



State of New Jersey

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION NO. 89-19

DATE: June 30, 1989

TO: County Welfare Agency Directors

SUBJECT: Income and Eligibility Verification System
Social Security Administration Match

Effective immediately, the Division of Medical Assistance and Health Services (DMAHS) will implement the final match phase of the Income and Eligibility Verification System (IEVS). This match will identify designated recipients within the Medicaid Only program and New Jersey Care...Special Medicaid Programs, including the Medically Needy, who have had earned income and pension data reported to the Social Security Administration (SSA) by an employer. This income information, contained in the Beneficiary Earnings Exchange Records (BEER), will be processed to produce the following list of reports for the counties.

1. PA-925 SSA/VIMS Resource Report
2. WR 343-01 SSA/VIMS Listing of Matched Records
3. WR 345-01 SSA/VIMS Resource Report Issuance List by Case Sequence
4. WR 345-03 SSA/VIMS Resource Report Issuance List by Program Code
5. WR 348-01 SSA/VIMS Responses Overdue
6. WR 348-03 SSA/VIMS Cumulative YTD Match Totals-County

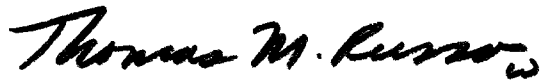
A description of the above-mentioned reports and related procedural instructions are attached.

The SSA information will be processed on a monthly basis beginning on or about July 18, 1989, but will only include new applicants and update records for ongoing recipients.

As with the IEVS IRS match, information from the SSA match is confidential and must be safeguarded according to the established safeguarding procedures.

If you have any questions, please contact the Field Service Supervisor II assigned to your county.

Sincerely,

A handwritten signature in black ink that reads "Thomas M. Russo". The signature is written in a cursive style with a small flourish at the end.

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:PSd

Attachments

cc: Marion E. Reitz, Director
Division of Public Welfare

SOCIAL SECURITY ADMINISTRATION MATCH

States are required to utilize information regarding net earnings from self-employed, wage, and payment of retirement income - information which is maintained by the Social Security Administration (SSA) and available under Section 6103 (1)(7)(A) of the Internal Revenue Code of 1954 - in verifying Medicaid eligibility and the correct amount of medical assistance payments. While it is recognized that SSA's wage data is less current than the wage data available through the State Wage Reporting System (WRS), earnings data provided by SSA is invaluable as a single source for identifying interstate, self-employment, agricultural, military, Federal, State and local government wage data, as well as pension income.

State requests for SSA earnings data are processed through the Beneficiary and Earnings Data Exchange System (BENDEX) and returned to the States on the Beneficiary Earnings Exchange Record (BEER) files. For initial requests, a search is first made of the SSA Master Beneficiary Record (MBR) for benefit information, then a search is made of the Earnings Reference File (ERF) system for earnings/pension information. Two response records are returned to the State: 1) a benefit information record in the BENDEX file and 2) an earnings exchange record in the BEER file. An earnings record is also generated by SSA to the State after each update cycle as earnings occur, until the State requests discontinuance of the data exchange.

The BENDEX data will be maintained, as previously done, on the Automated Benefit Information Exchange (ABIE) file. The BEER data will be processed as follows: On a monthly basis the Division of Medical Assistance and Health Services (DMAHS) will receive a tape from the Office of Telecommunications and Information Systems (OTIS). The tape will contain new SSA BEER records for the Medicaid Only, New Jersey Care ... Special Medicaid Programs and Medically Needy populations. This tape will be run to produce the following documents:

A. LD-141 Client Notification (Attachment A)

A letter will be sent to each individual who has been found to have certain earnings/pension income as reported by SSA through the BEER system. It will contain the recipient's name and address and will list each employer name and identification number, up to five (5) per page. This information is considered confidential and is subject to the established safeguarding procedures that exist for IEVS IRS matched information. The LD-141 will be mailed directly to the client by DMAHS and will instruct the recipient to contact his or her eligibility worker within seven (7) days to discuss the information listed at the bottom of the letter. There are two instances in which a letter will not be sent to the recipient. An LD-141 will not be sent and records will not be created if the earnings consist solely of wages from a single New Jersey employer reported through the WRS or for States outside the New Jersey commuting area. In the latter case, it is assumed that such income was accrued prior to establishing residency in New Jersey.

B. PA-925 SSA/VIMS Resource Report (Attachment B)

This document will be issued for each case where an LD-141 indicating SSA reported earnings has been generated. The eligibility worker must review and certify eligibility, enter a disposition on the document and forward it to DMAHS.

C. WR 343-01 SSA/VIMS Listing of Matched Records (Attachment C)

The matched record report is confidential in nature. It lists the name of the employer and the employer identification number for each record.

D. WR 345-01 SSA/VIMS Resource Report Issuance List by Case Sequence (Attachment D)

This report lists, in case sequence order, each record matched by county, person number, case name, state control number, Social Security number and the number of hits.

E. WR 345-03 SSA/VIMS Resource Report Issuance List by Program Code (Attachment E)

This report is virtually the same as the one described above, except that, the identifying information will be listed by program code in case sequence order.

F. WR 348-01 SSA/VIMS Responses Overdue (Attachment F)

The overdue response report will indicate those cases, in sequence number order, for which no PA-925 document has been received and processed by DMAHS, and the amount of time that has elapsed since the issuance of the PA-925.

G. WR 348-03 SSA/VIMS Cumulative YTD Match Totals-County (Attachment G)

This report will list the number of PA-925's issued, and the number and percentage of PA-925's returned to DMAHS.

The PA-925's and reports will be forwarded to the appropriate County Welfare Agencies by Loomis Courier Service. Delivery, in most cases, should occur during the day following the run date.

Upon receipt of the PA-925's and reports, each supervisor should take appropriate steps to secure those reports containing confidential information. Security procedures are outlined by the IRS Tax Information Security Guidelines and are implemented by the designated security liaisons stationed in each of the counties.

The following procedures are to be employed by supervisors and eligibility workers in the certification of financial eligibility of Medicaid recipients with matched records from the SSA BEER files.

Response to Matched Records

Using information obtained from either the SSA/VIMS listing of matched records or an individual who has received an LD-141 (client notification), the worker may proceed with his/her review as follows:

NOTE: All matched records must be addressed, whether or not the individual or authorized representative contacts the agency. Access to matched information is predicated upon the worker's need to know and compliance with the safeguarding requirement, i.e., Sections 7213, "Unauthorized Disclosure of Information", and 7431, "Civil Damages For Unauthorized Disclosure of Returns and Return Information", of the IRS Code.

1. The eligibility worker shall determine whether the earnings/pension information identified in the SSA BEER match is contained in the client's case record.
2. If the income information contained in the case record verifies the source of income and closely approximates the amount indicated on the matched record listing (WR 343-01), or the amount has been verified subsequent to the reporting year, no further investigative action is necessary by the eligibility worker.
3. If the income information contained in the case record does not match the source of income or the amount does not closely approximate the amount indicated, and the information has not been verified subsequent to the reporting year, the eligibility worker will verify income information and determine the eligibility status of the case.
4. If the case is determined ineligible, the worker should follow the current procedures of notifying the individual and terminating the case from the Medicaid Eligibility File.
5. The eligibility worker will complete the PA-925 based on the case review. The worker will make a selection in either Section I (No Action Taken), indicating that there was no action taken or Section IIC (Medicaid), indicating action taken. It is important to remember that a selection must be made in either I or IIC but not in both. In addition, information may be entered in Section III (Additional Information) if appropriate.
6. The completed PA-925's - State Copy - are to be forwarded to the Division of Medical Assistance and Health Services, CN 712, Trenton, New Jersey 08625 to the attention of Richard Picone, Bureau of Management Information Systems. This procedure should be followed on a weekly basis in order to comply with the 30-day resolution time required by federal regulations.



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State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Si usted no entiende este aviso sobre los recursos disponibles que afectan su elegibilidad para ayuda porque no habla ingles, favor de comunicarse con su trabajador social.

Dear Client:

This is an important notice that could affect your continued eligibility for Medicaid benefits.

Under new federal regulations, this agency is required to obtain and use certain financial information contained in your Internal Revenue Service (IRS) and Social Security Administration (SSA) records to determine ongoing eligibility for Medicaid. As a result we have identified financial information as listed below.

Please contact your eligibility worker at the County Welfare Agency within seven (7) business days after you receive this letter to discuss that information. Your worker will provide additional instructions at that time.

Your cooperation in this matter is vital. You could lose your Medicaid eligibility if you do not contact your eligibility worker within the seven day period.

Thomas M. Russo

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

EMPLOYER NAME

EMPLOYER IDENTIFICATION NUMBER

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX

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Attachment A

SSA Earnings/Pension Match LD-141, Client Notification Letter

For each case in which a match occurs resulting in the need for further verification of financial resources, a Client Notification Letter, form LD-141, is sent to the respective client. The LD-141 identifies the name of the employer and employer identification number for the SSA match.

Identifying case information is printed in the upper right corner of the form. The top number, beginning with the letter "G", is the State Control Number. It is unique to each match. The first four digits of the State Control Number indicate the year and month of the match. The next line of numbers represents the individual's Medicaid Recipient Number, in the following order: County, Program Code (Aid Category), Case Sequence Number and Person Number. The client's Social Security Number is shown on the third line.

Each letter is dated two days subsequent to the day it was printed, in order to allow sufficient mailing time. The address shown for the client is the address listed on the Medicaid Eligibility File.

Attachment B

SSA Earnings Match PA-925, Verification of Income and Monitoring System (VIMS) Resource Report

A PA-925 is produced for each case in which an SSA match takes place and a follow-up verification of SSA reported earnings is necessary.

This report contains the following data:

<u>Data Element</u>	<u>Abbreviation</u>
Case Name	
Type of program	Case Type
County	
Case Number	
Program Code	*SUPV. NO.
Person Number	*WORKER NO.
State Control Number	SCN
File month and year	FILE MONTH MM/YY
Client's Social Security Number	CLIENT SSN
Client Name	
Multiple Social Security Number	MSSN
Number of matches per client	HITS
Number of employers	EMP
Number of Form LD-141's per case	LETT
Total number of individuals per case	TOTAL CLIENTS
Total matches for case	TOTAL HITS FOR CASE
Total number of employers	TOTAL EMPLOYERS
Total number of Form LD-141's for case	TOTAL LETTERS
Total number of multiple Social Security Numbers	TOTAL MULTI-SSN

The response due date is indicated in the upper right-hand corner of the County Copy response section. Appropriate Medicaid Only, New Jersey Care, and Medically Needy case action responses are permitted in Section I, Section IIC, and Section III. Entry into IIA or IIB will result in response errors. It is required that at least one entry be made in Section I or in Section IIC, however, input into both these sections is not permitted. There must be only one entry in Section I.

*For AFDC hits only, Supervisor Number and Worker Number appear in these fields. For Medicaid Only, New Jersey Care, and Medically Needy hits, Program Code and Person Number are identified in these fields.

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES
VIMS RESOURCE REPORT**

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
VIMS RESOURCE REPORT

CASE IDENTIFICATION		COUNTY	CASE NUMBER	SUPV. NO	WORKER NO
CASE NAME	CASE TYPE	XX	XXXXXX	XX	XX
MATCH CRITERIA: SSN		SCN XXXXXXXXXXXX			
RESOURCE INFORMATION					
SSA WAGE MATCH					
FILE MONTH MM/YY					
CLIENT SSN	CLIENT NAME	MSSN	HITS	EMP	LETT
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XX	XX	XX
			TOTAL CLIENTS	XXX	
			TOTAL HITS FOR CASE	XXX	
			TOTAL EMPLOYERS	XXX	
			TOTAL LETTERS	XXX	
			TOTAL MULT-SSN	XXX	
DRAFT					

COUNTY RESPONSE	DATE RESPONSE DUE								
COUNTY COPY	XXXXXX								
COPY ALL RESPONSES FROM LEFT SIDE TO RIGHT SIDE, SIGN, AND DATE.									
I. NO ACTION TAKEN A. ☐ Case closed prior to review B. ☐ Benefit and employment periods differ C. ☐ Individual not a case member D. ☐ Client and resource individual not the same person E. ☐ Current benefits correct									
II. ACTION TAKEN A. AFDC 1.a. ☐ Case closed b. ☐ Case rebudgeted 2 Monthly grant <table border="1" style="border-collapse: collapse;"> <tr> <th style="padding: 2px 5px;">Previous</th> <th style="padding: 2px 5px;">Revised</th> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table> B. FOOD STAMPS 1.a. ☐ Case closed b. ☐ Allotment adjusted 2. Allotment amount <table border="1" style="border-collapse: collapse;"> <tr> <th style="padding: 2px 5px;">Previous</th> <th style="padding: 2px 5px;">Revised</th> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table> C. MEDICAID 1. ☐ Case closed 2. ☐ Third-party health insurance identified		Previous	Revised			Previous	Revised		
Previous	Revised								
Previous	Revised								
III. ADDITIONAL INFORMATION A. ☐ Case referred for investigation of possible fraud									
SIGNATURE OF PREPARER	DATE								

COUNTY RESPONSE					
STATE COPY	STATE CONTROL DATA				
XXXXXXXXXXXX					
CO.:	XX				
CASE NO.:	XXXXXXX				
CASE NAME:	XXXXXXXXXXXXXXXXXX				
SUPV. NO.:	XX				
PERIOD:	XXXXXX				
I. NO ACTION TAKEN					
A. ☐ Case closed prior to review B. ☐ Benefit and employment periods differ C. ☐ Individual not a case member D. ☐ Client and resource individual not the same person E. ☐ Current benefits correct					
II. ACTION TAKEN					
A. AFDC 1.a. ☐ Case closed b. ☐ Case rebudgeted 2. Monthly grant					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Previous</th> <th style="width: 50%; padding: 5px;">Revised</th> </tr> <tr> <td style="height: 50px;"></td> <td style="height: 50px;"></td> </tr> </table>	Previous	Revised		
Previous	Revised				
B. FOOD STAMPS 1.a. ☐ Case closed b. ☐ Allotment adjusted 2. Allotment amount					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Previous</th> <th style="width: 50%; padding: 5px;">Revised</th> </tr> <tr> <td style="height: 50px;"></td> <td style="height: 50px;"></td> </tr> </table>	Previous	Revised		
Previous	Revised				
C. MEDICAID 1. ☐ Case closed 2. ☐ Third-party health insurance identified					
III. ADDITIONAL INFORMATION					
A. ☐ Case referred for investigation of possible fraud					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%; padding: 5px;">SIGNATURE OF PREPARER</th> <th style="width: 20%; padding: 5px;">DATE</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		SIGNATURE OF PREPARER	DATE		
SIGNATURE OF PREPARER	DATE				

Attachment C

WR 343-01 SSA/VIMS
Listing of Matched Records

A corresponding block of data exists on the Listing of Matched Records for each hit that appears within a case on the SSA match. For example, if a client has three (3) sources of SSA earnings, there will be three (3) blocks of data identifying the employer and amount of earnings.

The first three lines of columns located across the top of each page of the report correspond to the data elements which are found in each of the matched record blocks.

The following information is provided in each of the data blocks:

<u>Data Element</u>	<u>Abbreviation</u>	<u>Definition</u>
Case Number	CASE NO.	
Case Name		
State Social Security Number	ST SSN	Number as submitted on the State input
Employer Name		Name of employer as recorded on the Earnings Reference File (ERF)
Employer Address		
State Control Number	ST CON NO.	
Program Code	PROG CODE	Recipient Aid Category
Person Number	PERS NUM	
Medicaid Eligibility File	MED DOB	
Date of Birth		
Record Source Code	R	C=Record is an SSA generated notice of a change in earnings reported for the SSN D=Request originated by direct submission by the State to the BENDEX system
SSA Remarks	SSA RMKS	CF=Record is in conflict with direct input from another agency MATCHED=Fully processed record NO FILE=No record found on the ERF for the SSA SSN

Attachment C (cont.)

<u>Data Element</u>	<u>Abbreviation</u>	<u>Definition</u>
Employer Identification Number	EIN	
SSA Social Security Number	SSA SSN	SSN for which earnings activity is being recorded
SSA Surname	SUR	Name of client as recorded on the ERF
SSA First Initial	F	
SSA Middle Initial	M	
SSA Second Surname	SUR 2	Second surname as reported by the individual or an employer
SSA Date of Birth	SSA DOB	Date of birth as recorded on ERF, in MMY format
SSA Reporting Type	RT	AG=Agricultural wages PE=Annual report of pension income SE=Self-employment earnings 00=Annual report of earnings 03=First quarter report of earnings 06=Second quarter report of earnings 09=Third quarter report of earnings 12=Fourth quarter report of earnings
SSA Reporting Year	RY	Current posting year in YY format
SSA Credit Indication	CI	CR (credit) if total compensation is negative
SSA Compensation	SSA COMP	Includes zeros, gross annuity, pension, or total compensation for employer; 7 positions for dollars and two cents positions
Individual Total		
Case Total		
County Totals		
Cases		
Hits		

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE:

PAGE: 1

REPORT NO: SSA/VIMS-WR343-D1

FILE MONTH:

COUNTY:

SSA/VIMS LISTING OF MATCHED RECORDS

CASE NO	CASE NAME	ST SSN	EMPLOYER NAME	EMPLOYER ADDRESS		
ST CON NO	PROG CODE	PERS NUM	MED DOB	R	SSA RMKS	EIN
SSA SSN	SUR F M	SUR 2	SSA DOB	RT	RY CI	SSA COMP

INDIVIDUAL

PENSION:

EARNED:

TOTAL:

CASE TOTAL

PENSION:

EARNED:

TOTAL:

COUNTY TOTALS:

CASES

HITS

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Attachment D

WR 345-01 SSA/VIMS

Resource Report Issuance List by Case Sequence

This report identifies each case whereby a PA-925 is produced. Cases are sorted according to county and listed by the client's case number.

The data elements found in the Issuance List are as follows:

<u>Data Element</u>	<u>Abbreviation</u>
County	
Response Due Date	
Case Number	Case NO.
Person Number	P#
State Control Number	ST-CTRL
Case Name	
SSA Social Security Number	SSN
Multiple SSN per client	MSSN
Hits per client	HITS
Letters per client	LETT
Program Code	
Total cases for county	CASES
Total clients for county	CLIENTS
Total Hits for county	NO. OF HITS

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE:

PAGE: 1

FILE MONTH:

REPORT NO: SSA/VIMS-WR345-01

COUNTY:

SSA/VIMS - RESOURCE REPORT ISSUANCE LIST BY CASE SEQUENCE
RESPONSE DUE DATE

CASE NO.	P#	ST-CTRL	CASE NAME	SSN	MSSN	HITS	LETT	PROGRAM CODE
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COUNTY TOTALS

CASES

CLIENTS

NO. OF HITS

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Attachment E

WR 345-03 SSA/VIMS

Resource Report Issuance List by Program Code

The SSA resource report, listed according to the client's Program Code, identifies each case for which a PA-925 is generated. The following Program Codes may be listed separately in this report: 10, 15, 20, 25, 30, 35, 50, 55, 60, 70 and 80.

The cases identified on the resource report are printed in Case Sequence Number order. The following information is provided on each list:

<u>Data Element</u>	<u>Abbreviation</u>
County	
Response Due Date	
Program Code	
Case Number	CASE NO.
Person Number	P#
State Control Number	ST-CTRL
Case Name	
SSA Social Security Number	SSN
Multiple SSN per client	MSSN
Hits per client	
Letters per client	LETT
Total Cases	
Total Clients	
Total Number of Hits	No. of HITS

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE:

PAGE: 1

FILE MONTH:

REPORT NO: SSA/VIMS-WR345-03

COUNTY:

SSA/VIMS - RESOURCE REPORT ISSUANCE LIST BY PROGRAM CODE
RESPONSE DUE DATE

PROGRAM CODE

CASE NO.	PH	ST-CTRL	CASE NAME	SSN	MSSN	HITS	LETT
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PROGRAM CODE TOTALS		CASES	CLIENTS	• NO. OF HITS			
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Attachment F

WR 348-01 SSA/VIMS
Responses Overdue

The overdue response report identifies for each county all cases from the SSA/VIMS master file for which a PA-925 has not been received. At the present time the response due date for PA-925 forms is no later than forty-five days after the issue date.

The list is printed according to the client's Program Code. The separate listings may include the following Program Codes: 10, 15, 20, 25, 30, 35, 50, 55, 60, 70 and 80.

Each overdue case contains the following information:

<u>Data Element</u>	<u>Definition</u>
County	
Program Code	
Age Range (days)	Length of time in number of days response is overdue 31 to 60 days 61 to 90 days 91 to 120 days 121 to 180 days over 180 days
Date Response Due	
Match Month/Year	Month and year case was matched
Case Number	
Case Name	
Person Number	
Program Total	Total number of overdue for that program
County Total Cases	Total number of overdue cases for that county

REPORT NO: SSA/VIMS-WR348-01

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 05/01/89 PAGE: 1

FILE DATE: 5/89

SSA/VIMS-RESPONSES OVERDUE - DETAIL

COUNTY - ATLANTIC AGE DATE RESPONSE (DAYS) DUE	PROGRAM CODE 60 MONTH CASE NUMBER	CASE NAME	PERSON NUMBER
46-90 04/02/89	01/89		
46-90 04/13/89	02/89		
PROGRAM TOTAL	2		
COUNTY TOTAL	2		

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Attachment G

WR 348-03 SSA/VIMS
Cumulative Year to Date Match Totals-County

The cumulative summary report is generated on a monthly basis after the last SSA/VIMS master file update occurs for that month. All cases that are on the master file with match months for the calendar year are selected for this report.

The following data is provided:

Data Element

County
Calendar Year
Total PA-925s Issued
Total Hits
Total Returned
Percent of Total Issued
Total Hits Resolved
Percent Resolved
Total Outstanding
Percent of Total Issued
Total Hits Outstanding
Percent Outstanding
Total Overdue
Percent of Total Issued
Total Hits Overdue
Percent Overdue
Cases Returned
Total \$
Total Cases
Total Hits

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 06/01/89

PAGE: 1

FILE MONTH: 05/89

REPORT NO: SSA -WR 348-03

COUNTY: BERGEN

SSA /VIMS-CUMULATIVE YTD MATCH TOTALS-COUNTY
CALENDAR YEAR: 1989

TOTAL PA9255 ISSUED	1			TOTAL HITS	1		
TOTAL RETURNED	0	PCT OF TOTAL ISSUED	0.0	TOTAL HITS RESOLVED	0	PCT RESOLVED	0.0
TOTAL OUTSTANDING	1	PCT OF TOTAL ISSUED	100.0	TOTAL HITS OUTSTANDING	1	PCT OUTSTANDING	100.0
TOTAL OVERDUE	0	PCT OF TOTAL ISSUED	0.0	TOTAL HITS OVERDUE	0	PCT OVERDUE	0.0

CASES RETURNED	TOTAL \$	TOTAL CASES	TOTAL HITS
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I NO ACTION TAKEN

A CASE CLOSED PRIOR TO REVIEW

B BENEFIT AND EMPLOYMENT PERIODS DIFFER

C INDIVIDUAL NOT A CASE MEMBER

D CLIENT AND RESOURCE INDIVIDUAL DIFFER

E CURRENT BENEFITS CORRECT

IIA ACTION TAKEN

1A CASE CLOSED

1B CASE REBUDGETED

GRANT AMOUNTS

2A PREVIOUS

2B REVISED

2C DIFFERENCE YTD

\$ 0.00
\$ 0.00
\$ 0.00

IIB ACTION TAKEN

1A CASE CLOSED

1B ALLOTMENT ADJUSTED

ALLOTMENT AMOUNT

2A PREVIOUS

2B REVISED

2C DIFFERENCE YTD

\$ 0.00
\$ 0.00
\$ 0.00

IIC ACTION TAKEN

1 CASE CLOSED

2 THIRD PARTY HEALTH INSURANCE IDENTIFIED

III ADDITIONAL INFORMATION

A CASE REFERRED FOR INVESTIGATION OF POSSIBLE FRAUD

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