCE	NAME	DOB	SEX	RECEIVED	PAYMENT ISSUED
BNX	TEST, CLIENT	10131955	M	022607	943.00 032007
394	SSI ENT/TERM DATE...: 072006	483	2ND HI START DATE...:		
400	SSI STATUS CODE.....: T	489	2ND HI TERM DATE...:		
404	RR CLAIM NUMBER.....:	495	2ND HI BASIS.....:		
415	RR STATUS CODE.....:	496	2ND HI NON COV REAS.:		
416	RRB JURISDICT START.:	500	3RD HI START DATE...:		
422	RRB JURISDICT STOP.:	506	3RD HI TERM DATE...:		
431	MONTHLY OP DED AMT..:	512	3RD HI BASIS.....:		
436	SSI OVERPMT AMT WITHHLD:	513	3RD HI NON COV REAS.:		
441	GARNISHMENT AMT WITHHLD:	517	HI 3RD PRTY PREMIUM.:		
449	HI CONTINUOUS PERIOD: 062007	520	HI 3RD PRTY START DT:		
456	HI PREMIUM AMOUNT...:	526	HI 3RD PARTY STOP DT:		
464	1ST HI START DATE...: 062007	532	HI 3RD PRTY CATEGORY:		
470	1ST HI TERM DATE...:	536	SMI CONTINUOUS PERIOD: 062007		
476	1ST HI BASIS.....: D	543	SMI PREMIUM AMOUNT..:		
477	1ST HI NON COV REAS.:	551	1ST SMI START DATE...: 062007		
478	HI TYPE.....: F	557	1ST SMI TERM DATE...:		
479	HI PERIOD.....:	563	1ST BASIS.....: D		
ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN				NEXT-->	

EIS INBX

BENDEX INQUIRY
4 OF 4

032807 17:17
CASEWORK R

SSN: 222 22 5555

SOURCE	NAME	DOB	SEX	RECEIVED	PAYMENT	ISSUED
BNX	TEST, CLIENT	10131955	M	022607	943.00	032007
564	1ST SMI NON COV REA.:	622	VARIABLE	SMI PREMIUM:		
565	SMI PERIOD.....: I	627	VARIABLE	SMI START..:		
569	2ND SMI START DATE..:	633	VARIABLE	SMI TERM...:		
575	2ND SMI TERM DATE...:	639	CITIZENSHIP	STRT DTE 1:	101955	
581	2ND SMI BASIS.....:	645	CITIZENSHIP	STOP DTE 1:		
582	2ND SMI NON COV REA.:	651	CITIZENSHIP	COUNTRY 1.:	US	
586	3RD SMI START DATE..:	653	CITIZENSHIP	US PROV 1.:	Y	
592	3RD SMI TERM DATE...:	654	CITIZENSHIP	STRT DTE 2:		
598	3RD SMI BASIS.....:	660	CITIZENSHIP	STOP DTE 2:		
599	3RD SMI NON COV REA.:	666	CITIZENSHIP	COUNTRY 2.:		
603	SMI PREMIUM PAYER...:	668	CITIZENSHIP	US PROV 2.:		
606	SMI 3RD PRY STRT DT:	669	CITIZENSHIP	STRT DTE 3:		
612	SMI 3RD PRY STOP DT:	675	CITIZENSHIP	STOP DTE 3:		
618	SMI 3RD PRY CAT....:	681	CITIZENSHIP	COUNTRY 3.:		

ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN

NEXT-->

Bendex Code Definitions, New Format

The Social Security Administration has added numerical BNX codes to the data elements they provide. Data appearing on pages 2 through 4 are identified with the code as well as the name of the data element.

BNX	DATA ELEMENT	DESCRIPTION <u>CODE</u>
67	PAYEE N/A1	Payee Name and Address, Line 1
89	PAYEE N/A2	Payee Name and Address, Line 2
111	PAYEE N/A3	Payee Name and Address, Line 3
133	PAYEE N/A4	Payee Name and Address, Line 4
155	PAYEE N/A5	Payee Name and Address, Line 5
177	PAYEE N/A6	Payee Name and Address, Line 6
209	STATE AND COUNTY	A five-position code reflecting the residence of the beneficiary. The first two positions represent the State code; the remaining positions are the SSA assigned county codes (see Addendum 3 for state code definitions).
214	DIRECT DEP IND	Reflects the type of account to which payment is being deposited (blank if payment isn't direct deposit) C: Checking account S: Savings account
215	AGENCY CODE	Three position State Agency Codes (see Addendum 3)
218	SOURCE CODE	Code explaining why the record was sent. A: Request originated from State's attempt to buy-in for a disabled person who is in the 24-month SMI waiting period. B: Request originated as a result of State buy-in activity. C: Response generated by SSA to report a change. D: Request originated from direct submission by a State. R: Reimplementation response generated by SSA at the request of the State.
219	CATEGORY OF ASSIST	The most recent code submitted by the State in its request to SSA. If this field blank, an invalid code was received from the buy-in system.
240	SSN	The SSN furnished on the State's record or the BOSSN. If this field is blank, either the record was not acceptable or the SSN is not available. NOTE: The SSN may be unverified.
249	PYMNT STATUS CODE	A one or two- position code reflecting the SSA payment status for this beneficiary (see Addendum 2 for a detailed list of all possible codes and their definitions).

251	DATE INITIAL ENTITLE	Initial entitlement date to SSA benefits. If different from DOEC, this may indicate that the beneficiary has more than one period of entitlement.
257	DATE CURRENT ENTITLE	Current entitlement date to SSA benefits.
263	DISABILITY DATE	If no date is present then either disability was not involved or the onset was prior to 1975.
272	DATE OF BIRTH	Month, day, century, and year of birth.
280	PROOF OF BIRTH IND	Indicates whether date of birth has been proven. P: Proven Blank: Not proven
281	DATE OF DEATH	Month, day, century and year of death.
289	PROOF OF DEATH	Indicates whether date of death has been proven. P: Proven Blank: Not proven
290	COMMUNICATION CODE	Codes derived by the BENDEX SYSTEM to help the state interpret the data received (see Addendum 1 for a detailed list of all possible codes and their definitions).
301	EFFECTIVE DATE	Payment History current effective date of current payment.
307	MONTHLY BENEFIT	The current net amount due (MBP). \$\$\$\$\$ Money amounts are still displayed where the beneficiary was previously entitled but is in a nonpayment status (check Payment Status code). 00000 Zeros normally appear if the beneficiary was denied benefits. Blank Entry is not applicable.
312	GROSS AMT PAYABLE	The monthly SSA benefit due before the collection of SMI premium, overpayment, attorney fees or unpaid maritime tax (MBA).
317	NET MONTHLY BEN AMT	The actual money amount payable before SMI deductions after dollar rounding (MBC).
325	VERIFIED BOAN	Beneficiary's own verified account number.
335	DUAL ENTITLEMENT SSN	The other SSN under which the beneficiary is entitled.
344	DUAL ENTITLEMENT BIC	Indicates the type of benefit to which the beneficiary is dually or technically entitled.
346	DUAL ENTITLEMENT IND	Indicates whether client has multiple entitlements D: Dual Entitlement T: Triple Entitlement Blank: No other entitlement
347	TRIPLE ENTITLE SSN	The third account on which the other entitlement exists for Title II benefits.
356	TRIPLE ENTITLE BIC	Indicates the type of benefit to which the beneficiary is entitled.
369	RECORD PROCESS DATE	The date when BENDEX operations were processed.

378	RETRO PAYMENT AMT	Amount of underpayment for a beneficiary. A beneficiary receiving directed installments or any beneficiary receiving Title II benefits. This could be a premium refund.
385	END DATE FOR OP DED	The month, century and year that overpayment recovery will cease. Benefits will be resumed at the full rate the following month.
394	SSI ENT/TERM DATE	The month of first payment or the month following the month of last payment.
400	SSI STATUS CODE	Reflects the beneficiary's status in the SSI program. A: Individual eligible for SSI and not eligible for Medicaid or third party buy- in. B: Terminated due to excess income resulting from Title II benefit rate increases. C: Conditional SSI payment. D: Denied. E: Receives Federal payment. G: SSI recipient engaging in SGA; not eligible for special SSI payment; retains eligibility for Titles XIX and XX. I: Ineligible spouse or parent, or essential person. M: SSI recipient engaging in SGA; eligible for special SSI. P: Pending SSI determination. S: Receives State supplement. T: Terminated for reasons not specifically defined. U: Terminated due to death; source of report unknown. V: Terminated via T30 procedure; not reaccreted. W: State supplement terminated (no longer used). X: Terminated due to death. Y: Terminated due to excess income. Z: Terminated due to excess resources.
404	RR CLAIM NUMBER	RRB claim account number. This number is not valid for entering in BENDATA records.
415	RR STATUS CODE	One letter code to indicate the status of Railroad Claim. A: indicates a current payment T: indicates Railroad benefit terminated NOTE: Obsolete codes F or S may appear on old records.
416	RRB JURISDICT START	Shows the date the number holder's Railroad Annuitant claim was effective.
422	RRB JURISDICT STOP	Shows the date the number holder's Railroad Annuitant's benefits stopped.
431	MONTHLY OP DED AMT	Reflects the monthly amount withheld from the benefits to recover an overpayment.
436	SSI OVERPMT AMT WITHHLD	Shows the amount the number holder was overpaid in SSI benefits. Sometimes a number holder receives SSI benefits prior to receiving SSA benefits. Once the SSA benefits are awarded, a portion of the SSI benefits can be withheld. This withholding amount is separate and in addition to the Monthly OP Ded Amt above.
441	GARNISHMENT AMT WITHHLD	The amount of money withheld from the monthly

payment to satisfy a court ordered garnishment. This withholding amount is separate and in addition to any Monthly OP Ded Amt above.

449	HI CONTINUOUS PERIOD	Earliest continuous date of entitlement to HI regardless of basis type.
456	HI PREMIUM AMOUNT	The amount withheld for HI part A Medicare coverage when Health Insurance is premium HI.
464	1ST HI START DATE	Start date for the basis type.
470	1ST HI TERM DATE	Effective date for the first month of non-coverage of the previous period of HI. Example: A date of 052001 means the last day of HI coverage was 04/30/01.
476	1ST HI BASIS	Valid entries: A: Age D: Disabled E: End Stage Renal W: Working Disabled
477	1ST HI NON COV REAS	Indicates reason HI is not covered. A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
478	HI TYPE	Indicates type of HI F: Free P: Premium HI
479	HI PERIOD	Indicates type of enrollment period A: Annual Enrollment Period D: Initial Enrollment Period based on same or related DIB impairment G: General Enrollment Period I: Initial Enrollment Period N: Not within any enrollment period Q: Qualified Medicare Beneficiary enrollment R: Reinstated following appeal S: Special Enrollment Period T: Transfer U: Unknown X: Enrollment based on EBO provisional W: No Medicare waiting period
483	2ND HI START DATE	Second HI Start Date for this Basis type.
489	2ND HI TERM DATE	The second period when HI was terminated for basis type.
495	2ND HI BASIS	Valid entries:

A: Age
 D: Disabled
 E: End Stage Renal
 W: Working Disabled

496	2ND HI NON COV REAS	Indicates reason HI is not covered. A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
500	3RD HI START DATE	Third HI Start Date for this Basis type.
506	3RD HI TERM DATE	The third period when HI was terminated for this Basis type.
512	3RD HI BASIS	Valid entries: A: Age D: Disabled E: End Stage Renal W: Working Disabled
513	3RD HI NON COV REAS	Indicates reason HI is not covered. A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
517	HI 3RD PRY PREMIUM	HI Third party payer code S01-S99 = state billing, T01-Z98 = Private third party billing, Z99 = Conditional state group payer
520	HI 3RD PRY START DT	The effective date of the HI third party premium payer.
526	HI 3RD PARTY STOP DT	The date the HI third party premium payment stopped.
532	HI 3RD PRY CATEGORY	S – state, P – private, Q – QMB conditional
536	SMI CONTINUOUS PERIOD	Earliest continuous date of entitlement to SMI regardless of Basis type.
543	SMI PREMIUM AMOUNT	The SMI premium amount collectible, which could include any additional penalty amount.

551	1ST SMI START DATE	The effective date of the first period of Supplemental Medical Insurance for the current Basis type.
557	1ST SMI TERM DATE	The effective date for which a previous period of Part B coverage was terminated, that is, the first month of non-coverage. EXAMPLE: A date of 02/01 means the last covered month was 01/01, specifically 1/31/2001.
563	1ST BASIS	Valid entries: A: Age D: Disabled E: End Stage Renal W: Working Disabled
564	1ST SMI NON COV REAS	Indicates reason SMI is not covered. A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
565	SMI PERIOD	Indicates type of enrollment period A: Annual Enrollment Period D: Initial Enrollment Period based on same or related DIB impairment G: General Enrollment Period I: Initial Enrollment Period N: Not within any enrollment period Q: Qualified Medicare Beneficiary enrollment R: Reinstated following appeal S: Special Enrollment Period T: Transfer U: Unknown X: Enrollment based on EBO provisional W: No Medicare waiting period
569	2ND SMI START DATE	The effective date of the second period of Supplemental Medical Insurance for this Basis type.
575	2ND SMI TERM DATE	The date the number holder's second period of Supplemental Medical Insurance ended.
581	2ND SMI BASIS	Valid entries: A: Age D: Disabled E: End Stage Renal W: Working Disabled

582	2ND SMI NON COV REA	<p>Indicates reason SMI is not covered.</p> <ul style="list-style-type: none"> A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
586	3RD SMI START DATE	The effective date of the third period of Supplemental Medical Insurance for this Basis type.
592	3RD SMI TERM DATE	The date the number holder's third period of Supplemental Medical Insurance ended.
598	3RD SMI BASIS	<p>Valid entries:</p> <ul style="list-style-type: none"> A: Age D: Disabled E: End Stage Renal W: Working Disabled
599	3RD SMI NON COV REA	<p>Indicates reason SMI is not covered.</p> <ul style="list-style-type: none"> A: Age 65 convert C: DIB ceased D: Denied I: Invalid enroll Q: Uninsured to insured R: Refusal N: No longer renal P: Premium nonpayment U: Unknown V: Voided enrollment W: Enrollment withdrawal S: No SMI coverage T: T2 Term X: Withdrawal of application
603	SMI PREMIUM PAYER	<p>Valid entries:</p> <ul style="list-style-type: none"> 010-650 The agency code for the State billed for SMI premium payments (see Addendum 3 for code definitions). 700 Civil Service OPM. A01-R99 Indicates it is a private payer Group Payer Enrollment.
606	SMI 3RD PRY STRT DT	The date for which a third party accepted liability of first paid Part B premiums.
612	SMI 3RD PRY STOP DT	The date for which a third party accepted liability of first paid Part B premiums.

618	SMI 3RD PRTY CAT	Indicates the type of third party C: Civil P: Private S: State
622	VARIABLE SMI PREMIUM	An amount lower than the regular amount of Supplemental Medical Insurance premium.
627	VARIABLE SMI START	Variable Supplemental Medical Insurance start date.
633	VARIABLE SMI TERM	Variable Supplemental Medical Insurance term date.
639	CITIZENSHIP STRT DTE 1	The first month and year a client's citizenship began to a particular country. FIRST OCCURRENCE
645	CITIZENSHIP STOP DTE 1	The last month and year a client's citizenship ended to a particular country. FIRST OCCURRENCE
651	CITIZENSHIP COUNTRY 1	2-position code of country of citizenship. FIRST OCCURRENCE (see Addendum 4 for code definitions)
653	CITIZENSHIP US PROV 1	This position is conditional, based on the country of citizenship being the United States (US): N- not proven Y- proven C- presumed Blank- when the country of citizenship is equal to anything other than US. FIRST OCCURRENCE
654	CITIZENSHIP STRT DTE 2	The first month and year a client's citizenship began to a particular country. SECOND OCCURRENCE
660	CITIZENSHIP STOP DTE 2	The last month and year a client's citizenship ended to a particular country. SECOND OCCURRENCE
666	CITIZENSHIP COUNTRY 2	2 Position country of citizenship. SECOND OCCURRENCE (see Addendum 4 for code definitions)
668	CITIZENSHIP US PROV 2	This position is conditional, based on the country of citizenship being the United States (US). The values are: N- not proven Y- proven C- presumed Blank- when the country of citizenship is equal to anything other than US. SECOND OCCURRENCE
669	CITIZENSHIP STRT DTE E	The first month and year a client's citizenship began to a particular country. THIRD OCCURRENCE
675	CITIZENSHIP STOP DTE 3	The last month and year a client's citizenship ended to a particular country. THIRD OCCURRENCE
681	CITIZENSHIP COUNTRY 3	2 Position country of citizenship. THIRD OCCURRENCE (see Addendum 4 for code definitions)

Addendum 1 Communication Codes

Communication Codes are codes derived by the BENDEX SYSTEM to help the state interpret the data received.

These codes are found on page one of the Bendex record in the *Communica Code* field. They can also be found on page two of the Bendex record in field #290, *Communication Code*.

Codes for fully processed records:

WAS XXX	BENDEX exchange is transferred to your agency: Agency XXX (XXX = state code from the old MBR) will no longer receive BENDEX exchange. (Remark sent to the state submitting a "BPA" BENDATA file) See CF XXX below.
MATCHED	SSN FOUND. Current data was extracted from the MBR.
REP PAYEE	This is a fully processed record with current data extracted from the MBR. The check is payable to a Representative Payee for the beneficiary.
FIN MMY	The benefits for this beneficiary terminated for the month indicated. If earnings data was requested, it will be sent. If position 249 is T1, this date reflects the month and year of death (MMYY equals date of termination).
CHILD SP	This is the initial child support enforcement inquiry for this beneficiary.
XREF NUM	Beneficiary is terminated on this record; there is no cross-reference MBR or other entitlement.
UTL XREF	Pertinent data was extracted on this claim number. No additional MBR data has been located, for a cross-reference account number.
ENFORXXX	For your information, another state agency XXX (XXX =state code from BENDATA file) has made a child support enforcement inquiry on this beneficiary (remark sent to the current data exchange agency on the MBR). Jurisdiction has not changed.
JURISXXX	You have made a child support enforcement inquiry for this beneficiary. Agency XXX (XXX = state code from MBR) has ongoing BENDEX jurisdiction (remark sent to the state submitting a BENDATA file with a "P" in CAC).
CF XXX	<p>This is the last BENDEX record you will receive for this individual. BENDEX exchange was transferred to agency XXX (XXX = state code from BENDATA file). If there is a conflict, case should be reviewed for investigation of possible fraud. (Remark sent to the old data exchange agency on the MBR)</p> <p>This code is generated when:</p> <ul style="list-style-type: none">• A direct input and a buy-in accretion are received from different States. The buy-in State will receive the CF record.• Two direct input accretions are received from different States. The nonresident State will receive the CF record. Residency is determined by positions 232-236 below.• A single direct input accretion is received from another state. BENDEX exchange was transferred to agency XXX. Conflict may be the result of address change, split household or fraud.
NOTITLE2	Recipient is not entitled to SSA benefits. No benefit record found for this account number.

Codes for records without MBR data:

B-I TERM	Beneficiary was deleted from State's buy-in account and BENDEX exchange is no longer appropriate. If recipient is eligible under some other program, you should submit a direct input accretion.
DELETED	A direct input record was processed with communication code DPA DTH.
NO DELXXX	You requested deletion of a beneficiary for which another state has jurisdiction. Your request conflicts with Agency XXX (XXX = state code from the MBR). Case review may be appropriate (remark sent to the state submitting a "DTH" OR "DPA" BENDATA file).
DIEDMMYY	The number holder on this account is deceased. There are no known survivors; death payment only. If the state's surname does not match the MBR surname, the code SUR UNM (see below) is generated. MMY = date of death from MBR.
DOB UNM	There are at least two beneficiaries with the same surname and the DOB match could not be made.
GIV UNM	A beneficiary on this claim matches the surname, however, the first name and DOB do not match or the recipient may be on our MBR under a different surname.
SUR UNM	The recipient's surname is different from the beneficiaries on this claim, but the first name and DOB match; or the input SSN was not correct. The recipient may have a different surname on our MBR.
NO AUTH	Category of Assistance Code on the BENDATA record was invalid or blank.
NO DEX	Your record was dropped because another state with a lower agency code was input simultaneously. Re-evaluate your jurisdiction and re-input.
BOAN UNM	This SSN was submitted by direct wire input and a match could not be made. You may need to submit a SSA-1610 to the local SSAFO.
NO FILE	CAN/SSN is not on MBR.
IMP CAN	The SSN/CAN on the BENDATA record is invalid or impossible, or has not been issued by SSA.
IMP CODE	Positions 60-62 on the BENDATA record are invalid or blank.

Addendum 2 Payment Status Codes

The Payment Status Code is a one or two- position code reflecting the SSA payment status for this beneficiary.

These codes are found on page one of the Bendex record in the *Payment Status* field.
They can also be found on page two of the Bendex record in field #249, *Pymnt Status Code*.

Type of Payment	Code	Definition
<i>Adjustments:</i>		
	AD	Adjusted for dual-entitlement.
	AS	Adjusted for simultaneous entitlement.
	A9	All other adjustment actions.
<i>Current Payment:</i>		
	CP	Current Payment Status Code
<i>RRB Involvement:</i>		
	E	RRB paying benefits
<i>Current Payment (Advance Filing):</i>		
	CA	Claim has been adjudicated; entitlement is a future date.
<i>Deferred:</i>		
	DP	Receipt of Public Assistance.
	DW	Receipt of worker's compensation.
	D1	Engaging in foreign work.
	D2	Beneficiary overpaid because of work.
	D3	Auxiliary's benefits withheld because of D2 status for primary beneficiary.
	D4	Failure to have child in care.
	D5	Auxiliary's benefits withheld because of a D1 status for primary beneficiary.
	D6	Deferred to recover overpayment for reason not attributable to earnings.
	D9	Miscellaneous deferment.
<i>Denied:</i>		
	N	Disallowed claim.
	ND	Disability claim denied.
<i>Delayed:</i>		
	K	Advanced filing for deferred payment.
	L	Advanced filing.
	P	Adjudication pending.

PB	Benefits delayed, due but not paid.
PT	Claim terminated from delayed status.
R	Kill Credit (deletes payment record).
<i>Suspended:</i>	
S0	Determination of continuing disability is pending.
S1	Beneficiary engaged in work outside the U.S.
S2	Beneficiary is working in the U.S. and expects to earn in excess of annual allowable limit.
S3	Auxiliary's benefits withheld due to S2 status for primary beneficiary.
S4	Failure to have child in care.
S5	Auxiliary's benefits withheld due to S1 status of primary beneficiary.
S6	Check was returned - correct address being developed.
S7	Disabled beneficiary suspended due to refusal of vocational rehabilitation; imprisoned; or extended trial work period.
S8	Suspended while payee is being determined.
S9	Suspended for reason not separately defined.
SD	Technical entitlement only. Beneficiary is entitled on another claim.
SF	Special age 72 beneficiary fails to meet residency requirement.
SH	Special age 72 beneficiary is receiving a Government pension.
SJ	Alien suspension.
SK	Beneficiary has been deported.
SL	Beneficiary resides in a country to which checks cannot be sent.
SM	Beneficiary refused cash benefits (entitled to HI-SMI only).
SP	Special age 72 beneficiary suspended due to receiving public assistance.
SS	Post secondary student summer suspension.
SW	Suspended because of worker's compensation.

Terminated:

TA	Terminated prior to entitlement.
TB	Mother, father 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	Advanced-filed claim terminated after maturity.
TL	Termination of post-secondary student.
TP	Terminated because of change in type of benefit or post-entitlement action.
T	Converted from disability benefits to retirement benefits upon reaching age 65.
T0	Benefits are payable by some other agency.
T1	Terminated due to death of the beneficiary.
T2	Auxiliary terminated due to death of the primary.
T3	Terminated due to divorce, marriage or remarriage of the beneficiary.
T4	Child attained age 18 or 22 and is not disabled; or mother/father terminated because last child attained age 18.
T5	Beneficiary entitled to other benefits equal or larger.
T6	Child is no longer a student or disabled; or the last entitled child died or married.
T7	Child beneficiary was adopted.
T8	Primary beneficiary no longer disabled or the last disabled child is no longer disabled.
T9	Terminated for reason not separately define

Uninsured:

U	Beneficiary is entitled only to HI or SMI.
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Withdrawal:

W	Withdrawal before entitlement.
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Other Adjustment or Termination Status:

X0	Claim transferred to RRB.
X1	Beneficiary died.
X5	Entitled to other benefits.
X7	HIB/SMIB terminated.
X8	Payee is being developed.
X9	Terminated for reason not separately defined.
XD	Withdrawn for adjustment.
XK	Deportation.
XR	Withdraw from SMIB.

Addendum 3 State Agency Codes

This table lists the agency code and postal abbreviation for each State.

STATE CODE	POSTAL CODE	STATE NAME
010	AL	Alabama
020	AK	Alaska
030	AZ	Arizona
040	AR	Arkansas
050	CA	California
060	CO	Colorado
070	CT	Connecticut
080	DE	Delaware
090	DC	District of Columbia
100	FL	Florida
110	GA	Georgia
650	GU	Guam
120	HI	Hawaii
130	ID	Idaho
140	IL	Illinois
150	IN	Indiana
160	IA	Iowa
170	KS	Kansas
180	KY	Kentucky
190	LA	Louisiana
200	ME	Maine
210	MD	Maryland
220	MA	Massachusetts
230	MI	Michigan
240	MN	Minnesota
250	MS	Mississippi
260	MO	Missouri
270	MT	Montana
280	NE	Nebraska
290	NV	Nevada
300	NH	New Hampshire
310	NJ	New Jersey
320	NM	New Mexico
330	NY	New York
340	NC	North Carolina
350	ND	North Dakota
360	OH	Ohio
370	OK	Oklahoma
380	OR	Oregon
390	PA	Pennsylvania
400	PR	Puerto Rico
410	RI	Rhode Island
640	SA	American Samoa
420	SC	South Carolina
430	SD	South Dakota
440	TN	Tennessee

STATE CODE	POSTAL CODE	STATE NAME
450	TX	Texas
460	UT	Utah
470	VT	Vermont
480	VI	Virgin Islands
490	VA	Virginia
500	WA	Washington
510	WV	West Virginia
520	WI	Wisconsin
530	WY	Wyoming

Addendum 4 Citizenship Country Codes

This table lists the COUNTRY code abbreviation for each country of citizenship.

Code	Name	Code	Name
AF	Afghanistan	CA	Canada/Newfoundland
AL	Albania	SP	Canary Islands
AG	Algeria	CV	Cape Verde
AN	Andorra	CJ	Cayman Islands
AO	Angola	CT	Central African Republic
AV	Anguilla	CD	Chad
AY	Antarctic	CI	Chile
AC	Antigua and Barbuda	CH	Peoples Republic of China
AR	Argentina	TW	Republic of China (Taiwan)
AM	Armenia	KT	Christmas Islands
AA	Aruba	IP	Clipperton Island
AT	Ashmore and Cartier Islands	CK	Cocos (Keeling) Islands
AS	Australia	CO	Colombia
AU	Austria	CN	Comoros
AJ	Azerbaijan	CF	Congo
BF	Bahamas	CW	Cook Islands
BA	Bahrain	CR	Coral Sea Islands
FQ	Baker Island	CS	Costa Rica
BG	Bangladesh	HR	Croatia
BB	Barbados	CU	Cuba
BS	Bassas da India	CY	Cyprus
BO	Belarus	EZ	Czech Republic
BE	Belgium	DA	Denmark
BH	Belize	DJ	Djibouti
BN	Benin	DO	Dominica
BD	Bermuda	DR	Dominican Republic
BT	Bhutan	EC	Ecuador
BL	Bolivia	EG	Egypt
BK	Bosnia and Herzegovina	ES	El Salvador
BC	Botswana	UK	England
BV	Bouvet Island	EK	Equatorial Guinea
BR	Brazil	ER	Eritrea
BH	British Honduras	EN	Estonia
IO	British Indian Ocean Territory	ET	Ethiopia
VI	British Virgin Islands	EU	Europa Island
BX	Brunei	FK	Falkland Islands
BU	Bulgaria	FO	Faroe Islands
UV	Burkina Faso	FM	Federated States of Micronesia
MM	Burma (Burma currently named Myanmar)	FJ	Fiji
BY	Burundi	FI	Finland
CB	Cambodia	FR	France
CM	Cameroon	FG	French Guiana

Code	Name
FP	French Polynesia
FS	French Southern and Antarctic Lands
GB	Gabon
GA	Gambia
GZ	Gaza Strip
GG	Georgia
GM	Germany
GH	Ghana
GI	Gibraltar
GO	Glorioso Islands
UK	Great Britain
GR	Greece
GL	Greenland
GJ	Grenada
GP	Guadeloupe
GT	Guatemala
GK	Guernsey
GV	Guinea
PU	Guinea-Bissau
GY	Guyana
HA	Haiti
HM	Heard Island and McDonald Islands
NL	Holland
HO	Honduras
HK	Hong Kong
HQ	Howland Island
HU	Hungary
IC	Iceland
IN	India
ID	Indonesia
IR	Iran
IZ	Iraq
IY	Iraq-Saudi Arabia Neutral Zone
HI	Ireland
UK	Northern Ireland
IS	Israel
IT	Italy
IV	Ivory Coast
JM	Jamaica
JN	Jan Mayen
JA	Japan
DQ	Jarvis Island
JE	Jersey
JQ	Johnston Atoll
JO	Jordan
JU	Juan De Nova Island
KZ	Kazakhstan
KE	Kenya
KQ	Kingman Reef
Code	Name
KR	Kiribati
MU	Oman
PK	Pakistan

Code	Name
KN	Korea, North
KS	Korea, South
KG	Krygyzstan
KU	Kuwait
LA	Laos
LG	Latvia
LB	Lebanon
LT	Lesotho
LI	Liberia
LY	Libya
LS	Liechtenstein
LH	Lithuania
LU	Luxembourg
MC	Macau
MK	Macedonia
MA	Madagascar
MI	Malawi
MY	Malaysia
MV	Maldives
ML	Mali
MT	Malta
IM	Man, Isle of
RM	Marshall Islands
MB	Martinique
MR	Mauritius
MF	Mayotte
MX	Mexico
MQ	Midway Islands
MD	Moldova
MN	Monaco
MG	Mongolia
MW	Montenegro
MH	Monserrat
MO	Morocco
MZ	Mozambique
MM	Myanmar (formerly Burma)
WA	Nambia
NR	Nauru
BQ	Navassa Island
NP	Nepal
NL	Netherlands
NT	Netherlands Antilles
NC	New Caledonia
NZ	New Zealand
NU	Nicaragua
NG	Niger
NI	Nigeria
NE	Niue
NF	Norfolk Island
Code	Name
NO	Norway
SZ	Switzerland
SY	Syria

PS	Palua	TW	Taiwan
LQ	Palmyra Atoll	TI	Tajikistan
PM	Panama	TZ	Tanzania
PP	Papua New Guinea	AS	Tasmania
PF	Paracel Islands	TH	Thailand
PA	Paraguay	CH	Tibet
PE	Peru	TO	Togo
RP	Philippines	TL	Tokelau
PC	Pitcairn Islands	TN	Tonga
PL	Poland	TD	Trinidad and Tobago
PO	Portugal	TE	Tromelin Island
PU	Portugese Guinea	PS	Trust Territories of Pacific Islands
QA	Qatar	TS	Tunisia
RE	Reunion	TU	Turkey
RH	Rhodesia	TX	Turkmenistan
RO	Romania	TK	Turks and Caicos Islands
RS	Russia	TV	Tuvalu
RW	Rwanda	UG	Uganda
SH	St. Helena	UP	Ukraine
SC	St. Kitts and Nevis	TC	United Arab Emirates
ST	St. Lucia	UK	United Kingdom
SB	St. Pierre and Miquelon	US	United States
VC	St. Vincent and Grenadines	UY	Uruguay
SM	San Marino	UZ	Uzbekistan
TP	Sao Tome and Principe	NH	Vanuatu
SA	Saudi Arabia	VT	Vatican City
UK	Scotland	VE	Venezuela
SG	Senegal	VM	Vietnam
SR	Serbia	WQ	Wake Island
SE	Seychelles	UK	Wales
SI	Slovenia	WF	Wallis and Futuna
SL	Sierra Leone	WE	West Bank
SN	Singapore	WI	Western Sahara
LO	Slovakia	WS	Western Samoa
BP	Solomon Islands	YM	Yemen
SO	Somalia	CG	Zaire (now known as Democratic Republic of Congo)
SF	South Africa	ZA	Zambia
SX	South Georgia & the South Sandwich Islands	ZI	Zimbabwe
SP	Spain		
PG	Spratly Islands		
CE	Sri Lanka		
SU	Sudan		
NS	Suriname		
SV	Svalbard		
WZ	Swaziland		
SW	Sweden		