

## ***BENDEX Modernization Reference Guide***

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<b>Supercedes</b>	<i><b>BENDEX Reference Guide</b></i>	
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<b>Description</b>	<p>This manual is a reference guide for CBMS users, instructing them on the automated business posting of the data received through the BENDEX Exchange. It also provides the data entry methods for entering SSA Income and/or Medicare Expenses for those clients who are not yet included on the BENDEX Exchange file.</p> <p><b>This document has been updated to include CR 2044 changes.</b></p>	
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## 1.0 Overview

### General Information

The Beneficiary and Earnings Data Exchange (BENDEX) contains Social Security Administration (SSA) Title II benefit records for clients receiving financial, Medicaid, and Food Assistance benefits from the State of Colorado. In order to receive the BENDEX records, CBMS requests the information for each participating client, thereby establishing the BENDEX exchange.

The CBMS BENDEX process uses the BENDEX files received from SSA and posts the data into the CBMS BENDEX Master. CBMS then posts the information into the Unearned Income, Income Received, Income Expense, Medicare Expense, Billing and Payment, and specific Client Demographic data on the corresponding Interactive Interview (II) windows.

CBMS also uses the BENDEX records received for posting data to matched individuals on the Medical Eligibility Spans window. BENDEX record data is also used for reporting individual data to the federal agency of Centers for Medicare and Medicaid Services (CMS) for the Prescription Drug Program (Medicare Part D).

The CBMS BENDEX Process provides reports to CBMS users, notifying them of the presence of updated BENDEX records and the BENDEX records that could not be posted into the II windows for CBMS clients.

The Social Security Administration (SSA) sends the Beneficiary and Earnings Data Exchange (BENDEX) files containing payment information for Title II payments that are converted to the CBMS unearned income types shown in the table below. The table below also provides a description for each income type.

Type	Description
SE	Social Security Dependent
KV	Social Security Disability
XD	Social Security Disabled Adult Child
SX	Social Security Retirement
KY	Social Security Survivor Adult
RR	Railroad Retirement
RD	Railroad Disability
RU	Social Security Survivor Child – Lump Sum
XG	Social Security Survivor Widow – Lump Sum

### Additional Information

In addition, the SSA sends Medicare Part A and Part B information, which will update the Medicare Expense, Billing, and Payment-related windows. **Note:** SSA does not send Medicare Part D information.

## Description of Medicare Part A, Medicare Part B, Medicare Part D

### **Part A (Hospital Insurance)**

- Most individuals do not pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals and some skilled nursing facilities. Individuals who do not meet the work quarter guidelines will have to pay out-of-pocket for Part A.
- When manually entering eligibility information into the Part A box on the Collect Medicare Expense Detail window, the county user must first determine whether the client receives free Part A or pays out-of-pocket.

### **Part B (Medical Insurance)**

- If an individual receives Medicare Part A, he/she is eligible to receive Part B, and the premium is deducted from his/her Social Security Title II Benefit. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care.

### **Part B Without Part A**

- If the **Health Insurance Claim Number** ends with an **M (999999999M)**, the client does not meet the work quarter requirements and is not eligible for free Part A.

### **Part D (Prescription Drug Coverage)**

- If an individual receives Medicare Part A and/or Part B, Medicare Part D is available. Medicare Part D may help lower prescription drug costs. SSA does not send Medicare Part D information via the BENDEX file.

## 2.0 CBMS BENDEX Process Generated Reports

### General Information

On a daily basis, the BENDEX interface will update data in the BENDEX Master database and run the Interactive Interview (II) windows posting process. The CBMS BENDEX process generates two reports:

1. ***BENDEX Records Processed Report*** – a report of all clients in the county for whom a new or updated BENDEX record was received.
2. ***BENDEX Discrepancy Report*** – a report of all BENDEX records that could not be processed into the II windows due to an identified reason.

The reports will be available daily, based on the BENDEX Processing Schedule (see **Section 13.0 Alerts**). CBMS users may obtain copies of the report by following the established county procedures.

Users who have access to Cognos can access the following reports in the BENDEX Folder.



*Bendex Records Processed*  
Processing Date December 11, 2006

SSN	Name	DOB	Sex	Gross Pay Amount	Start Date	DOE	Pmt Stat Cd	Comm Code	SSI	Run Dt	Cm	Acct Nbr	HI Non-Covered Reason	Dual Entitle-ment	Disability Onset Date	HI Third Party Premium Payer	SMI Non-Covered Reason	First HI Start Date	First HI Stop Date	SMI Payer	First SMI Start Date	First SMI Stop Date	Second SMI Start Date	Second SMI Stop Date	Monthly Overpmt Deduct Amount	HI Premium Amount	SMI Premium Amount
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**Note**

The report is sorted by **County**, **User**, and client **Social Security Number (SSN)**.

This table shows the **BENDEX Records Processed Report** field/column names, descriptions, and CBMS window(s) affected by the information in the order that the field names appear on the report from left to right.

Report Information		
Report Field / Column Name	Description	Affected CBMS Window
Processing Date	The date the report was produced.	
County	The county assigned to the user.	
User	User Name and User ID.	
SSN	Social Security Number as known to SSA.	
Name	Surname, Surname Suffix, Given Name, and Middle Initial as known to SSA Title II database.	
DOB	Date of Birth as known to SSA Title II database.	
Sex	Sex as known to SSA Title II database.	
Gross Pay Amount	The monthly SSA benefit due before collection of Supplemental Medical Insurance (SMI) premium, overpayment, attorney fees, or unpaid maritime tax.	<ul style="list-style-type: none"> <li>Collect Income Received Detail</li> </ul>
Start Date	Date of Initial Entitlement to Gross Amount Payable.	
DOE	Date of Current Entitlement.	
Pmt Stat Cd	Payment Code: <b>Payment Status Codes</b> are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>Collect Unearned Income Detail</li> </ul>
Comm Code	<b>Communication Code:</b> <ul style="list-style-type: none"> <li><b>MATCHED:</b> Current data was extracted from the Master Benefit Record (MBR).</li> <li><b>CF XXX:</b> This is the last BENDEX record that will be received for this individual. Client moved to another state. The <b>XXX</b> represents the <b>State Code</b>.</li> <li><b>FIN MMY:</b> The benefits for this beneficiary ended for the month indicated.</li> <li><b>DIED MMY:</b> The number holder on this account is deceased.</li> <li><b>REP PAYEE:</b> This is a fully processed record with current data extracted from the MBR. The check is payable to someone other than the beneficiary.</li> <li><b>WAS XXX:</b> This is the first BENDEX record that will be</li> </ul>	<ul style="list-style-type: none"> <li>Collect Unearned Income Detail</li> <li>Collect Medicare Expense Detail</li> <li>Collect Individual Demographic Detail</li> <li>Collect Individual Residency Detail</li> </ul>

Report Information		
Report Field / Column Name	Description	Affected CBMS Window
	<p>received for this individual. Client has moved from another state. The <b>XXX</b> represents the <b>State Code</b>.</p> <ul style="list-style-type: none"> <li>▪ <b>NOTITLE2:</b> Recipient is not entitled to SSA benefits. No benefit record found for this account number.</li> </ul>	
<b>SSI</b>	<b>SSI Status Code</b> indicates various eligibility statuses for the recipient. <b>SSI Status Codes</b> are listed in <b>Appendix A</b> .	
<b>Run Dt</b>	Date the BENDEX record was processed by SSA.	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> <li>▪ Collect Income Expense Detail</li> </ul>
<b>Clm Acct Nbr</b>	Recipient's <b>Claim Account Number (CAN)</b> , as known to SSA. [The first nine digits of the <b>Claim Account Number</b> are from the account holder's <b>SSN</b> . These are followed by two more digits, which are called the <b>Beneficiary Identification Code (BIC)</b> . <b>BICs</b> are listed in <b>Appendix A</b> .]	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> </ul>
<b>HI Non-Covered Reason</b>	<b>Health Insurance (HI) Non-Covered Reason. HI Non-Covered Reason Codes</b> are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>
<b>Dual Entitlement</b>	<p>Dual Entitlement Indicator:</p> <ul style="list-style-type: none"> <li>▪ <b>D</b> = Dual Entitlement</li> <li>▪ <b>T</b> = Triple Entitlement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> <li>▪ Collect Income Expense Detail</li> </ul>
<b>Disability Onset Date</b>	Date of onset of the disability.	<ul style="list-style-type: none"> <li>▪ Collect Unearned Income Detail</li> </ul>
<b>HI Third Party Premium Payer</b>	HI Third Party Premium Payer.	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>
<b>SMI Non-Covered Reason</b>	<b>Supplemental Medical Insurance (SMI) Non-Covered Reason. SMI Non-Covered Reason Codes</b> are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>



Report Information		
Report Field / Column Name	Description	Affected CBMS Window
<b>First HI Start Date</b>	Date of Current HI Entitlement – First day of the month.	▪ Collect Medicare Expense Detail
<b>First HI Stop Date</b>	Current HI Stop Date – Last day of the previous month. <b>Example:</b> A date of <b>022007</b> means the last day of HI coverage was 01/31/2007.	▪ Collect Medicare Expense Detail
<b>SMI Payer</b>	SMI Premium Payer.	▪ Collect Medicare Expense Detail
<b>First SMI Start Date</b>	Date of Current SMI Entitlement – First day of the month.	▪ Collect Medicare Expense Detail
<b>First SMI Stop Date</b>	Current SMI Stop Date – Last day of the previous month. <b>Example:</b> A date of <b>022007</b> means the last day of SMI coverage was 01/31/2007.	▪ Collect Medicare Expense Detail
<b>Monthly Overpmt Deduct Amount</b>	Reflects the monthly amount withheld from the benefit.	▪ Collect Income Expense Detail
<b>HI Premium Amount</b>	HI Premium Amount Collectible.	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Income Expense Detail</li> </ul>
<b>SMI Premium Amount</b>	The SMI Premium Amount or SMI Variable Premium Amount that is collectible.	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Income Expense Detail</li> </ul>

### Note

The records that are listed on the ***BENDEX Records Processed Report*** are posted into the BENDEX Master window and are also posted to the Interactive Interview windows, i.e., Collect Unearned Income Details, Collect Income Received Details, Collect Individual Demographics Detail, Collect Medicare Expense Detail, Collect Billing and Payment Detail, Collect Payment Detail, and Collect Individual Residency Detail.



**BENDEX Discrepancy Report**  
**Processing Date December 11, 2006**  
**NO DATA FOR THIS REPORT**

County:

User:

SSN	Name	DOB	Sex	Gross Pay Amount	Start Date	DOE	Pmt Stat Cd	Comm Code	SSI	Run Dt	Cm Acct Nbr	HI Non-Co vered Reason	Dual Entitle- ment	Disability Onset Date	HI Third Party Premium Payer	SMI Non-Co vered Reason	First HI Start Date	First HI Stop Date	SMI Payer	First SMI Start Date	First SMI Stop Date	Monthly Overpmt Deduct Amount	HI Premium Amount	SMI Premium Amount
Case Number		Discrepancy Message																						

**Note**

The report is sorted by **County**, **User**, and client **Social Security Number (SSN)**.

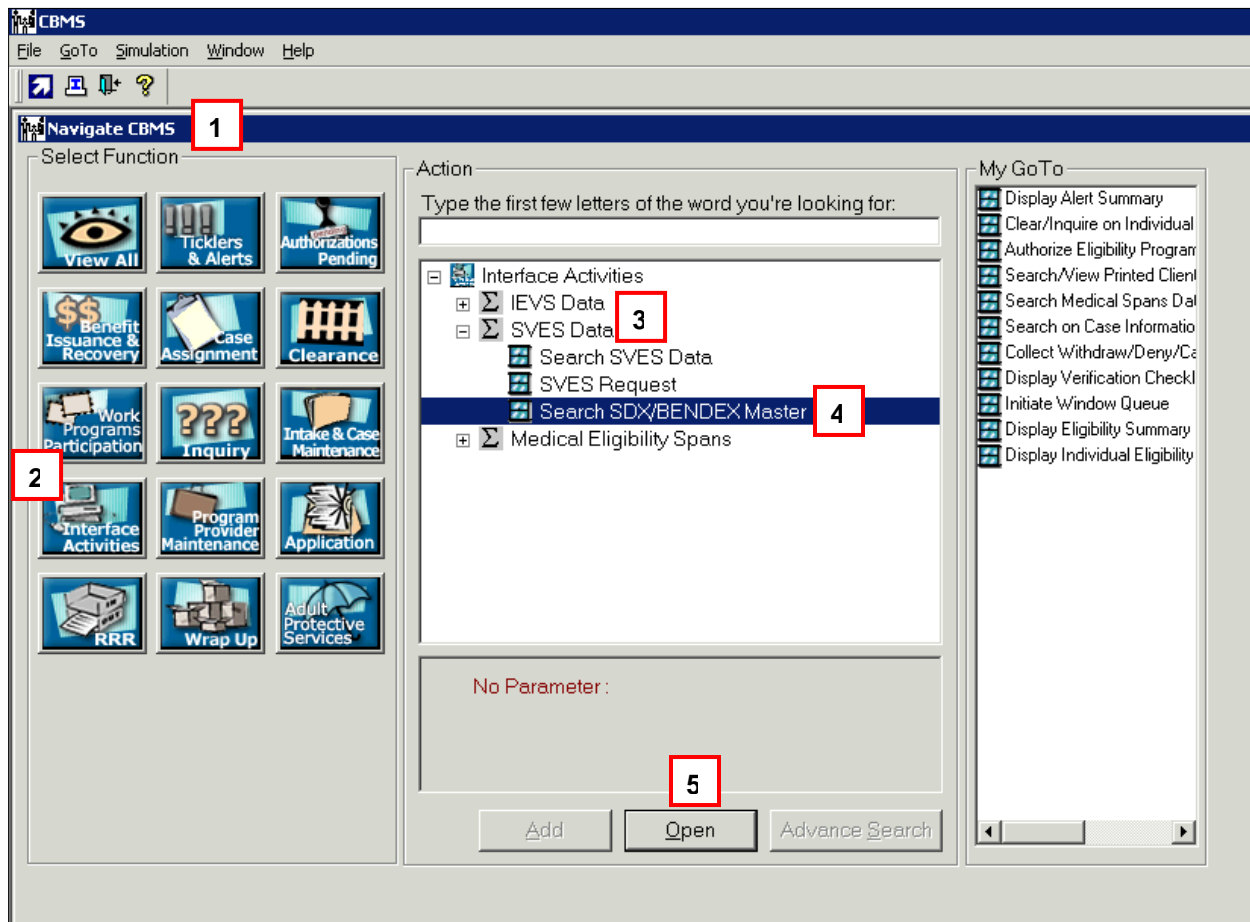
This table shows the **BENDEX Discrepancy Report** field/column names, descriptions. If a record is listed on this report, the CBMS Interactive Interview windows are not updated.

Report Field / Column Name	Description
Processing Date	The date the report was produced.
County	The county assigned to the user.
User	<b>User Name</b> and <b>User ID</b> .
SSN	<b>Social Security Number</b> as known to SSA.
Name	Surname, Surname Suffix, Given Name, and Middle Initial as known to SSA Title II database.
DOB	Date of Birth as known to SSA Title II database.
Sex	Sex as known to SSA Title II database.
Gross Pay Amount	The monthly SSA benefit due before collection of Supplemental Medical Insurance (SMI) premium, overpayment, attorney fees, or unpaid maritime tax.
Start Date	Date of Initial Entitlement to Gross Amount Payable.
DOE	Date of Current Entitlement.
Pmt Stat Cd	Payment Code: Payment Status Codes are listed in <b>Appendix A</b> .
Comm Code	<b>Communication Code:</b> <ul style="list-style-type: none"> <li>▪ <b>MATCHED:</b> Current data was extracted from the Master Benefit Record (MBR).</li> <li>▪ <b>CF XXX:</b> This is the last BENDEX record that will be received for this individual. Client moved to another state. The <b>XXX</b> represents the <b>State Code</b>.</li> <li>▪ <b>FIN MMY:</b> The benefits for this beneficiary ended for the month indicated.</li> <li>▪ <b>DIED MMY:</b> The number holder on this account is deceased.</li> <li>▪ <b>REP PAYEE:</b> This is a fully processed record with current data extracted from the MBR. The check is payable to someone other than the beneficiary.</li> <li>▪ <b>WAS XXX:</b> This is the first BENDEX record that will be received for this individual. Client has moved from another state. The <b>XXX</b> represents the <b>State Code</b>.</li> <li>▪ <b>NOTITLE2:</b> Recipient is not entitled to SSA benefits. No benefit record found for this account number.</li> </ul>
SSI	SSI Status Code indicates various eligibility statuses for the recipient. SSI Status codes are listed in <b>Appendix A</b> .
Run Dt	Date the BENDEX record was processed by SSA
Clm Acct Nbr	Recipient's <b>Claim Account Number (CAN)</b> , as known to SSA. [The first nine digits of the <b>Claim Account Number</b> are from the account holder's <b>SSN</b> . These are followed by two more digits, which are called the <b>BIC</b> . <b>BICs</b> are listed in <b>Appendix A</b> .]
HI Non-Covered Reason	<b>Health Insurance (HI) Non-Covered Reason</b> . <b>HI Non-Covered Reason Codes</b> are listed in <b>Appendix A</b> .

Report Field / Column Name	Description
<b>Dual Entitlement</b>	Dual Entitlement Indicator: <ul style="list-style-type: none"> <li>▪ <b>D</b> = Dual Entitlement</li> <li>▪ <b>T</b> = Triple Entitlement</li> </ul>
<b>Disability Onset Date</b>	Date of Onset of the Disability.
<b>HI Third Party Premium Payer</b>	HI Third Party Premium Payer.
<b>SMI Non-Covered Reason</b>	<b>Supplemental Medical Insurance (SMI) Non-Covered Reason. SMI Non-Covered Reason Codes</b> are listed in <b>Appendix A</b> .
<b>First HI Start Date</b>	Date of Current HI Entitlement – First day of the month.
<b>First HI Stop Date</b>	Current HI Stop Date – Last day of the previous month. <b>Example:</b> A date of <b>022007</b> means the last day of HI coverage was 01/31/2007.
<b>SMI Payer</b>	SMI Premium Payer.
<b>First SMI Start Date</b>	Date of Current SMI Entitlement – First day of the month.
<b>First SMI Stop Date</b>	Current SMI Stop Date – Last day of the previous month. <b>Example:</b> A date of <b>022007</b> means the last day of SMI coverage was 01/31/2007.
<b>Monthly Overpmt Deduct Amount</b>	Reflects the monthly amount withheld from the benefit.
<b>HI Premium Amount</b>	HI Premium Amount Collectible.
<b>SMI Premium Amount</b>	The SMI Premium Amount or SMI Variable Premium Amount that is collectible.

Note
<p>The records that are listed on the <b>BENDEX Discrepancy Report</b> are posted into the BENDEX Master window only. Based on the <b>Discrepancy Message</b> received, the determination of the appropriate data to verify and post is done by the county user.</p> <p>The Unearned Income posting logic occurs first. If a BENDEX record meets the discrepancy selection criteria, all Interactive Interview posting is stopped. But, if the BENDEX record meets the Medicare posting discrepancy selection criteria, only the Medicare expense posting does not occur.</p>

### 3.0 Navigating To The SDX/BENDEX Master



#### Note

To access information for a client who has received a BENDEX update, the user will need the **Case ID** or **SSN** for that client. This can be obtained from the report described in **Section 2.0 CBMS BENDEX Process Generated Reports**.

Step	Task
1.	Go to the Navigate CBMS window.
2.	Select the <b>Interface Activities</b> button in the Select Function area.
3.	Click on <b>SVES Data</b> in the Action area.
4.	Highlight <b>Search SDX/BENDEX Master</b> .
5.	Select the <b>Open</b> button, which calls the Search SDX/BENDEX Master window.

**Search SDX/BENDEX Master**

Search Criteria

Case #:  **6** SSN:  **8** Find...

Report Type:  **7** Search

Search Results

Report Type	Report Date	Case #	SSN	Claim Account Number	Individual
<b>9</b>	00/00/0000		--		

**10**

Detail...

Step	Task
6.	Enter the <b>Case #</b> and/or <b>SSN #</b> of the individual for whom the user wishes to view the BENDEX record. Refer to the BENDEX report for this information.
7.	Select the <b>Report Type</b> of BENDEX from the drop-down menu (available <b>Report Types</b> are BENDEX and SDX) to limit the Search to only one of the <b>Report Types</b> . To view all available <b>Report Types</b> , leave this field blank.
8.	Select the <b>Search</b> button. The results will display in the Search Results section of the window.
9.	Highlight the report to be viewed.
10.	Select on the <b>Detail</b> button, which calls the View BENDEX Inquiry window.

#### Additional Information

The CBMS BENDEX process adds new records or replaces updated records. For each record that contains a **BENDEX Communication Code** of **MATCHED**, **REP PAYEE**, **WAS XXX**, **CF XXX**, **FIN MMY**, **DIEDMMYY**, or **NOTITLE2** (see **Appendix A** for a definition of each **Communication Code**) and is matched to an individual on an active case, the data is posted to the BENDEX Master.

## General Information

The tables below show the View BENDEX Inquiry window field names, descriptions, and CBMS window(s) affected by the information in the order that the field names appear on the window from left to right.

The **Window Header** contains the fields shown in the table below.

Field Information		
Field Name	Description	Affected CBMS Window
<b>Case #</b>	CBMS <b>Case #</b> .	All
<b>Case Name</b>	The <b>Case Name</b> that contains the individual requested as a member – Last Name, First Name, Middle Initial.	All
<b>Run Date</b>	Date (MMDDYY) the BENDEX record was processed by SSA.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>SSN</b>	The <b>SSN</b> of the individual requested (CBMS).	
<b>CAN</b>	Recipient's <b>Claim Account Number (CAN)</b> as known to SSA. This is the account number from which the benefit is paid (first nine digits).	
<b>BIC</b>	<b>Beneficiary Identification Code</b> – a one-digit or two-digit code that identifies the type of benefit paid. Codes are listed in <b>Appendix A</b> .	
<b>Name</b>	The name of the individual requested – Last Name, First Name, Middle Initial.	

The **Demographics** tab (1 of 3) of the View BENDEX Inquiry window contains the fields shown in the table below.

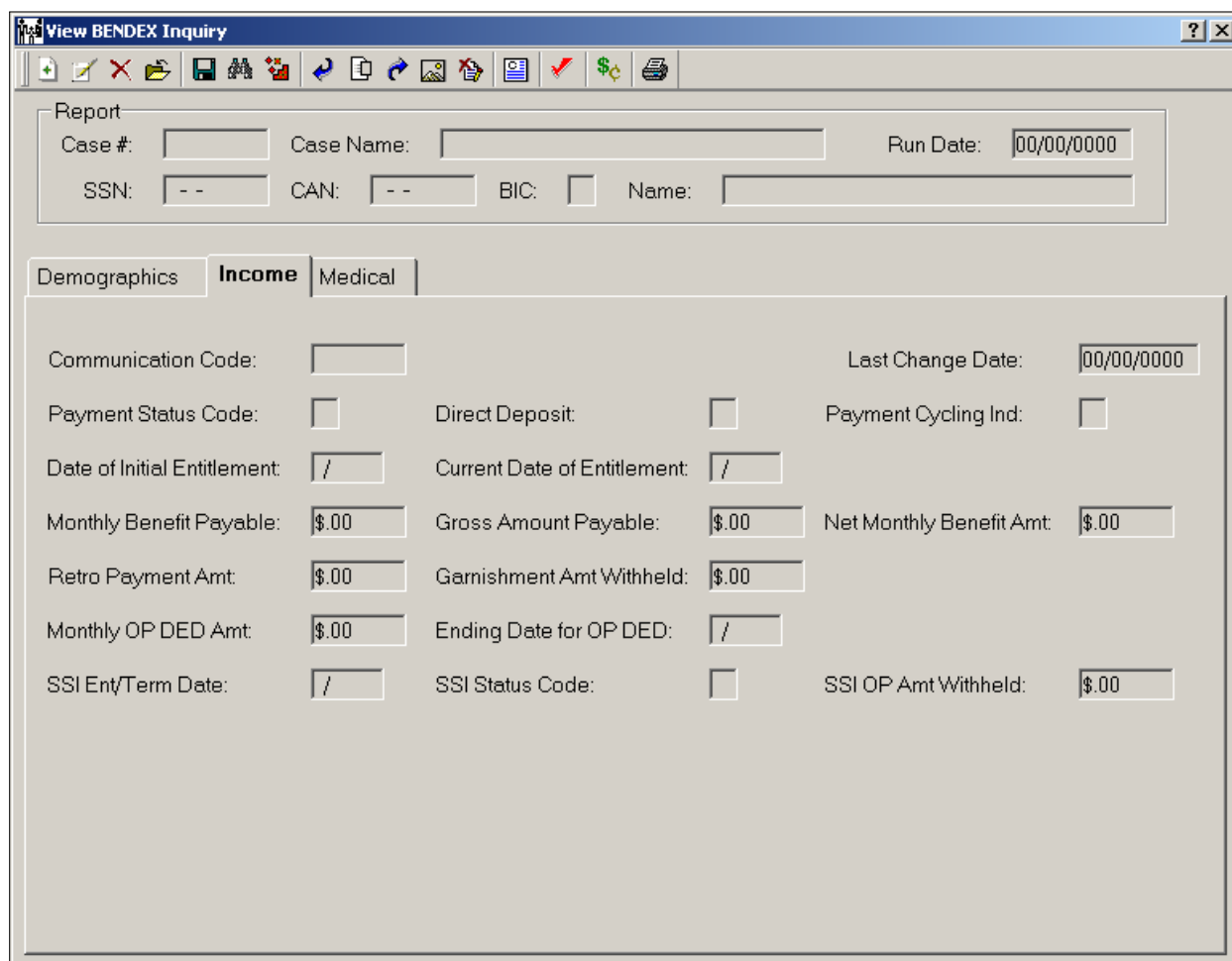
Field Information		
Field Name	Description	Affected CBMS Window
<b>Communication Code</b>	BENDEX code that provides the processed outcome of the requested exchange. Codes are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> <li>▪ Collect Income Expense Detail</li> <li>▪ Collect Individual Demographics Detail</li> <li>▪ Collect Residency</li> </ul>
<b>Last Change Date</b>	SSA Record Processing Date ( <b>MMDDYY</b> ).	
<b>Name</b>	Individual's Last Name, First Name, Middle Name, Suffix (SSA).	
<b>DOB</b>	Date of Birth as known to SSA Title II database ( <b>MMDDCCYY</b> ) (SSA).	
<b>Sex</b>	Sex as known to SSA Title II database (SSA).	
<b>Date of Death</b>	Individual's Date of Death as known to SSA ( <b>MMDDCCYY</b> ) (SSA).	<ul style="list-style-type: none"> <li>▪ Collect Individual Demographics Detail</li> </ul>
<b>Proof of Death</b>	<b>P</b> = Proven Blank = Not Proven	<ul style="list-style-type: none"> <li>▪ Collect Individual Demographics Detail</li> </ul>



Field Information		
Field Name	Description	Affected CBMS Window
<b>CAC</b>	Category of <b>Assistance Code</b> as sent by CBMS to SSA: <b>A:</b> Aid to the Aged <b>B:</b> Aid to the Blind <b>C:</b> Aid to Families with Dependent Children <b>D:</b> Aid to the Disabled <b>F:</b> Food Stamps <b>H:</b> Health Maintenance, Buy-In or Attempted Buy-In (QDWI) <b>I:</b> Income Maintenance <b>J:</b> AFDC (Aid for Dependent Children) and FS <b>K:</b> Medicaid and FS <b>N:</b> Title XIX, Medicaid Determination <b>P:</b> Child Support Enforcement <b>S:</b> Written Statement of Consent of Individual <b>U:</b> Unemployment Compensation	
<b>Agency Code</b>	<b>State Agency Code</b> as sent by CBMS to SSA. Colorado's <b>Agency Code</b> = <b>060</b> . Codes are included in <b>Appendix A</b> .	
<b>Source Code</b>	BENDEX Request Source: <b>A:</b> Request originated from state's attempt to buy-in for a disabled person who is in the 24-month SMI-waiting period. <b>B:</b> Request originated as a result of state buy-in activity. <b>C:</b> Response generated by SSA to report a change. <b>D:</b> Request originated from direct submission by a state. <b>R:</b> Reimplementation response generated by SSA at the request of the state.	
<b>Dual Entitlement</b>	Dual Entitlement Indicator: <ul style="list-style-type: none"> <li>▪ <b>D</b> = Dual Entitlement</li> <li>▪ <b>T</b> = Triple Entitlement</li> </ul>	
<b>SSN</b>	Dual Entitlement <b>SSN</b>	<ul style="list-style-type: none"> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> <li>▪ Collect Income Expense Detail</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>BIC</b>	Dual Entitlement <b>BIC</b> . Codes are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>Triple Entitlement</b>		
<b>SSN</b>	Triple Entitlement <b>SSN</b>	<ul style="list-style-type: none"> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>BIC</b>	Dual Entitlement <b>BIC</b> . Codes are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>RRB Status</b>	Status of Railroad Claim: <b>A:</b> Current Payment of Railroad Benefit <b>T:</b> Railroad Benefit terminated <b>Note:</b> Obsolete codes of <b>F</b> or <b>S</b> may appear on old records.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>RRB Claim #</b>	RRB Claim Account Number.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>RRB Start</b>	RRB Jurisdiction Start (MMCCYY) – The date the number holder’s Railroad Annuitant claim is effective.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>RRB Stop</b>	RRB Jurisdiction Stop (MMCCYY) – The date the number holder’s Railroad Annuitant benefits stopped.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>Citizenship Start Date</b>	Citizenship Start Date (MMCCYY) – The month and year that a client’s citizenship began to a particular country. <b>Note: This is not verified data.</b>	

Field Information		
Field Name	Description	Affected CBMS Window
<b>Citizenship Stop Date</b>	Citizenship Stop Date (MMCCYY) – The month and year that a client’s citizenship ended to a particular country. <b><u>Note:</u> This is not verified data.</b>	
<b>Payee Name and Address Line 1</b>	Line 1 of the Rep Payee Name and Address.	
<b>Disability Onset Date</b>	Disability Date of Onset (MMCCYY).	▪ Collect Unearned Income Detail
<b>State and County Code</b>	A five-position code reflecting the residence of the beneficiary. The first two positions represent the <b>State Code</b> ; the remaining positions are the SSA assigned county codes.	



The **Window Header** contains the fields shown in the table below.

Field Information		
Field Name	Description	Affected CBMS Window
<b>Case #</b>	CBMS <b>Case #</b> .	All
<b>Case Name</b>	The <b>Case Name</b> that contains the individual requested as a member – Last Name, First Name, Middle Initial.	All
<b>Run Date</b>	Date ( <b>MMDDYY</b> ) the BENDEX record was processed by SSA.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>SSN</b>	The <b>SSN</b> of the individual requested (CBMS).	

Field Information		
Field Name	Description	Affected CBMS Window
<b>CAN</b>	Recipient's <b>Claim Account Number (CAN)</b> as known to SSA. This is the account number from which the benefit is paid (first nine digits).	
<b>BIC</b>	<b>Beneficiary Identification Code</b> – a one-digit or two-digit code that identifies the type of benefit paid. Codes are listed in <b>Appendix A</b> .	
<b>Name</b>	The name of the individual requested – Last Name, First Name, Middle Initial.	

The **Income** tab (2 of 3) of the View BENDEX Inquiry window contains the fields shown in the table below.

Field Information		
Field Name	Description	Affected CBMS Window
<b>Communication Code</b>	BENDEX code that provides the processed outcome of the requested exchange. Codes are listed in <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> <li>▪ Collect Income Expense Detail</li> <li>▪ Collect Individual Demographics Detail</li> <li>▪ Collect Residency</li> </ul>
<b>Last Change Date</b>	SSA Record Processing Date (MMDDYY)	
<b>Payment Status Code</b>	<b>SSA Payment Status Code</b> . Codes are included <b>Appendix A</b> .	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Unearned Income Detail</li> <li>▪ Collect Income Received Detail</li> </ul>
<b>Direct Deposit</b>	Type of account in which the payment is being deposited. Codes are as follows: <b>C</b> : Checking <b>S</b> : Savings	
<b>Payment Cycling Ind</b>	Payment Cycling Indicator – indicates when the payment was released: <b>1</b> : first cycle <b>2</b> : second cycle blank: no payment	

Field Information			
	Field Name	Description	Affected CBMS Window
	<b>Date of Initial Entitlement</b>	Initial entitlement date (MMCCYY) to SSA benefits. If different from the <b>Current Date of Entitlement</b> , the beneficiary has more than one period of entitlement.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Unearned Income Detail</li> </ul>
	<b>Current Date of Entitlement</b>	Current entitlement date (MMCCYY) to SSA benefits.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Unearned Income Detail</li> </ul>
	<b>Monthly Benefit Payable</b>	The current net amount due. Money amounts are still displayed where the beneficiary was previously entitled but is in a nonpayment status (check <b>Payment Status Code</b> ). Zeros normally appear if the beneficiary was denied benefits.	
	<b>Gross Amount Payable</b>	The monthly SSA benefit due before collection of SMI premium, overpayment, attorney fees, or unpaid maritime tax.	<ul style="list-style-type: none"> <li>Collect Income Received Detail</li> </ul>
	<b>Net Monthly Benefit Amount</b>	The actual money amount payable before SMI deductions after dollar rounding.	
	<b>Retro Payment Amt</b>	Amount of underpayment for a beneficiary. A beneficiary receiving directed installments or any beneficiary receiving Title II benefits. This could be a premium refund.	
	<b>Garnishment Amount Withheld</b>	The amount of money withheld from the monthly payment to satisfy a court ordered garnishment.	
	<b>Monthly OP DED Amount</b>	The monthly amount withheld from the benefits to recover an overpayment.	<ul style="list-style-type: none"> <li>Collect Income Expense Detail</li> </ul>
	<b>Ending Date for OP DED</b>	The month, century and year that overpayment recovery will cease. Benefits will be resumed at the full rate the following month.	
	<b>SSI Ent/Term Date</b>	The month of the first SSI payment or the month following the month of the last SSI payment (MMCCYY).	
	<b>SSI Status Code</b>	The beneficiary's status in the SSI program. <b>SSI Status Codes</b> are listed in <b>Appendix A</b> .	

Field Information			
	Field Name	Description	Affected CBMS Window
	<b>SSI OP Amount Withheld</b>	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 recovered. This can be done by taking money out of the number holder's SSA check each month. This withhold amount is separate and in addition to the <b>Monthly OP DED Amount</b> .	<ul style="list-style-type: none"> <li>Collect Income Expense Detail</li> </ul>

**View BENDEX Inquiry**

Report  
Case #:  Case Name:  Run Date:   
SSN:  CAN:  BIC: ☐ Name:

Demographics | Income | **Medical**

**HI**

Conts Period:

Premium Amt:  Type: ☐ Period: ☐

TP Prem Payer: ☐ TP Category: ☐

TP Start Date:  TP Stop Date:

Start Date	Term Date	Basis	Non-Covered Reason
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SMI**

Conts Period:

Premium Amt:  Period: ☐

TP Prem Payer: ☐ TP Category: ☐

TP Start Date:  TP Stop Date:

Start Date	Term Date	Basis	Non-Covered Reason
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variable SMI Premium:

Variable SMI Start:  Term:

The **Window Header** contains the fields shown in the table below.

Field Information		
Field Name	Description	Affected CBMS Window
<b>Case #</b>	CBMS <b>Case #</b> .	All
<b>Case Name</b>	The <b>Case Name</b> that contains the individual requested as a member – Last Name, First Name, Middle Initial.	All
<b>Run Date</b>	Date ( <b>MMDDYY</b> ) the BENDEX record was processed by SSA.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> <li>Collect Unearned Income Detail</li> <li>Collect Income Received Detail</li> <li>Collect Income Expense Detail</li> </ul>
<b>SSN</b>	The <b>SSN</b> of the individual requested (CBMS).	



Field Information		
Field Name	Description	Affected CBMS Window
<b>CAN</b>	Recipient's <b>Claim Account Number (CAN)</b> as known to SSA. This is the account number from which the benefit is paid (first nine digits).	
<b>BIC</b>	<b>Beneficiary Identification Code</b> – a one-digit or two-digit code that identifies the type of benefit paid. Codes are listed in <b>Appendix A</b> .	
<b>Name</b>	The name of the individual requested – Last Name, First Name, Middle Initial.	

The **Medical** tab (3 of 3) of the View BENDEX Inquiry window contains the fields shown in the table below.

Field Information		
Field Name	Description	Affected CBMS Window
<b>HI</b>	HI is the acronym used by SSA to indicate the Hospitalization Coverage – Medicare Part A. This box contains the beneficiary's Medicare Part A data.	
<b>Conts Period</b>	Earliest continuous date of entitlement to HI regardless of basis type ( <b>MMCCYY</b> ).	
<b>Premium Amt</b>	The amount withheld for HI Part A Medicare coverage when Hospital Insurance is premium HI.	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> </ul>
<b>Type</b>	HI Type: <b>F</b> : Free <b>P</b> : Premium HI	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>Period</b>	<p>HI Period. Codes are as follows:</p> <p><b>A:</b> Annual Enrollment Period</p> <p><b>D:</b> Initial Enrollment Period based on same or related Disability Insurance benefits (DIB) impairment</p> <p><b>G:</b> General Enrollment Period</p> <p><b>I:</b> Initial Enrollment Period</p> <p><b>N:</b> Not within any enrollment period</p> <p><b>Q:</b> Qualified Medicare Beneficiary enrollment</p> <p><b>R:</b> Reinstated following appeal</p> <p><b>S:</b> Special Enrollment Period</p> <p><b>T:</b> Transfer</p> <p><b>U:</b> Unknown</p> <p><b>X:</b> Enrollment based on Easy Back-On (EBO) provisional</p> <p><b>W:</b> No Medicare waiting period</p>	
<b>TP Prem Payer</b>	<p>Third Party Premium Payer codes:</p> <p><b>S01-S99:</b> State billing</p> <p><b>T01-Z98:</b> Private third party billing</p> <p><b>Z99:</b> Conditional state group payer</p>	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>TP Category</b>	<p>Third Party Category codes:</p> <p><b>S:</b> State</p> <p><b>P:</b> Private</p> <p><b>Q:</b> QMB conditional</p>	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>TP Start Date</b>	The effective date of the Third Party premium payer (MMCCYY).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>TP Stop Date</b>	The month and year the third party premium payment stopped (MMCCYY).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>The following contains up to three occurrences of HI coverage.</b>		
<b>Start Date</b>	Start month and year for the basis type (MMCCYY). <b>Example:</b> A date of <b>052006</b> means that the first day of HI coverage was 05/01/2006.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Term Date</b>	Effective date (MMCCYY) for the first month of non-coverage of the previous period of HI. <b>Example:</b> A date of <b>052001</b> means that the last day of HI coverage was 04/30/2001.	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>Basis</b>	The basis for the HI coverage. Codes are as follows: <b>A:</b> Age <b>D:</b> Disabled <b>E:</b> End Stage Renal <b>W:</b> Working Disabled	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Non-Covered Reason</b>	The reason for HI non-coverage/termination. Codes are as follows: <b>A:</b> Age 65 convert <b>C:</b> DIB Ceased <b>D:</b> Denied <b>I:</b> Invalid enroll <b>Q:</b> Uninsured to insured <b>R:</b> Refusal <b>N:</b> Nonpayment <b>U:</b> Unknown	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>SMI</b>	SMI is the acronym used by SSA to indicate the Supplemental Medical Insurance Coverage – Medicare Part B. This box contains the beneficiary's Medicare Part B data.	
<b>Conts Period</b>	Earliest continuous date of entitlement to SMI regardless of basis type. (MMCCYY)	
<b>Premium Amt</b>	The full premium amount collectible, which includes the regular Part B premium, the catastrophic add-on and prescription drug add-on, and Income Related Monthly Adjustment Amount (IRMAA).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>Period</b>	SMI Period. Codes are: <b>A:</b> Annual Enrollment Period <b>D:</b> Initial Enrollment Period based on same or related DIB impairment <b>G:</b> General Enrollment Period <b>I:</b> Initial Enrollment Period <b>N:</b> Not within any enrollment period <b>Q:</b> Qualified Medicare Beneficiary enrollment <b>R:</b> Reinstated following appeal <b>S:</b> Special Enrollment Period <b>T:</b> Transfer <b>U:</b> Unknown <b>X:</b> Enrollment based on EBO provisional <b>W:</b> No Medicare waiting period	
<b>TP Prem Payer</b>	Third Party Premium Payer codes: <b>010-065:</b> The agency code associated with the State being billed for the SMI premium payments. <b>700:</b> Civil Service OPM <b>A01-R99:</b> Indicates it is a private payer Group Payer Enrollment	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail*</li> <li>▪ Collect Payment Details*</li> </ul>
<b>TP Category</b>	Third Party Category codes: <b>C:</b> Civil <b>P:</b> Private <b>S:</b> State	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>
<b>TP Start Date</b>	The date for which a third party accepted liability or first paid Part B premiums ( <b>MMCCYY</b> ).	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>
<b>TP Stop Date</b>	The last month and year for which a third party no longer accepted liability for Part B premiums. The third party has paid Part B premiums due for the month indicated. ( <b>MMCCYY</b> ).	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> </ul>
<b>The following contains up to three occurrences of SMI coverage.</b>		
<b>Start Date</b>	Start date for the basis type ( <b>MMCCYY</b> ).	<ul style="list-style-type: none"> <li>▪ Collect Medicare Expense Detail</li> <li>▪ Collect Billing and Payment Detail</li> <li>▪ Collect Payment Details</li> </ul>

Field Information		
Field Name	Description	Affected CBMS Window
<b>Term Date</b>	Effective date for the first month of non-coverage of the previous period of SMI. <b>Example:</b> A date of <b>052001</b> means that the last day of HI coverage was 04/30/2001 (MMCCYY).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Basis</b>	The basis for the SMI coverage. Codes are as follows: <b>A:</b> Age <b>D:</b> Disabled <b>E:</b> End Stage Renal <b>W:</b> Working Disabled	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Non-Covered Reason</b>	The reason for SMI non-coverage/termination. Codes are as follows: <b>A:</b> Age 65 convert <b>C:</b> DIB Ceased <b>D:</b> Denied <b>I:</b> Invalid enroll <b>Q:</b> Uninsured to insured <b>R:</b> Refusal <b>N:</b> Nonpayment <b>U:</b> Unknown <b>V:</b> Voided enrollment <b>W:</b> Enrollment withdrawal <b>S:</b> No SMI coverage <b>T:</b> Title II termination <b>X:</b> Withdrawal of application	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Variable SMI Premium</b>	An amount lower than the regular amount of Supplemental Medical Insurance premium due to enrollment into a Medicare HMO (BIPA 606 provision).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Variable SMI Start</b>	Variable SMI Start date (MMCCYY).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>
<b>Term</b>	Variable SMI Termination date (MMCCYY).	<ul style="list-style-type: none"> <li>Collect Medicare Expense Detail</li> <li>Collect Billing and Payment Detail</li> <li>Collect Payment Details</li> </ul>

## 4.0 Display Medicare Expense Summary Window

### General Information

The BENDEX process automatically adds new information or updates current information for Medicare Part A and/or Part B. The Display Medicare Expense Summary window can be accessed through the Display Medicare Expense Summary window.

Health Insurance Claim #	Buy-In State	Effective Begin Date	Verification Source
		12/06/2004	Medical Records
	Colorado	01/01/2005	Medical Records

## 4.1 Automated Posting Process

### General Information

The CBMS BENDEX process automatically adds or updates the Medicare data contained on the BENDEX record. The following are the basic automated posting rules.

Collect Medicare Expense Detail

Individual: [Redacted] Health Insurance Claim #: [Redacted]

**Medicare Part A & B** Medicare Part D

Effective Begin Date: 01/01/2010 Effective End Date: 01/31/2010  
 Date Reported: 01/01/2010 Date Verified: 01/01/2010  
 Buy-In State: Colorado Frequency: Monthly  
 Health Insurance Claim #: [Redacted] Verification: Received  
 Source: Medical Records

**Part A**  
 Payment Method: Other Eligible to Enroll in Medicare Part A under 1818A [Y/N]: N  
 Potentially Eligible [Y/N]: N Monthly Premium: \$0.00 Client Pays [Y/N]: N  
 Approval Date: 02/01/1978 Buy-In Status: Free Part A Conditional [Y/N]: N

**Part B**  
 Payment Method: State Payment  
 Potentially Eligible [Y/N]: N Monthly Premium: \$110.50 Client Pays [Y/N]: N  
 Approval Date: 02/01/1978 Buy-In Status: Paid for by State Refused [Y/N]: N

Billing and Payment

### Field Information

Field	Description
<b>Effective Begin Date</b>	<ul style="list-style-type: none"> <li>The first of the month from the first occurrence of the <b>HI</b> or <b>SMI Start Date</b>, whichever is earlier.</li> <li>The first of the month from the first occurrence of the <b>HI</b> or <b>SMI Term Date</b>.</li> <li>If HI and SMI have different start dates, a separate record is created for each and shows each span of the Part A and/or Part B Entitlement.</li> </ul>
<b>Effective End Date</b>	<ul style="list-style-type: none"> <li>If there is <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY.</li> <li>The last day of the month prior to the <b>HI</b> or <b>SMI Term Date</b>.  <b>Example:</b> If the <b>HI Term Date</b> is 2/2004, the <b>Effective End Date</b> of the record that has the HI (Part A) Entitlement is 1/31/2004. If there is an <b>SMI</b> or <b>HI Termination Date</b>, follow the instructions in the first bullet below. Otherwise, proceed to the second bullet.</li> <li>If a previous Medicare Expense record exists, enter the date of one</li> </ul>

Field Information	
Field	Description
	<p>day prior to the <b>Effective Begin Date</b> for the new record. If SMI and HI have different term dates, create a separate record for each, and show each span of the Part A and/or Part B Entitlement.</p> <p><b>Example:</b> If the <b>HI Start Date</b> is <b>01/1994</b>, the <b>HI Term Date</b> is <b>01/2004</b>, the <b>SMI Start Date</b> is <b>07/1994</b>, and the <b>SMI Term Date</b> is <b>08/2004</b>, then the user must create three separate records:</p> <ul style="list-style-type: none"> <li>▪ Part A only 01/01/1994 - 06/30/1994.</li> <li>▪ Part A and B 07/01/1994 - 12/31/2003.</li> <li>▪ Part B only 01/01/2004 - 07/31/2004.</li> </ul>
<b>Date Reported</b>	<b>Date Posted</b>
<b>Date Verified</b>	<b>Date Posted</b>
<b>Buy-In State</b>	Default is <b>Colorado</b> . If valid, the <b>Part A Third Party Payer</b> or the <b>SMI Payer Code</b> is posted.
<b>Frequency</b>	<b>Monthly</b> .
<b>Health Insurance Claim #</b>	<ul style="list-style-type: none"> <li>▪ If the <b>Payment Status Code</b> is <b>CP</b>, the <b>SSA Claim Account Number</b> and <b>BIC</b>.</li> <li>▪ If the <b>Payment Status Code</b> is <b>E</b>, the <b>Railroad Claim Number</b>.</li> </ul>
<b>Verification</b>	<b>Received</b> .
<b>Source</b>	<b>Medical Records</b> .



## 4.2 Part A / HI

The following are the automated posting rules for Part A Medicare.

<p>A. If the <b>Communication Code</b> on BENDEX Master = <b>MATCHED, REP PAYEE, or WAS XXX</b>; and  The <b>Payment Status Code</b> = <b>CP or E</b>; and  The <b>HI Type</b> = <b>P</b>; and  The first occurrence of the <b>HI Non-Covered Reason</b> = <b>blank</b>; and  The <b>BIC</b> = <b>M</b>; and  The <b>TP Premium Payer</b> = <b>S01-S99</b>,</p> <p>The following data are posted in the Medicare Expense Detail fields:</p>	
Field	Value
Payment Method	State Payment
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Paid for by State Buy-In
Conditional [Y/N]	N

<p>B. If the <b>Communication Code</b> on BENDEX Master = <b>MATCHED, REP PAYEE, or WAS XXX</b>; and  The <b>Payment Status Code</b> = <b>CP or E</b>; and  The <b>HI Type</b> = <b>P</b>; and  The first occurrence of the <b>HI Non-Covered Reason</b> = <b>blank</b>; and  The <b>BIC</b> = <b>M</b>; and  The <b>TP Premium Payer</b> = <b>T01-Z98</b>,</p> <p>The following data are posted in the Medicare Expense Detail fields:</p>	
Field	Value
Payment Method	Billed
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Paid for by Other Entity
Conditional [Y/N]	N

- C. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP**; and  
 The first occurrence of **HI Basis** = **any**; and  
 The **HI Type** = **F**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The **BIC** ≠ **M**; and  
 The **TP Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Free Part A
Conditional [Y/N]	N

- D. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** = **Z99**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	Y
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Presumed Eligible.
Conditional [Y/N]	Y

- E. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	Y
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Paid for by Beneficiary
Conditional [Y/N]	N

- F. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **not blank**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** = **Z99**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	Y
Monthly Premium	Blank
Client Pays [Y/N]	Blank
Approval Date	Blank
Buy-In Status	Presumed Eligible
Conditional [Y/N]	Y

- G.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **not blank**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** ≠ **Z99**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Blank
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	Blank
Client Pays [Y/N]	Blank
Approval Date	Blank
Buy-In Status	No Coverage
Conditional [Y/N]	N

- H.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The **HI Type** = **blank**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The **BIC** = **any**; and  
 The **TP Premium Payer** ≠ **Z99**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Blank
Eligible to enroll In Medicare Part A under 1818A [Y/N]	N
Potentially Eligible [Y/N]	N
Monthly Premium	Blank
Client Pays [Y/N]	Blank
Approval Date	Blank
Buy-In Status	No Coverage
Conditional [Y/N]	N

- I.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The **HI Basis** = **W**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The second occurrence of the **HI Term Date** is less than the first occurrence of the **HI Start Date**; and  
 The second occurrence of the **HI Non-Covered Reason** = **C**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** = **S01-S99**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	State Payment
Eligible to enroll In Medicare Part A under 1818A [Y/N]	Y
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Paid for by State Buy-In
Conditional [Y/N]	N

- J.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The **HI Basis** = **W**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The second occurrence of the **HI Term Date** is less than the first occurrence of the **HI Start Date**; and  
 The second occurrence of the **HI Non-Covered Reason** = **C**; and  
 The **BIC** = **M**; and  
 The **TP Premium Payer** = **T01-Z98**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Eligible to enroll In Medicare Part A under 1818A [Y/N]	Y
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.

<b>Client Pays [Y/N]</b>	<b>N</b>
<b>Approval Date</b>	The first of the month of the first occurrence of the <b>HI Start Date</b> .
<b>Buy-In Status</b>	<b>Paid for by Other Entity</b>
<b>Conditional [Y/N]</b>	<b>N</b>

- K.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
The **Payment Status Code** = **U**; and  
The **HI Basis** = **W**; and  
The **HI Type** = **P**; and  
The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
The second occurrence of the **HI Term Date** is less than the first occurrence of the **HI Start Date**; and  
The second occurrence of the **HI Non-Covered Reason** = **C**; and  
The **BIC** ≠ **M**; and  
The **TP Premium Payer** = **RRB**,

The following data are posted in the Medicare Expense Detail fields:

<b>Field</b>	<b>Value</b>
<b>Payment Method</b>	<b>Other</b>
<b>Eligible to enroll In Medicare Part A under 1818A [Y/N]</b>	<b>Y</b>
<b>Potentially Eligible [Y/N]</b>	<b>N</b>
<b>Monthly Premium</b>	The <b>HI Premium Amount</b> from BENDEX Master.
<b>Client Pays [Y/N]</b>	<b>N</b>
<b>Approval Date</b>	The first of the month of the first occurrence of the <b>HI Start Date</b> .
<b>Buy-In Status</b>	<b>Free Part A</b>
<b>Conditional [Y/N]</b>	<b>N</b>

- L.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
The **Payment Status Code** = **U**; and  
The **HI Basis** = **W**; and  
The **HI Type** = **P**; and  
The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
The second occurrence of the **HI Term Date** is less than the first occurrence of the **HI Start Date**; and  
The second occurrence of the **HI Non-Covered Reason** = **C**; and  
The **BIC** = **M**; and  
The **TP Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	Y
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Presumed Eligible
Conditional [Y/N]	N

- M.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The **HI Basis** = **W**; and  
 The **HI Type** = **P**; and  
 The first occurrence of the **HI Non-Covered Reason** = **blank**; and  
 The second occurrence of the **HI Term Date** is less than the first occurrence of the **HI Start Date**; and  
 The second occurrence of the **HI Non-Covered Reason** = **C**; and  
 The **BIC** ≠ **M**; and  
 The **TP Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Other
Eligible to enroll In Medicare Part A under 1818A [Y/N]	Y
Potentially Eligible [Y/N]	N
Monthly Premium	The <b>HI Premium Amount</b> from BENDEX Master.
Client Pays [Y/N]	Y
Approval Date	The first of the month of the first occurrence of the <b>HI Start Date</b> .
Buy-In Status	Paid for by Beneficiary
Conditional [Y/N]	N

### 4.3 Part B / SMI

The following are the automated posting rules for Part B Medicare.

<p><b>A.</b> If the <b>Communication Code</b> on BENDEX Master = <b>MATCHED, REP PAYEE</b>, or <b>WAS XXX</b>; and  The <b>Payment Status Code</b> = <b>CP, E</b> or <b>U</b>; and  The first occurrence of the <b>SMI Non-Covered Reason</b> = <b>blank</b>; and  The <b>Variable SMI Start Date</b> = <b>blank</b>; and  The <b>Variable SMI Term Date</b> = <b>(not applicable)</b>; and  The <b>SMI Premium Payer</b> = <b>700</b> (Civil Service OPM),</p> <p>The following data are posted in the Medicare Expense Detail fields:</p>	
Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>SMI Premium Amount</b> from BENDEX Master.
Buy-In Status	<b>Paid for by Beneficiary</b>
Client Pays [Y/N]	Y
Refused [Y/N]	N

<p><b>B.</b> If the <b>Communication Code</b> on BENDEX Master = <b>MATCHED, REP PAYEE</b>, or <b>WAS XXX</b>; and  The <b>Payment Status Code</b> = <b>CP</b> or <b>E</b>; and  The first occurrence of the <b>SMI Non-Covered Reason</b> = <b>blank</b>; and  The <b>Variable SMI Start Date</b> = <b>blank</b>; and  The <b>Variable SMI Term Date</b> = <b>(not applicable)</b>; and  The <b>SMI Premium Payer</b> = <b>blank</b> (Self),</p> <p>The following data are posted in the Medicare Expense Detail fields:</p>	
Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>Part B Premium Amount</b> from BENDEX Master.
Buy-In Status	<b>Paid for by Beneficiary</b> .
Client Pays [Y/N]	Y
Refused [Y/N]	N



- C. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = CP, E or U; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **blank**; and  
 The **Variable SMI Term Date** = **(not applicable)**; and  
 The **SMI Premium Payer** = **A01-R99** (private payer Group Payer Enrollment),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>Part B Premium Amount</b> from BENDEX Master.
Buy-In Status	<b>Paid for by Other Entity</b>
Client Pays [Y/N]	N
Refused [Y/N]	N

- D. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = CP, E, or U; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **blank**; and  
 The **Variable SMI Term Date** = **(not applicable)**; and  
 The **SMI Premium Payer** = **010-650** (agency code for the state),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	State Payment
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>Part B Premium Amount</b> from BENDEX Master.
Buy-In Status	<b>Paid for by State Buy-In</b>
Client Pays [Y/N]	N
Refused [Y/N]	N

- E** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **blank**; and  
 The **SMI Premium Payer** = **700** (Civil Service OPM),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by Beneficiary
Client Pays [Y/N]	Y
Refused [Y/N]	N

- F.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **blank**; and  
 The **SMI Premium Payer** = **blank** (Self),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by Beneficiary
Client Pays [Y/N]	Y
Refused [Y/N]	N

**G** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
The **Payment Status Code** = **CP, E, or U**; and  
The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
The **Variable SMI Start Date** = **not blank**; and  
The **Variable SMI Term Date** = **blank**; and  
The **SMI Premium Payer** = **A01-R99** (private payer Group Payer Enrollment),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by Other Entity
Client Pays [Y/N]	N
Refused [Y/N]	N

**H** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
The **Payment Status Code** = **CP, E, or U**; and  
The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
The **Variable SMI Start Date** = **not blank**; and  
The **Variable SMI Term Date** = **blank**; and  
The **SMI Premium Payer** = **010-650** (agency code for the State),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	State Payment
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by State Buy-In
Client Pays [Y/N]	N
Refused [Y/N]	N

- I** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **700** (Civil Service OPM),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by beneficiary
Client Pays [Y/N]	N
Refused [Y/N]	N

- J.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP** or **E**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **blank** (Self),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Monthly Deduct
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> . <b>Variable SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by beneficiary
Client Pays [Y/N]	N
Refused [Y/N]	N

- K.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP, E, or U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **A01-R99** (private payer Group Payer enrollment),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by Other Entity
Client Pays [Y/N]	N
Refused [Y/N]	N

- L.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP, E, or U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **010-650** (agency code for the State),

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	State Payment
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by State Buy-In
Client Pays [Y/N]	N
Refused [Y/N]	N

- M.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP, E, or U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **A, Q, R, P, or W**; and  
 The **Variable SMI Start Date** = **blank**; and  
 The **Variable SMI Term Date** = **(not applicable)**; and  
 The **SMI Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Blank
Potentially Eligible [Y/N]	Y
Approval Date	Blank
Monthly Premium	Blank
Buy-In Status	No Coverage
Client Pays [Y/N]	N
Refused [Y/N]	Y

- N.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **CP, E, or U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **C, D, I, N, U, V, S, T, or X**; and  
 The **Variable SMI Start Date** = **blank**; and  
 The **Variable SMI Term Date** = **(not applicable)**; and  
 The **SMI Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Blank
Potentially Eligible [Y/N]	N
Approval Date	Blank
Monthly Premium	Blank
Buy-In Status	No Coverage
Client Pays [Y/N]	N
Refused [Y/N]	Y

- O.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **blank**; and  
 The **Variable SMI Term Date** = **(not applicable)**; and  
 The **SMI Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>Part B Premium Amount</b> from BENDEX Master.
Buy-In Status	<b>Paid for by beneficiary</b>
Client Pays [Y/N]	Y
Refused [Y/N]	N

- P.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **blank**; and  
 The **SMI Premium Payer** = **700**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	<b>Variable SMI Premium</b>
Buy-In Status	<b>Paid for by beneficiary</b>
Client Pays [Y/N]	Y
Refused [Y/N]	N

**Q.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **blank**; and  
 The **SMI Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by beneficiary
Client Pays [Y/N]	Y
Refused [Y/N]	N

**R.** If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **700**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by beneficiary
Client Pays [Y/N]	Y
Refused [Y/N]	N



- S. If the **Communication Code** on BENDEX Master = **MATCHED, REP PAYEE**, or **WAS XXX**; and  
 The **Payment Status Code** = **U**; and  
 The first occurrence of the **SMI Non-Covered Reason** = **blank**; and  
 The **Variable SMI Start Date** = **not blank**; and  
 The **Variable SMI Term Date** = **not blank**; and  
 The **SMI Premium Payer** = **blank**,

The following data are posted in the Medicare Expense Detail fields:

Field	Value
Payment Method	Billed
Potentially Eligible [Y/N]	N
Approval Date	The first of the month of the first occurrence of the <b>SMI Start Date</b> .
Monthly Premium	Variable SMI Premium
Buy-In Status	Paid for by beneficiary
Client Pays [Y/N]	Y
Refused [Y/N]	N

#### 4.4 SSA Medicare Records Posted on the Discrepancy Report

##### General Information

The following records are listed on the *Discrepancy Report*:

- A. If more than one record contains **Communication Code** in BENDEX Master field 33 = **MATCHED, REP PAYEE, WAS XXX**; and  
 One record contains a **Payment Status Code** in the BENDEX Master field 34 = **CP**; and/or  
 One record contains a **Payment Status Code** in the BENDEX Master field 34 = **E**; and/or  
 One record contains a **Payment Status Code** in the BENDEX Master field 34 = **U**.  
**Message** – *Dual Entitlement for Medicare, contact SSA.*
- B. If a BENDEX record is placed on the *Discrepancy Report* because of an Unearned Income record discrepancy, then the BENDEX Medicare posting program does not occur. All II windows, including the Medicare Expenses window, for this individual will have to be manually updated.

## 4.5 Manual Data Entry Procedure

### General Information

If a record is listed on the **BENDEX Discrepancy Report**, the BENDEX Interface will post information to the BENDEX Master. If the BENDEX data are not posted on the BENDEX Master, the information the user will use will be provided either through the SOLQ Interface, SVES Interface, or an **Award Letter**. The SSA information will need to be manually completed using the information for the automated posting, plus the procedures that follow.

### Field Information

Field Name	Affected CBMS Window
<b>Effective Begin Date</b>	<ul style="list-style-type: none"> <li>The first of the month from the first occurrence of the <b>HI</b> or <b>SMI Start Date</b>, whichever is earlier is used.</li> <li>The first of the month following the first occurrence of the <b>SMI</b> or <b>HI Term Date</b>.</li> <li>If SMI and HI have different start dates, a separate record is created for each, and shows each span of the Part A and/or Part B Entitlement.</li> </ul>
<b>Effective End Date</b>	<ul style="list-style-type: none"> <li>If there is <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY.</li> <li>When end-dating a record based on the <b>SMI</b> or <b>HI Termination Date</b>, the <b>Effective End Date</b> should be the last day of the month prior to the <b>SMI</b> or <b>HI Term Date</b>. <b>Example:</b> If the <b>SMI Term Date</b> is 02/2004, the <b>Effective End Date</b> of the record showing SMI (Part B) Entitlement should be 01/31/2004.</li> <li>If a previous Medicare Expense record exists, enter the date of one day prior to the <b>Effective Begin Date</b> for the new record. If SMI and HI have different term dates, create a separate record for each, and show each span of the Part A and/or Part B Entitlement. <b>Example:</b> If the <b>HI Start Date</b> is 01/1994, the <b>HI Term Date</b> is 01/2004, the <b>SMI Start Date</b> is 07/1994, and the <b>SMI Term Date</b> is 08/2004, then the user must create three separate records: <ul style="list-style-type: none"> <li>Part A only 01/01/1994 - 06/30/1994</li> <li>Part A and B 07/01/1994 - 12/31/2003</li> <li>Part B only 01/01/2004 - 07/31/2004</li> </ul> </li> </ul>
<b>Date Reported</b>	Enter <b>Date Reported</b> .
<b>Date Verified</b>	Enter <b>Date Verified</b> .
<b>Buy-In State</b>	<p>Select <b>Colorado</b>.</p> <p><b>Note:</b> If the <b>Part A TP Prem Payer</b> is in the <b>S Series</b> but is anything other than <b>S06</b>, or if the <b>SMI Payer</b> has a three digit number which is anything other than <b>060</b>, contact Sharon Brydon at the State HCPF office (<a href="mailto:Sharon.Brydon@state.co.us">Sharon.Brydon@state.co.us</a>). Any codes other than these will indicate that this client is being paid by another state.</p>
<b>Frequency</b>	Select <b>Monthly</b> .
<b>Health Insurance Claim #</b>	Use the <b>Claim Account Number</b> as reported on the SOLQ or the SVES response record. Use upper case letters, and do not use any hyphens or

Field Information	
Field Name	Affected CBMS Window
	spaces.  <b>Note:</b> CMS Baltimore will convert the ‘real’ <b>RRB #</b> to a ‘pseudo’ <b>Health Insurance Claim #</b> for CMS’ Buy-In purposes only. Always enter the ‘real’ <b>RRB #</b> from the Medicare care into CBMS; no spaces, use capital letters.
Verification	As appropriate.
Source	As appropriate.

#### 4.5.1 Part A / HI

Field Information	
Field Name	Value
Payment Method	If the value is: <ul style="list-style-type: none"> <li>▪ <b>S01</b> through <b>S99</b>, select <b>State Payment</b>.</li> <li>▪ <b>T01</b> through <b>Z98</b>, select <b>Billed</b>.</li> <li>▪ <b>Blank</b>, select <b>Other</b>.</li> <li>▪ <b>Z99</b>, select <b>Other</b>.</li> <li>▪ Any <b>other value</b>, select <b>Other</b>.</li> </ul>
Eligible to enroll In Medicare Part A under 1818A [Y/N]	Enter <b>N</b> .
Potentially Eligible [Y/N]	<ul style="list-style-type: none"> <li>▪ Enter <b>N</b> if the client is receiving Part A.</li> <li>▪ Enter <b>Y</b> if <b>BIC</b> is <b>M</b> and <b>Part A</b> is <b>TP Prem Payer = Z99</b>.</li> </ul> <b>Note:</b> This item is required for the QMB section.
Monthly Premium	Enter <b>Part A (HI) Premium Amount</b> .
Client Pays [Y/N]	If the value is: <ul style="list-style-type: none"> <li>▪ <b>S01</b> through <b>S99</b> and <b>BIC</b> = <b>M</b>, enter <b>N</b>.</li> <li>▪ <b>T01</b> through <b>Z98</b>, enter <b>N</b>.</li> <li>▪ <b>Blank</b>, enter <b>N</b>.</li> <li>▪ <b>Z99</b>, enter <b>N</b>.</li> <li>▪ <b>Blank</b> and <b>BIC</b> = <b>M</b>, enter <b>Y</b>.</li> <li>▪ Any <b>other value</b>, select <b>Other</b>.</li> </ul> <b>Note:</b> This information is required for the Food Assistance section.
Approval Date	Enter the first of the month (e.g., if the <b>HI Start Date</b> is <b>02/1986</b> , enter <b>2/1/1986</b> ).
Buy-In Status	If the <b>Part A TP Prem Payer</b> value is: <ul style="list-style-type: none"> <li>▪ <b>S01</b> through <b>S99</b>, select <b>Paid for by State Buy-In</b>.</li> <li>▪ <b>T01</b> through <b>Z98</b>, select <b>Paid for by Other Entity</b>.</li> <li>▪ <b>Blank</b>, select <b>Free Part A</b>.</li> <li>▪ <b>Z99</b>, select <b>Presumed Eligible</b>.</li> <li>▪ <b>Blank</b> and <b>HI Type Code</b> is <b>F</b>, plus the <b>BIC</b> ≠ <b>M</b>, select <b>Free Part A</b>.</li> </ul>

Field Information	
Field Name	Value
	<ul style="list-style-type: none"> <li>Blank and <b>HI Type Code</b> is <b>P</b> and <b>BIC</b> = <b>M</b>, select <b>Paid for by Beneficiary</b>.</li> <li>Any <b>other value</b>, select <b>Other</b>.</li> </ul>
<b>Conditional [Y/N]</b>	Enter <b>Y</b> if the value is <b>Z99</b> . Otherwise, enter <b>N</b> .

#### 4.5.2 Part B / SMI

Field Information	
Field Name	Value
<b>Payment Method</b>	<p>If the value is:</p> <ul style="list-style-type: none"> <li><b>010</b> through <b>650</b>, select <b>State Payment</b>.</li> <li><b>700</b>, select <b>Monthly Deduct</b>.</li> <li><b>Blank</b>, select <b>Monthly Deduct</b>.</li> <li><b>A01-R99</b>, select <b>Billed</b>.</li> </ul>
<b>Potentially Eligible [Y/N]</b>	If the <b>SOLQ SMI Option Code</b> is <b>Q, R, P, W</b> , enter <b>Y</b> . Otherwise, enter <b>N</b> .
<b>Monthly Premium</b>	Enter the <b>SMI Premium Amount</b> .
<b>Client Pays</b>	<p>If the value equals:</p> <ul style="list-style-type: none"> <li><b>010</b> through <b>650</b>, enter <b>N</b>.</li> <li><b>700</b>, enter <b>Y</b>.</li> <li><b>Blank</b>, enter <b>Y</b>.</li> <li><b>A01-R99</b>, enter <b>N</b>.</li> <li><b>Blank</b>, enter <b>Y</b>.</li> </ul> <p><b>Note:</b> This information is required for the Food Stamps area.</p>
<b>Approval Date</b>	Enter the first of the month (e.g., if the <b>SMI Entitlement Date</b> is <b>02/1986</b> , enter <b>2/1/1986</b> ).
<b>Buy-In Status</b>	<p>If the value is:</p> <ul style="list-style-type: none"> <li><b>010</b> through <b>650</b>, select <b>Paid for By State Buy-In</b>.</li> <li><b>700</b>, select <b>Paid for by Beneficiary</b>.</li> <li><b>Blank</b>, select <b>Paid for by Beneficiary</b>.</li> <li><b>A01-R99</b>, select <b>Paid for by Other Entity</b>.</li> </ul>
<b>Refused [Y/N]</b>	<p>As appropriate.</p> <p><b>Note:</b> If the <b>SOLQ-I SMI Option Code</b> is <b>R</b>, select <b>Y</b>; otherwise, select <b>N</b>.</p>

## 5.0 Collect Billing and Payment Detail Window

Billing Amount	Billing Date	Effective Begin Date
\$.00	00/00/0000	00/00/0000

**Billing Information**

Effective Begin Date: 00/00/0000 Effective End Date: 00/00/0000

Date Reported: 00/00/0000 Date Verified: 00/00/0000

Use Month: 00/0000

Amount: \$.00 Bill Date: 00/00/0000

Month: Verification: Source:

PETI Approved [Y/N]: ☐

Payment Details...

### 5.1 Automated Posting

#### General Information

The fields are updated **only if Client Pay equals Y** on either the Medicare Part A or Medicare Part B sections of the Collect Medicare Expense Detail window and in accordance with the business rules shown in the table below:

Field Information	
Field	Description
Effective Begin Date	The first of the month following the <b>BENDEX Run Date</b> .
Effective End Date	An updated BENDEX record is received, <b>Client Pays</b> changes to N, or the Medicare Expenses are no longer received (i.e., <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY).
Date Reported	Date Posted

Field Information	
Field	Description
Date Verified	Date Posted
Use Month	<ul style="list-style-type: none"> <li>Auto-computed when <b>Save</b> is selected.</li> </ul>
Amount	<ul style="list-style-type: none"> <li><b>Part A (HI) Premium Amount:</b> If the amount is greater than \$0.00, and Part A – <b>Client Pays</b> equals <b>Y</b> on the Collect Medicare Expense Detail window, then the amount is posted.</li> <li><b>Part B (SMI) Premium Amount:</b> If the amount is greater than \$0.00, and Part B – <b>Client Pays</b> equals <b>Y</b> on the Collect Medicare Expense Detail window, then amount is posted.</li> <li>If <b>Client Pays</b> equals <b>Y</b>, both Part A and Part B amounts are combined and posted.</li> </ul>
Bill Date	The same date as the <b>Effective Begin Date</b> detailed above.
Month	Not required.
Verification	<b>Received.</b>
Source	<b>Other.</b>
PETI (Post Eligibility Treatment of Income) Approved [Y/N]	Not required.

## 5.2 Manual Data Entry

General Information
Complete the following fields according to the table shown below.
<p><b>Note:</b> This function is required if the <b>Part A</b> and/or <b>B Premium Amount</b> is greater than \$0.00 and if the <b>Client Pays</b> value equals <b>Y</b>. The data contained on the Billing and Payment Detail window may be used in future versions of the Decision Tables.</p> <p><b>Note:</b> If both Part A and Part B show that <b>Client Pays</b> is equal to <b>Y</b>, add the two premium amounts together before entering the data values into the Collect Billing and Payment Detail window.</p>

Field Information	
Field	Description
Effective Begin Date	The first day of the month following the <b>Run Date</b> .
Effective End Date	<ul style="list-style-type: none"> <li>If there is <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, enter the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY.</li> <li>If a previous Billing and Payment Detail record exists, enter the date of one day prior to the <b>Effective Begin Date</b> for new record.</li> </ul>
Date Reported	Enter <b>Date Reported</b>
Date Verified	Enter <b>Date Verified</b>
Use Month	Auto-computed when <b>Save</b> is selected.

Field Information	
Field	Description
<b>Amount</b>	<ul style="list-style-type: none"> <li>▪ <b>Part A (HI) Premium Amount:</b> If the amount is greater than \$0.00, and Part A – <b>Client Pays</b> equals <b>Y</b> on the Collect Medicare Expense Detail window, then include this amount in the total.</li> <li>▪ <b>Part B (SMI) Premium Amount:</b> If the amount is greater than \$0.00, and Part B – <b>Client Pays</b> equals <b>Y</b> on the Collect Medicare Expense Detail window, then include this amount in the total.</li> <li>▪ If <b>Client Pays</b> equals <b>Y</b>, add the two amounts together, and enter the sum into the <b>Amount</b> field.</li> </ul>
<b>Bill Date</b>	Enter the same date as the <b>Effective Begin Date</b> detailed above.
<b>Month</b>	Not required.
<b>Verification</b>	Select <b>Received</b> .
<b>Source</b>	Select <b>Other</b> .
<b>PETI (Post Eligibility Treatment of Income) Approved [Y/N]</b>	Not required.

## 6.0 Collect Payment Details Window

**Collect Payment Details**

Payment Amount	Payment Date	Effective Begin Date
\$.00	00/00/0000	00/00/0000

**Payment Information**

Effective Begin Date: 00/00/0000 Effective End Date: 00/00/0000

Date Reported: 00/00/0000 Date Verified: 00/00/0000

Use Month: 00/0000

Amount: \$.00 Verification:

Date Paid: 00/00/0000 Source:

[More](#)



## 6.1 Automated Posting

The fields are updated in accordance with the business rules below table below.

Field Information	
Field	Description
Effective Begin Date	The first day of the month following the <b>Run Date</b> .
Effective End Date	<ul style="list-style-type: none"> <li>▪ If there is <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY.</li> <li>▪ If a previous Billing and Payment Detail record exists, the date of one day prior to the <b>Effective Begin Date</b> for new record.</li> </ul>
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Amount	<ul style="list-style-type: none"> <li>▪ <b>HI Premium Amount:</b> If the amount is greater than \$0.00, and the Part A – <b>Client Pays</b> value equals Y on the Collect Medicare Expense Detail window, the amount is posted.</li> <li>▪ <b>SMI Premium Amount:</b> If the amount is greater than \$0.00, and the Part B– <b>Client Pays</b> value equals Y on the Collect Medicare Expense Detail window, the amount is posted.</li> </ul> <p>If the <b>Client Pays</b> = Y, the two amounts are added together.</p> <p>If the <b>Client Pays</b> = N, no amount is entered.</p>
Date Paid	The <b>Effective Begin Date</b> detailed above.
Verification	Received.
Source	Collateral Contact.

## 6.2 Manual Data Entry

### General Information

**Note:** The information on this window is required if the **Part A** and/or **B Premium Amount** is greater than \$0.00 and **Client Pays** value equals **Y**.

**Note:** If both Part A and Part B show **Client Pays** equals **Y**, then add the two premium amounts together before entering the data values on the Collect Billing and Payment Details window.

Complete the following fields according to the table below.

Field Information	
Field	Description
Effective Begin Date	<ul style="list-style-type: none"> <li>If no previous Payment Details record exists, and the client is receiving Medicare Part A or Part B, create a new record, and enter the first day of the month following the <b>Run Date</b>.</li> <li>If a previous Payment Details record exists, then end date the current record and create a new record using the first day of the month following the <b>Run Date</b>.</li> </ul>
Effective End Date	If a previous Payment Details record exists, enter the date of one day prior to the <b>Effective Begin Date</b> for the new record.
Date Reported	Enter <b>Date Reported</b>
Date Verified	Enter <b>Date Verified</b>
Use Month	Auto-computed when <b>Save</b> is selected.
Amount	<ul style="list-style-type: none"> <li><b>HI Premium Amount:</b> If the amount is greater than \$0.00, and the Part A – <b>Client Pays</b> value equals <b>Y</b> on the Collect Medicare Expense Detail window, then include this amount in the total.</li> <li><b>SMI Premium Amount:</b> If the amount is greater than \$0.00, and the Part B – <b>Client Pays</b> value equals <b>Y</b> on the Collect Medicare Expense Detail window, then include this amount in the total.</li> </ul> <p>Add the two amounts together, and enter the sum into the <b>Amount</b> field if the <b>Client Pays</b> value equals <b>Y</b>.</p>
Date Paid	Enter the same date as the <b>Effective Begin Date</b> detailed above.
Verification	Select <b>Received</b> .
Source	Select <b>Collateral Contact</b> .

## 7.0 Display Unearned Income Summary Window

### General Information

This window displays the Unearned Income records that have either been manually entered or automatically posted by an interface.

Display Unearned Income Summary

Case

Number: [Redacted] Name: [Redacted] Programs

Status: Open Status Date: 08/01/2004 Pending Alerts: 23 WP [Y/N]: N

Name: [Redacted]

Type	Approval Status	Frequency	Claim #	Approval Date
Social Security Disability	Approved	Monthly	[Redacted]	00/00/0000

The Unearned Income types that are used by the automatic BENDEX update process are as follows in the table below:

Type	Description
SE	Social Security Dependent
KV	Social Security Disability
XD	Social Security Disabled Adult Child
SX	Social Security Retirement
KY	Social Security Survivor Adult
RR	Railroad Retirement
RD	Railroad Disability
RU	Social Security Survivor Child – Lump Sum
XG	Social Security Survivor Widow – Lump Sum

Unearned Income types that are not used by the automatic BENDEX update process are as follows in the table below:

Type	Description
SD	Social Security Survivor Child
KZ	Social Security Disability – Lump Sum
KW	Social Security Disabled Adult Child – Lump Sum
XC	Social Security Retirement – Lump Sum

## 8.0 Collect Unearned Income Detail Window

### General Information

The CBMS BENDEX process automatically adds or updates the Unearned Income data contained on the BENDEX record.

### 8.1 Automated Posting

The following are the basic automated posting rules:

Field Information	
Field	Description
Effective Begin Date	The first of the month following the <b>Run Date</b> .
Effective End Date	<ul style="list-style-type: none"> <li>If there is <b>Communication Code</b> of CF XXX, FIN MMY, or DIEDMMYY, the last day of the month prior to the <b>Run Date</b> or the last day of the month for the MMY.</li> <li>If there is <b>Communication Code</b> of MATCHED, REP PAYEE, WAS XXX and the <b>Payment Status Code</b> does not equal CP or E, the active unearned income record is end dated the last day of the <b>Run Date</b> month.</li> <li>If a previous Unearned Income Type Detail record exists, the last day of the month prior to the <b>Effective Begin Date</b> for new record.</li> </ul>
Date Reported	Date Posted
Date Verified	Date Posted
Verification	Received (if <b>Effective End Date</b> is posted)
Source	BENDEX (if <b>Effective End Date</b> is posted)

The following are the automated posting rules for each type of SSA Unearned Income:

<p><b>A.</b> If the <b>Communication Code</b> in BENDEX Master field 32 = <b>CF XXX</b>; and  The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>any</b>; and  The <b>BIC</b> in BENDEX Master field 6 (last 1-2 digits) = <b>any</b>,</p>	
<p>The following data are posted in the Collect Unearned Income Detail fields:</p>	
Field	Value
<b>Effective End Date</b>	The last day of the month prior to the <b>Run Date</b> .
<p>Also, reference the automated posting on the Collect Individual Residency Detail in <b>Section 12.0</b>.</p>	

<p><b>B.</b> If the <b>Communication Code</b> in BENDEX Master field 32 = <b>FINMMYY</b>; and  The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>any</b>; and  The <b>BIC</b> in BENDEX Master field 6 (last 1-2 digits) = <b>any</b>; and</p>	
<p>The following data are posted in the Collect Unearned Income Detail fields:</p>	
Field	Value
<b>Effective End Date</b>	The last day of the month prior to the <b>Run Date</b> .

<p><b>C.</b> If the <b>Communication Code</b> in BENDEX Master field 32 = <b>FINMMYY, MATCHED. REP PAYEE, WAS XX</b>; and  The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>T1</b> or <b>X1</b>; and  The <b>BIC</b> in BENDEX Master field 6 (last 1-2 digits) = <b>any</b>; and  The <b>Proof of Death Code</b> in BENDEX Master field 14 = <b>P</b>;</p>	
<p>The following data are posted in the Collect Unearned Income Detail fields:</p>	
Field	Value
<b>Effective End Date</b>	The last day of the month prior to the <b>Run Date</b> .
<p>Also, reference the automated posting on the Collect Individual Demographics Detail in <b>Section 11.0</b>.</p>	

- D.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **B, N, ND, R, Sx, TA-TP, T2-T9, U, W, X0, X5-X9, XD-XR**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
 The CBMS **Claim Account Number (CAN)** in the **Claim #** of the Collect Unearned Income Detail window does match the SSA **CAN** in field 5 of the BENDEX Master,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
<b>Effective End Date</b>	The last day of the month the prior to the <b>Run Date</b> .

- E.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **A**; and  
 The **Disability Onset Date** in BENDEX Master field 30 = **blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
<b>Type</b>	<b>Social Security Retirement</b>
<b>Application Date</b>	<b>Blank</b>
<b>Approval Date</b>	<b>Blank</b>
<b>Claim #</b>	<b>SSA Claim Account Number (CAN).</b>
<b>Application/Approval Status</b>	<b>Approved</b>
<b>Frequency</b>	<b>Monthly</b>
<b>Source</b>	<b>SSA</b>
<b>Verification</b>	<b>Received</b>
<b>Source</b>	<b>BENDEX</b>

- F.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **A** or **Wx**; and  
 The **Disability Onset Date** in BENDEX Master field 30 **≠ blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Disability
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN).
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- G.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **B, B1, B3, B4, B6, B8, B9, BA, BD, BG, BH, BJ, BN, BP, BQ, BR, BT, Jx, Kx**; and  
 The **Disability Onset Date** in BENDEX Master field 30 = **blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Retirement
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN).
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- H.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Bx, Ex, Fx**; and  
 The **Disability Onset Date** in BENDEX Master field 30 ≠ blank,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Disability
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- I.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **B2, B5, B7, BK, BL, BW, BY, Ex, Fx**; and  
 The **Disability Onset Date** in BENDEX Master field 30 = **blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Survivors Adult
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX



- J.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Cx**; and  
 Using the **DOB** in BENDEX Master field, 11 the Individual's age calculates to = **any**;  
 The **Disability Onset Date** in BENDEX Master field 30 = **blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Dependent
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- K.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Cx**; and  
 Using the **DOB** in BENDEX Master field 11, the Individual's age calculates to **>= 18**;  
 The **Disability Onset Date** in BENDEX Master field 30 **≠ blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Disabled Adult Child
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- L.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Cx**; and  
 Using the **DOB** in BENDEX Master field 11, the Individual's age calculates to < **18**;  
 The **Disability Onset Date** in BENDEX Master field 30 ≠ **blank**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Dependent
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- M.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Gx**; and  
 Using the **DOB** in BENDEX Master field 11, the Individual's age calculates to < **19**;  
 The **Disability Onset Date** in BENDEX Master field 30 = **any**,

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Survivor Child – Lump Sum (Death Benefits)
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- N. If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Dx**; and  
 The **Disability Onset Date** in BENDEX Master field 30 = **any**;

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Survivor Adult
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- O. If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **CP**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **Gx**; and  
 Using the **DOB** in BENDEX Master field 11, the Individual's age calculates to  $\geq 19$ ;  
 The **Disability Onset Date** in BENDEX Master field 30 = **any**;

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Social Security Survivor Adult – Lump Sum (Death Benefits)
Application Date	Blank
Approval Date	Blank
Claim #	SSA Claim Account Number (CAN)
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- P.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **E**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
 The **Disability Onset Date** in BENDEX Master field 30 = blank;

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Railroad Retirement
Application Date	Blank
Approval Date	Blank
Claim #	RRB Claim Account Number
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

- Q.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED**, **REP PAYEE, WAS XXX**; and  
 The **Payment Status Code** in the BENDEX Master field 34 = **E**; and  
 The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
 The **Disability Onset Date** in BENDEX Master field 30  $\neq$  blank;

The following data are posted in the Collect Unearned Income Detail fields:

Field	Value
Type	Railroad Disability
Application Date	Blank
Approval Date	Blank
Claim #	RRB Claim Account Number
Application/Approval Status	Approved
Frequency	Monthly
Source	SSA
Verification	Received
Source	BENDEX

## 8.2 SSA Unearned Income Records Posted on the Discrepancy Report

### The following records are listed on the Discrepancy Report:

- A. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **CA**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**;  
**Message – Future Date Entitlement**
- B. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **Dx**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**;  
**Message – Deferred Pay**
- C. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **K**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**;  
**Message – Delayed – Advance Filing for Deferred Pay**
- D. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **L**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**;  
**Message – Delayed – Advance Filing**
- E. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **PB, PT**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**;  
**Message – Delayed – Benefits delayed or Delayed status removed**
- F. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX, FINMMYY**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **T1 or X1**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The **Proof of Death Code** in BENDEX Master field 14 = blank;  
**Message – Terminated Due to Death**
- G. If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **Ax**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX

**The following records are listed on the Discrepancy Report:**

Master;

**Message** – *No match – adjusted or withdrawn*

- H.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **B**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message** – *No match – claimant died prior to entitlement*
- I.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **N**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message** – *No match – disallowed claim*
- J.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **ND**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message** – *No match – disallowed claim denied*
- K.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **R**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message** – *No match – payment record deleted*

**The following records are listed on the Discrepancy Report:**

- L.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **Sx**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – suspended**
- M.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **TA** through **TP**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – terminated**
- N.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **T&**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – claim withdrawn**
- O.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAEEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **T2** through **T9**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – terminated**



**The following records are listed on the Discrepancy Report:**

- P.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **W**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – withdrawal before entitlement**
- Q.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **X0**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – transferred to RRB**
- R.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **X5 through X9**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – adjusted or terminated**
- S.** If the **Communication Code** in BENDEX Master field 32 = **MATCHED, REP PAYEE, WAS XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **XD through XR**; and  
The **BIC** in BENDEX Master field 6 (last 1-2 digits) = **any**; and  
The CBMS **CAN (Claim Account Number in Claim #** field of the Collect Unearned Income Detail window) does not match the SSA **CAN** in field 5 of the BENDEX Master; and/or  
The CBMS individual's **SSN** does not match the SSA **SSN** in field 4 of the BENDEX Master;  
**Message – No match – adjusted or terminated**



### 8.3 Dual Entitlement

General Information	
<p>The BENDEX automated posting business rules for the Unearned Income do not use the <b>Dual Entitlement</b> field. The business rules have an <b>Effective Begin Date</b> and <b>Effective End Date</b> qualifier. This qualifier is also used to determine whether a new record is to be added while an old record is end dated. The calculation for the qualifier is as follows: if the <b>Effective Begin Date</b> is <math>\geq</math> to the determined <b>Effective Begin Date</b> of the current record, insert a new Unearned Income Record. Therefore, Dual/Triple Entitlement records where both have a <b>CP</b> or <b>E Payment Status Code</b> will both be automatically inserted/updated as separate records.</p> <p>At such time that BENDEX does combine the payments into one record, the record through which the individual is no longer receiving the payment will be end dated or posted to the <b>Discrepancy Report</b> using the automated posting business rules.</p>	

### 8.4 Manual Data Entry

Field Information	
Field	Description
<b>Effective Begin Date</b>	<ul style="list-style-type: none"> <li>If no previous Unearned Income Detail record exists, create a new record and enter the first of the month following the <b>Run Date</b>.</li> <li>If a previous Unearned Income Detail record exists, once the current record is end dated, add a new record with the first day of the month following the month the previous record was end dated.</li> </ul>
<b>Effective End Date</b>	<ul style="list-style-type: none"> <li>End date current record with the end of the current month or the end of the month prior to the <b>Effective Begin Date</b> for a new record.</li> </ul>
<b>Date Reported</b>	Enter <b>Date Reported</b>
<b>Date Verified</b>	Enter <b>Date Verified</b>
<b>Verification</b>	Select appropriate value (if entering an <b>Effective End Date</b> )
<b>Source</b>	Select appropriate value (if entering an <b>Effective End Date</b> )
<b>Type</b>	<p>If the <b>Communication Code</b> is equal to <b>MATCHED</b>, <b>REP PAYEE</b>, or <b>WAS XXX</b>, <u>and</u>:</p> <ul style="list-style-type: none"> <li>For any <b>BIC</b>, if the <b>Payment Status Code</b> is <b>E</b> and the <b>Disability Onset Date</b> is blank, select <b>Railroad Retirement</b>.</li> <li>For any <b>BIC</b>, if the <b>Payment Status Code</b> is <b>E</b> and the <b>Disability Onset Date</b> is not blank, select <b>Railroad Disability</b>.</li> <li>If the <b>Payment Status Code</b> is <b>CP</b>, if <b>BIC</b> equals <b>A</b>, and the <b>BENDEX Disability Onset Date</b> is blank, enter <b>Social Security Retirement</b>.</li> <li>If the <b>Payment Status Code</b> is <b>CP</b>, if <b>BIC</b> equals <b>A</b>, and the <b>BENDEX Disability Onset Date</b> is not blank, select <b>Social Security Disability</b>.</li> <li>If the <b>Payment Status Code</b> is <b>CP</b>, and if <b>BIC</b> equals: <ul style="list-style-type: none"> <li><b>B Series</b>, the beneficiary is age 62+ (SSA DOB), and the <b>Disability Onset Date</b> is blank, select <b>Social Security Retirement</b>.</li> </ul> </li> </ul>

Field Information	
Field	Description
	<ul style="list-style-type: none"> <li>▪ <b>B</b> Series, the beneficiary is less than age 62 (SSA DOB), and the <b>Disability Onset Date</b> is <b>blank</b>, select <b>Social Security Dependent</b>.</li> <li>▪ <b>B</b> Series, and the <b>Disability Onset Date</b> is not <b>blank</b>, select <b>Social Security Disability</b>.</li> <li>▪ <b>C</b> Series, the beneficiary is less than age 18, select <b>Social Security Dependent</b>.</li> <li>▪ <b>C</b> Series, the beneficiary is age 18+, and the <b>Disability Onset Date</b> is not <b>blank</b>, select <b>Social Security Disabled Adult Child</b>.</li> <li>▪ <b>D</b> Series select <b>Social Security Survivor Adult</b>.</li> <li>▪ <b>E</b> or <b>F</b> Series, and the <b>Disability Onset Date</b> is <b>blank</b>, select <b>Social Security Survivor Adult</b>.</li> <li>▪ <b>E</b> or <b>F</b> Series, and the <b>Disability Onset Date</b> is not <b>blank</b>, select <b>Social Security Disability</b>.</li> <li>▪ <b>J</b> or <b>K</b> Series, select <b>Social Security Retirement</b>.</li> <li>▪ <b>G</b> Series and the individual's age is greater than 18, select <b>Social Security Survivors Adult – Lump Sum</b>.</li> <li>▪ <b>G</b> Series and the child's age is equal to or less than 18, select <b>Social Security Survivor Child – Lump Sum</b>.</li> <li>▪ <b>W</b> Series, select <b>Social Security Disability</b>.</li> </ul>
<b>Application Date</b>	Not required.
<b>Approval Date</b>	Not required.
<b>Claim #</b>	Enter the value in the SSA Data: <b>Claim Account Number (CAN)</b> field. This field will be used to match with the incoming BENDEX record when the BENDEX Reimplementation project is complete. If the <b>CAN</b> is not entered or is entered incorrectly, this may result in the record being diverted to the <b>BENDEX Discrepancy Report</b> for manual resolution.
<b>Application/Approval Status</b>	Select appropriate value.
<b>Frequency</b>	Select appropriate value.
<b>Source</b>	Select appropriate value.
<b>Verification</b>	Select appropriate value.
<b>Source</b>	Select appropriate value.

## 8.5 Dual and Triple Entitlement

### General Information

If there more than one record is to be entered:

- If the **Unearned Income Type** is different for each income amount, enter each **Income Type** record and each **Income Received** record separately. There will be two SSA **Unearned Income Type** records. Each **Income Type** record should have an **Income Received** record.
- If the **Unearned Income Type** is the same for each income amount, add the income amounts together, and enter the total as one **Income Type** record.

**Note:** When there is more than one entitlement, and the entitlements are paid separately, verify with the local SSA office that the separate payments are correctly separate and for the correct amount.

**Note:** If the **Monthly Over Payment Deduction Amount** is greater than 0 or has changed, select the **Income Expenses** button, and proceed to **Section 10.0 Collect Income Expense Detail Window**.

## 9.0 Collect Unearned Income Received Detail Window

Income Type	Date Received	Gross Amount	Pay Period Begin Date	Pay Period End Date
Representative	02/01/2010	\$271.90	02/01/2010	00/00/0000

Check Type: ☒ Representative ☐ Not Representative ☐ Estimated ☐ Not Paid

Pay Period  
Begin Date: 02/01/2010 End Date:

Date Reported: 01/25/2010 Date Verified: 01/25/2010  
FA Use Month: 01/2010

Date Received: 02/01/2010 Total # of Hours Worked: .00  
Gross Amount: \$271.90  
Year to Date Total: \$.00

Lump Sum [Y/N]: N  
Report Date:   
Unavailable [Y/N]: ☐

Verification: Received.  
Source: BENDEX

Transfer of Income...

## 9.1 Automated Posting

The following are the automated posting rules:

Field Information	
Field	Description
Check Type	Representative.
Pay Period – Begin Date	The first of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective Begin Date</b> of the Collect Unearned Income Detail ‘parent’ window.
Pay Period – End Date	The last day of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective End Date</b> of the Collect Unearned Income Detail parent window.
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Date Received	The first of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective Begin Date</b> of the Collect Unearned Income Detail parent window.
Total # of Hours Worked	0 (Not required for unearned income)
Gross Amount	BENDEX Gross Amount Payable.
Year to Date Total	Not required.
Verification	Received.
Source	BENDEX.
Lump Sum [Y/N]	Y, if <b>BIC = G</b> (Death Benefits). N, for all others.
Report Date	Not required.
Unavailable [Y/N]	N, if <b>Lump Sum = Y</b> . Blank, for all others.

## 9.2 Manual Data Entry

Field Information	
Field	Description
Check Type	Choose <b>Representative</b> .
Pay Period – Begin Date	<ul style="list-style-type: none"> <li>If no previous Income Received Detail record exists, create a new record, and enter the first of the month following the <b>Run Date</b>.</li> <li>If a previous Income Received Detail record exists, once the current record is <b>end dated</b>, add a new record with the first day of the month following the month the previous record was <b>end dated</b>.</li> </ul>
Pay Period – End Date	<ul style="list-style-type: none"> <li><b>End date</b> current record with the end of the current month or the end of the month prior to the <b>Effective Begin Date</b> for a new record.</li> </ul>
Date Reported	Enter <b>Date Reported</b>
Date Verified	Enter <b>Date Verified</b>
Use Month	Auto-computed when <b>Save</b> is selected.

Field Information	
Field	Description
Date Received	Enter the same value as <b>Pay Period – Begin Date</b> detailed above.
Total # of Hours Worked	Not required for unearned income.
Gross Amount	Enter the <b>Gross Amount Payable</b> . If the same <b>SSN</b> has multiple BENDEX records, reference the Dual and Triple Entitlement instructions included in the Unearned Income Detail section.
Year to Date Total	Not required.
Verification	Select appropriate value.
Source	Select appropriate value.
Lump Sum [Y/N]	Enter N, unless the <b>BIC</b> code equals <b>G</b> Series. Then enter Y.
Report Date	Not required.
Unavailable [Y/N]	If the <b>Lump Sum</b> equals Y, enter N. Otherwise, leave it <b>blank</b> .

## 10.0 Collect Income Expense Detail Window

### General Information

The CBMS BENDEX process adds or updates this window if the **Overpayment Deduction Amount** and /or the **SSI Overpayment Amount Withheld** are greater than 0.

Type	Amount
SSA/SSI Adjustment	\$38.00

Effective Begin Date: 01/01/2010      Effective End Date:

Date Reported: 01/01/2010      Date Verified: 01/01/2010

FA Use Month: 01/2010

Type: SSA/SSI Adjustment      Amount: \$38.00

Frequency: Monthly      Verification: Received

Date Paid:      Source: Bendex

### 10.1 Automated Posting

The automated posting business rules are as follows:

Field Information	
Field	Description
Effective Begin Date	The first of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective Begin Date</b> of the Collect Unearned Income Detail parent window.
Effective End Date	The last day of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective End Date</b> of the Collect Unearned Income Detail parent window.
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Type	SSA/SSI Adjustment.

Field Information	
Field	Description
Amount	The <b>Monthly Over Payment Deduction Amount</b> and/or the <b>SSI Overpayment Amount Withheld</b> . If the same <b>BENDEX Claim Account Number</b> has both an <b>Overpayment Deduction Amount</b> and an <b>SSI Overpayment Amount Withheld</b> , each record will be inserted. If the same <b>SSN</b> has dual/triple entitlement records, each record has an <b>Overpayment Amount</b> and/or an <b>SSI Overpayment Amount Withheld</b> field. The fields will be updated as appropriate for that specific record.
Frequency	<b>Monthly</b> .
Date Paid	The first of the month following the <b>Run Date</b> . This date will mirror the <b>Effective Begin Date</b> of this window.
Verification	<b>Received</b> .
Source	<b>BENDEX</b> .

Note
This data is posted/entered if the <b>Monthly Over Payment Deduction Amount</b> is greater than <b>0</b> or if it has changed.

## 10.2 Manual Data Entry

Field Information	
Field	Description
Effective Begin Date	<ul style="list-style-type: none"> <li>If no previous Collect Income Expense Detail record exists, create a new record, and enter the first of the month following the <b>Run Date</b>.</li> <li>If a previous Collect Income Expense Detail record exists, then follow the instructions detailed in <b>Section 7.0</b>.</li> </ul>
Effective End Date	Enter the last day of the month following the <b>Run Date</b> . <b>Note:</b> This will mirror the <b>Effective End Date</b> of the Collect Unearned Income Detail parent window.
Date Reported	Enter <b>Date Reported</b>
Date Verified	Enter <b>Date Verified</b>
Use Month	Auto-computed when <b>Save</b> is selected.
Type	Select <b>SSA/SSI Adjustment</b> from the drop-down list of values.
Amount	If the <b>Monthly Over Payment Deduction Amount</b> and/or the <b>SSI Overpayment Amount Withheld</b> are greater than <b>0</b> , enter each value in this field.
Frequency	Select <b>Monthly</b> .
Date Paid	Enter the proper value for the <b>Effective Begin Date</b> detailed above.
Verification	Select <b>Received</b> .
Source	Select <b>BENDEX</b> .



## 11.0 Collect Individual Demographics Detail Window

### General Information

The CBMS BENDEX process adds data to this window if the BENDEX Record contains notification of the individual's death.

**Note:** This will only occur if the BENDEX information does not agree with what is on CBMS.

**Collect Individual Demographics Detail**

Effective Begin Date: 00/00/0000 Effective End Date: 00/00/0000  
Date Reported: 00/00/0000 Date Verified: 00/00/0000  
Use Month: 00/0000

**Demographics Detail** | SSN / ID Detail | Citizenship Detail | Ethnicity Detail

Name  
Last: First: Middle: Suffix:

Gender: Homeless [Y/N]:

Birth Information  
State: County: Verification:  
Date: 00/00/0000 Issue Date: 00/00/0000 Source:

Primary Spoken Language: Primary Written Language: Translator Needed [Y/N]:

Telephone  
Day: ( ) - Ext: Evening: ( ) - Ext: Message: ( ) - Ext:

Marital Information  
Status: Status Date: 00/00/0000 Reason for Separation:  
Verification: Source:

Death Information  
Date: 00/00/0000 Verification: County: Source:  
Highest Grade Completed: High School Completion Date: 00/00/0000  
Other Insurance [Y/N]:

Special Indicator... Clearance... Individual Address... Individual Aliases... Prior Aid... SSJ/SSP...

## 11.1 Automated Posting

The automated posting business rules are as follows:

<b>A.</b> If the <b>Communication Code</b> in BENDEX Master field 32 = <b>MATCHED, REP PAYEE, WAS XXX, FINMMYY</b> ; and The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>T1</b> or <b>X1</b> ; and The <b>Date of Death</b> in the BENDEX Master field 13 = <b>not blank</b> ; and The <b>Proof of Death Code</b> in BENDEX Master field 14 = <b>P</b> ;	
Field	Description
Effective Begin Date	The <b>Date of Death</b> on the BENDEX record.
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Death Information Date	The <b>Date of Death</b> on the BENDEX record.
Verification	Received.
Source	Social Security.

<b>B.</b> If the <b>Communication Code</b> in BENDEX Master field 32 = <b>DIEDMMYY</b> ; and The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>any</b> ; and The <b>Date of Death</b> in the BENDEX Master field 13 = <b>not blank</b> ; and The <b>Proof of Death Code</b> in BENDEX Master field 14 = <b>P</b> ;	
Field	Description
Effective Begin Date	The <b>Date of Death</b> on the BENDEX record.
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Death Information Date	The <b>Date of Death</b> on the BENDEX record.
Verification	Received.
Source	Social Security.

<p>C. If the <b>Communication Code</b> in BENDEX Master field 32 = <b>DIEDMMYY</b>; and  The <b>Payment Status Code</b> in the BENDEX Master field 34 = <b>any</b>; and  The <b>Date of Death</b> in the BENDEX Master field 13 = <b>not blank</b>; and  The <b>Proof of Death Code</b> in BENDEX Master field 14 = <b>blank</b>;</p>	
Field	Description
Effective Begin Date	The <b>Date of Death</b> on the BENDEX record.
Date Reported	Date Posted
Date Verified	Date Posted
Use Month	Auto-computed when <b>Save</b> is selected.
Death Information Date	The <b>Date of Death</b> on the BENDEX record.
Verification	Questionable.
Source	Social Security.

An **Alert** will also be sent to the primary user notifying the user that the case was terminated due to death.

## 12.0 Collect Individual Residency Detail Window

### General Information

The CBMS BENDEX process adds data to this window if the BENDEX **Communication Code** is **CF XXX**.

### 12.1 Automated Posting

The automated posting business rules are as follows:

A. If the **Communication Code** in BENDEX Master field 32 = **CF XXX**; and  
The **Payment Status Code** in the BENDEX Master field 34 = **any**; and

Field	Description
Effective Begin Date	The first of the month following the <b>Run Date</b> .
Date Reported	<b>Date Posted</b>
Date Verified	<b>Date Posted</b>
Use Month	Auto-computed when <b>Save</b> is selected.
CO Resident	N.

The addition of the data above automatically **end dates** the previous record.

## 13.0 Alerts

The **Alerts** and the conditions that create the **Alerts** generated by the BENDEX interface are:

<b>Alert #</b>	<b>563</b>
<b>Condition</b>	An individual for whom a BENDEX Master is not available was sent on the Monthly Request file or on a SVES request record. The BENDEX Response file contains one of the following BENDEX <b>Communications Codes</b> in the next table.
<b>Title</b>	Error in Incoming BENDEX file.
<b>Description:</b>	An error was found on the incoming BENDEX return file. Alerted user should view the <b>Communication Code</b> on appropriate screen.
<b>Note</b>	A BENDEX Master record is not created.
<b>Alert #</b>	<b>592</b>
<b>Condition</b>	The BENDEX record indicates the client is deceased.
<b>Title</b>	SSA client may be deceased.
<b>Description:</b>	SSA records indicate this beneficiary may be deceased.
<b>Note</b>	The BENDEX interface may be updating the Interactive Interview windows as directed by business rules.
<b>Alert #</b>	<b>593</b>
<b>Condition</b>	The BENDEX Interface program has found more than one SSA unearned income record.
<b>Title</b>	SSA client receiving Multiple Incomes.
<b>Description:</b>	The beneficiary is receiving more than one SSA unearned income.
<b>Note</b>	The BENDEX Interface may be updating the II windows as directed by business rules.
<b>Alert #</b>	<b>597</b>
<b>Condition</b>	The BENDEX interface program has found an active CBMS client whose has an active BENDEX record that contains an amount greater than 0 in the <b>Retro Payment Amount</b> field – BENDEX Master field 42.
<b>Title</b>	SSA Extra Payment for Unknown Reason.
<b>Description:</b>	SSA has identified an extra payment for an unknown reason. Review the <b>Retro Payment Amount</b> on the BENDEX Inquiry window, and contact the local SSA office.

<b>Communication Code</b>	<b>Description</b>
<b>SUR UNM</b>	The individual's surname is different from the beneficiary(ies)'s on this claim, but the first name and date of birth match; or the input <b>SSN</b> was not correct. The individual may have a different surname on the <b>SSA Master Beneficiary Record</b> .
<b>DOB UNM</b>	There are at least two beneficiaries with the same surname, and the date of birth match could not be made.
<b>GIV UNM</b>	A beneficiary on this claim matches the surname; however, the first name and <b>DOB</b> do not match or the recipient may be on the <b>SSA Master Beneficiary Record</b> .

Communication Code	Description
<b>NO AUTH</b>	The <b>Category of Assistance Code</b> on the Request Record was invalid or blank.
<b>BOAN UNM</b>	This <b>SSN</b> was submitted by SVES input, and a match on the <b>SSN</b> could not be made.
<b>IMP CAN</b>	The <b>SSN/Claim Account Number</b> on the Request Record is invalid or has not been issued by SSA
<b>XREF NUM</b>	Beneficiary is terminated on this record. There is no other entitlement or cross-reference record.
<b>B-I TERM</b>	Beneficiary was deleted from state's buy-in account and BENDEX exchange is no longer appropriate. If the individual is eligible under some other program, a direct input (SVES) should be submitted.

## 14.0 Miscellaneous Information

### 14.1 EDBC Run Date

#### General Information

Each time the CBMS BENDEX process updates data in an II window, an EDBC trigger is set. The following are the Food Assistance and Cash Run dates set:

- **Standard Update** (e.g., Medicare Expenses, Unearned Income, etc.) – **EDBC Run Date** = the first of the posting month as long as there are no unprocessed case data change records.
- **Death Information Update** – **EDBC Run Date** = the first day of the month of date of death.

### 14.2 Qualified Disabled Working Individual (QDWI) Data

#### General Information

- **Claim Account Number:** BIC of A, D, E, W, C(#), or T(alpha).
- **Payment Status Code (PSC):** U or C. When awarding Premium-HI benefits under the Disabled Working Individuals (DWI) provision, if the code is **T6**, **T8**, or **X7**, it will be updated to equal U. The **PSC** could also be **C** if the individual has been terminated due to substantial gainful activity or is still disabled but receiving a reduced retirement or widow's benefit even though he or she has not reached retirement age.
- **HOS Option Code** of Y with the **HOS Entitlement Date** and **Part B Premium Amount**, providing there is no buy-in on record.
- **Part A Premium Payer** and **Part A TP Entitlement Date**, if there is a buy-in on the record.
- No SMI buy-in data on the BENDEX since the SMI buy-in is not permitted on QDWI cases.

## 14.3 Processing Schedule

### 14.3.1 BENDEX Processing

BENDEX files are received daily. BENDEX Interface updates in CBMS will occur Sunday night through Thursday night, with the following exceptions:

- Night of the 3<sup>rd</sup> (ACSES Child Support Monies batch update)
- Night before batch issuance cutoff
- Night before end of month
- Night before a holiday

If a BENDEX file is held due to the processing schedule, two BENDEX files will be processed each processing night until the schedule is caught up.

### 14.3.2 COLA Processing

Once the BENDEX COLA file is received, all subsequent BENDEX files will be held until the COLA file is processed and all EDBC triggers created by the COLA update are completed. Then, all held BENDEX files will be processed in order of receipt at two files per processing night until caught up.



## Appendix A – BENDEX Code Lists

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SMI Period	100

Direct Deposit Indicator			
BENDEX Field	Description	Code	Explanation
Direct Deposit Indicator	Type of Account in which Payment Is Being Deposited	C	Checking
		S	Savings
		Blank	No direct deposit

Payment Status Code (PSC)			
BENDEX Field	Description	Code	Explanation
Payment Status Code (PSC)	Adjustment	AD	Adjusted for dual entitlement.
		AS	Adjusted for simultaneous entitlement.
		A9	All other adjustment actions.
	Current Payment	CP	Current Payment Status.
	RRB Involvement	E	RRB paying benefits.
	Current Payment: Advance Filing	CA	Claim has been adjudicated; Entitlement is a future date.
	Deferred	DP	Receipt of public assistance.
		DW	Receipt of worker's compensation..
		D1	Engaged in foreign work.
		D2	Beneficiary overpaid because of work.
		D3	Auxiliary's benefits withheld because of D2 status for primary beneficiary.

Payment Status Code (PSC)			
BENDEX Field	Description	Code	Explanation
		<b>D4</b>	Failure to have child in care.
		<b>D5</b>	Auxiliary's benefits withheld because of a D1 status for primary beneficiary.
		<b>D6</b>	Deferred to recover overpayment for reason not attributable to earnings.
		<b>D9</b>	Miscellaneous deferment.
	Denied	<b>N</b>	Disallowed claim.
		<b>ND</b>	Disability claim denied.
	Delayed	<b>K</b>	Advanced filing for deferred payment.
		<b>L</b>	Advanced filing.
		<b>P</b>	Adjudication pending.
		<b>PB</b>	Benefits due but not paid.
		<b>PT</b>	Claim terminated from delayed status.
		<b>R</b>	Kill Credit (deletes payment record).
	Suspended	<b>S0</b>	Determination of continuing disability is pending.
		<b>S1</b>	Beneficiary engaged in work outside the U.S.
		<b>S2</b>	Beneficiary is working in the U.S. and expects to earn in excess of annual allowable limit.
		<b>S3</b>	Auxiliary's benefits withheld because of S2 status of primary beneficiary.
		<b>S4</b>	Failure to have child in care.
		<b>S5</b>	Auxiliary's benefits withheld due to S1 status for primary beneficiary.
		<b>S6</b>	Check was returned. Correct address is being developed.
		<b>S7</b>	Disabled beneficiary suspended due to <ul style="list-style-type: none"> <li>▪ Refusal of vocational rehabilitation,</li> <li>▪ Imprisonment, or</li> <li>▪ Extended trial work period.</li> </ul>
		<b>S8</b>	Suspended while payee is being determined.
		<b>S9</b>	Suspended for reason not separately defined.
		<b>SD</b>	Technical entitlement only. Beneficiary is entitled on another claim.
		<b>SF</b>	Special age 72 beneficiary fails to meet residency requirement.

Payment Status Code (PSC)			
BENDEX Field	Description	Code	Explanation
		<b>SH</b>	Special age 72 beneficiary is receiving a Government Pension.
		<b>SJ</b>	Alien suspension.
		<b>SK</b>	Beneficiary has been deported.
		<b>SL</b>	Beneficiary resides in a country to which checks cannot be sent.
		<b>SM</b>	Beneficiary refused cash benefits (entitled to HI-SMI only).
		<b>SP</b>	Special age 72 beneficiary suspended due to receiving public assistance.
		<b>SS</b>	Post secondary student summer suspension.
		<b>SW</b>	Suspended because of worker's compensation.
	Terminated	<b>TA</b>	Terminated prior to entitlement.
		<b>TB</b>	Mother, father terminated because beneficiary is entitled to disabled widow(er)'s benefits.
		<b>TC</b>	Disabled widow attained age 62 and is not entitled as an aged widow.
		<b>TJ</b>	Advanced-filed claim terminated after maturity.
		<b>TL</b>	Termination of post-secondary student.
		<b>TP</b>	Terminated because of change in type of benefit or post entitlement action.
		<b>T-</b>	Converted from disability benefits to retirement benefits upon reaching age 65.
		<b>T0</b>	Benefits are payable by some other agency.
		<b>T1</b>	Terminated due to death of the beneficiary.
		<b>T2</b>	Auxiliary terminated due to death of the primary beneficiary.
		<b>T3</b>	Terminated due to divorce, marriage, or remarriage of the beneficiary.
		<b>T4</b>	Child attained age 18 or 22 and is not disabled; mother/father terminated because last child attained age 18.
		<b>T5</b>	Beneficiary entitled to other benefits equal or larger.

Payment Status Code (PSC)			
BENDEX Field	Description	Code	Explanation
		<b>T6</b>	Child is no longer a student or disabled; or the last entitled child died or married.
		<b>T7</b>	Child beneficiary was adopted.
		<b>T8</b>	Primary beneficiary no longer disabled, or the last disabled child no longer disabled.
		<b>T9</b>	Terminated for reason not separately defined.
	Uninsured	<b>U</b>	Beneficiary is entitled only to HI or SMI.
	Withdrawal	<b>W</b>	Withdrawal before entitlement.
	Other Adjustment or Termination Status	<b>X0</b>	Claim transferred to RRB.
		<b>X1</b>	Beneficiary died.
		<b>X5</b>	Entitled to other benefits.
		<b>X7</b>	HIB/SMIB terminated.
		<b>X8</b>	Payee is being developed.
		<b>X9</b>	Terminated for reason not separately defined.
		<b>XD</b>	Withdrawn for adjustment.
		<b>XF</b>	Entitlement transferred to another PSC.
		<b>XK</b>	Deportation.
		<b>XR</b>	Withdraw from SMIB.

Communication Code			
BENDEX Field	Description	Code	Explanation
Communication Code	Fully Processed Records	<b>WAS XXX</b>	Agency XXX (XXX = state code) will no longer receive BENDEX exchanges. Record transferred to Colorado.
		<b>MATC HED</b>	SSN matched. Current data transmitted.
		<b>REP PAYEE</b>	Fully processed record with current data transmitted. The check is payable to Representative Payee for the beneficiary.
		<b>FIN MMYY</b>	Benefits terminated for the month indicated.

Communication Code			
BENDEX Field	Description	Code	Explanation
		<b>CF XXX</b>	This is the last BENDEX record Colorado will receive for this individuals. BENDEX exchange transferred to Agency XXX (XXX = state code)
		<b>NOTIT LE2</b>	Individual is not entitled to SSA benefits.
		<b>DIEDM MY</b>	Individual is deceased.
	Records without SSA Data	<b>DOB UNM *</b>	There are at least two beneficiaries with the same surname. The DOB match could not be made.
		<b>GIV UNM *</b>	The beneficiary on the claim matches the surname, however, the first name and DOB do not match.
		<b>SUR UNM *</b>	The recipient's surname is different from the beneficiary's on this claim, but the first name and DOB match; or the input SSN was not correct.
		<b>NO FILE</b>	SSN is not on file.
		<b>NO AUTH *</b>	The Category of Assistance Code on the Request record was invalid or blank.
		<b>BOAN UNM *</b>	This SSN was submitted by SVES input and a match on the SSN could not be made.
		<b>IMP CAN *</b>	The SSN/Claim Account number on the request record is invalid or has not been issued by SSA
		<b>XREF NUM *</b>	Beneficiary is terminated on this record. There is no other entitlement or cross-reference record.
		<b>B-I TERM *</b>	Beneficiary was deleted from State's buy-in account and BENDEX exchange is no longer appropriate. If the individual is eligible under some other program a direct input (SVES) should be submitted.

\* **Communication Codes** that generate an **Alert**.

Beneficiary Identification Code (BIC)			
BENDEX Field	Code	Type of Beneficiary	ID or Rank
Beneficiary Identification Code (BIC)	<b>A</b>	Primary Claimant	
	<b>B</b>	Wife, age 62 or over	(1st claimant)
	<b>B1</b>	Husband, age 62 or over	(1st claimant)
	<b>B2</b>	Young wife, with a child in her care	(1st claimant)
	<b>B3</b>	Same as <b>B</b>	(2nd claimant)
	<b>B4</b>	Same as <b>B1</b>	(2nd claimant)
	<b>B5</b>	Same as <b>B2</b>	(2nd claimant)
	<b>B6</b>	Divorced wife, age 62 or over	(1st claimant)
	<b>B7</b>	Same as <b>B2</b>	(3rd claimant)
	<b>B8</b>	Same as <b>B</b>	(3rd claimant)
	<b>B9</b>	Same as <b>B6</b>	(2nd claimant)
	<b>BA</b>	Same as <b>B</b>	(4th claimant)
	<b>BD</b>	Same as <b>B</b>	(5th claimant)
	<b>BG</b>	Same as <b>B1</b>	(3rd claimant)
	<b>BH</b>	Same as <b>B1</b>	(4th claimant)
	<b>BJ</b>	Same as <b>B1</b>	(5th claimant)
	<b>BK</b>	Same as <b>B2</b>	(4th claimant)
	<b>BL</b>	Same as <b>B2</b>	(5th claimant)
	<b>BN</b>	Same as <b>B6</b>	(3rd claimant)
	<b>BP</b>	Same as <b>B6</b>	(3rd claimant)
	<b>BQ</b>	Same as <b>B6</b>	(5th claimant)
	<b>BR</b>	Divorced husband	(1st claimant)
	<b>BT</b>	Divorced husband	(2nd claimant)
	<b>BW</b>	Young husband	(2nd claimant)
	<b>BY</b>	Young husband	(1st claimant)
	<b>C1-C9, CA-CK</b>	Child (minor child, disabled child, or student child) CA= C11, CB= C12, etc.	
	<b>D</b>	Widow, age 60 or over	(1st claimant)
	<b>D1</b>	Widower, age 60 or over	(1st claimant)
	<b>D2</b>	Same as <b>D</b>	(2nd claimant)
	<b>D3</b>	Same as <b>D1</b>	(2nd claimant)
	<b>D4</b>	Widow	Remarried after attaining age 60
	<b>D5</b>	Widower	Remarried after attaining age 60
	<b>D6</b>	Surviving divorced wife, age 60 or over	(1st claimant)
	<b>D7</b>	Same as <b>D6</b>	(2nd claimant)
	<b>D8</b>	Same as <b>D</b>	(3rd claimant)
	<b>D9</b>	Same as <b>D4</b>	(2nd claimant)
	<b>DA</b>	Same as <b>D4</b>	(3rd claimant)
	<b>DD</b>	Same as <b>D</b>	(4th claimant)
	<b>DC</b>	Surviving divorced husband	(1st claimant)

Beneficiary Identification Code (BIC)			
BENDEX Field	Code	Type of Beneficiary	ID or Rank
	DG	Same as D	(5th claimant)
	DH	Same as D1	(3rd claimant)
	DJ	Same as D1	(4th claimant)
	DK	Same as D1	(5th claimant)
	DL	Same as D4	(4th claimant)
	DM	Same as DC	(2nd claimant)
	DN	Same as D4	(5th claimant)
	DP	Same as D5	(2nd claimant)
	DQ	Same as D5	(3rd claimant)
	DR	Same as D5	(4th claimant)
	DS	Same as DC	(3rd claimant)
	DT	Same as D5	(5th claimant)
	DV	Same as D6	(3rd claimant)
	DW	Same as D6	(4th claimant)
	DX	Same as DC	(4th claimant)
	DY	Same as D6	(5th claimant)
	DZ	Same as DC	(5th claimant)
	E	Mother (widow)	(1st claimant)
	E1	Surviving divorced mother	(1st claimant)
	E2	Same as E	(2nd claimant)
	E3	Same as E1	(2nd claimant)
	E4	Father (widower)	(1st claimant)
	E5	Surviving divorced father (widower)	(1st claimant)
	E6	Father (widower)	(2nd claimant)
	E7	Same as E	(3rd claimant)
	E8	Same as E	(4th claimant)
	E9	Same as E5	(2nd claimant)
	EA	Same as E	(5th claimant)
	EB	Same as E1	(3rd claimant)
	EC	Same as E1	(4th claimant)
	ED	Same as E1	(5th claimant)
	EF	Same as E4	(3rd claimant)
	EG	Same as E4	(4th claimant)
	EH	Same as E4	(5th claimant)
	EJ	Same as E5	(3rd claimant)
	EK	Same as E5	(4th claimant)
	EM	Same as E5	(5th claimant)
	F1	Father	
	F2	Mother	
	F3	Stepfather	
	F4	Stepmother	
	F5	Adopting father	

Beneficiary Identification Code (BIC)			
BENDEX Field	Code	Type of Beneficiary	ID or Rank
	<b>F6</b>	Adopting mother	
	<b>F7</b>	Second alleged father	
	<b>F8</b>	Second alleged mother	
	<b>G1-G9</b>	Claimants of lump-sum death payments	
	<b>J1</b>	Primary PROUTY entitled to HIB (less than 3 Q.C.) (General Fund)	(1st claimant)
	<b>J2</b>	Primary PROUTY entitled to HIB (over 2 Q.C.) (RSI Trust Fund)	(1st claimant)
	<b>J3</b>	Primary PROUTY not entitled to HIB (less than 3 Q.C.)	
	<b>J4</b>	Primary PROUTY not entitled to HIB (over 2 Q.C.) (RSI Trust Fund)	(1st claimant)
	<b>K1</b>	PROUTY wife entitled to HIB (less than 3 Q.C.) (General Fund)	(1st claimant)
	<b>K2</b>	PROUTY wife entitled to HIB (over 2 Q.C.) (RSI Trust Fund)	(1st claimant)
	<b>K3</b>	PROUTY wife not entitled to HIB (less than 3 Q.C.) (General Fund)	(1st claimant)
	<b>K4</b>	PROUTY wife not entitled to HIB (over 2 Q.C.) (RSI Trust Fund)	(1st claimant)
	<b>K5</b>	Same as <b>K1</b>	(2nd claimant)
	<b>K6</b>	Same as <b>K2</b>	(2nd claimant)
	<b>K7</b>	Same as <b>K3</b>	(2nd claimant)
	<b>K8</b>	Same as <b>K4</b>	(2nd claimant)
	<b>K9</b>	Same as <b>K1</b>	(3rd claimant)
	<b>KA</b>	Same as <b>K2</b>	(3rd claimant)
	<b>KB</b>	Same as <b>K3</b>	(3rd claimant)
	<b>KC</b>	Same as <b>K4</b>	(3rd claimant)
	<b>KD</b>	Same as <b>K1</b>	(4th claimant)
	<b>KE</b>	Same as <b>K2</b>	(4th claimant)
	<b>KF</b>	Same as <b>K3</b>	(4th claimant)
	<b>KG</b>	Same as <b>K4</b>	(4th claimant)
	<b>KH</b>	Same as <b>K1</b>	(5th claimant)
	<b>KJ</b>	Same as <b>K2</b>	(5th claimant)
	<b>KL</b>	Same as <b>K3</b>	(5th claimant)
	<b>KM</b>	Same as <b>K4</b>	(5th claimant)
	<b>M</b>	Beneficiary not entitled to Title II or monthly benefits	Not qualified for automatic HIB
	<b>M1</b>	Similar to <b>M</b> , but qualified for automatic HIB, but elects to file for SMIB only	



Beneficiary Identification Code (BIC)			
BENDEX Field	Code	Type of Beneficiary	ID or Rank
	<b>T</b>	Primary beneficiary not entitled to Title II or railroad monthly benefits (at time of filing); also, renal disease only beneficiary	
	<b>TA</b>	Federal wage earner	
	<b>TB</b>	Living spouse	
	<b>TC</b>	Same as <b>C1</b>	
	<b>TD</b>	Widow or widower	
	<b>TF</b>	Same as <b>F1</b>	
	<b>TW</b>	Disabled widow or widower	
	<b>T2-T9</b>	Multiple eligible children	
	<b>TG, TH</b>	Multiple eligible living spouses	
	<b>TJ, TK</b>		
	<b>TL, TM</b>	Multiple eligible widows	
	<b>TN, TP</b>		
	<b>TQ, TR</b>	Multiple eligible parents	
	<b>TS</b>		
	<b>TS, TY</b>	Multiple eligible widows	
	<b>TZ</b>		
	<b>W</b>	Disabled widow, age 50 or over	(1st claimant)
	<b>W1</b>	Disabled widower, age 50 or over	(1st claimant)
	<b>W2</b>	Same as <b>W</b>	(2nd claimant)
	<b>W3</b>	Same as <b>W1</b>	(2nd claimant)
	<b>W4</b>	Same as <b>W</b>	(3rd claimant)
	<b>W5</b>	Same as <b>W1</b>	(3rd claimant)
	<b>W6</b>	Disabled surviving divorced wife	(1st claimant)
	<b>W7</b>	Same as <b>W6</b>	(2nd claimant)
	<b>W8</b>	Same as <b>W6</b>	(3rd claimant)
	<b>W9</b>	Same as <b>W</b>	(4th claimant)
	<b>WB</b>	Same as <b>W1</b>	(4th claimant)
	<b>WC</b>	Same as <b>W6</b>	(4th claimant)
	<b>WF</b>	Same as <b>W</b>	(5th claimant)
	<b>WG</b>	Same as <b>W1</b>	(5th claimant)
	<b>WJ</b>	Same as <b>W6</b>	(5th claimant)

SSI Status Code		
BENDEX Field	Code	Explanation
SSI Status Code	A	Individual eligible for SSI and not eligible for Medicaid or third party buy-in Primary Claimant
	B	Terminated due to excess income resulting from Title II benefit rate increase
	C	Conditional SSI payment
	D	Denied
	E	Receives Federal payment
	G	SSI recipient engaging in Substantial Gainful Activity (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 supplemental
	T	Terminated for reasons not specifically defined
	U	Terminated due to death; source of report unknown
	V	Terminated via T30 process; not reaccreted
	W	State supplemental terminated
	X	Terminated due to death
	Y	Terminated due to excess income
	Z	Terminated due to excess resources

RR Status Code		
BENDEX Field	Code	Explanation
RR Status Code	A	Current payment
	T	Railroad benefit terminated

HI Basis		
BENDEX Field	Code	Explanation
HI Basis	A	Age
	D	Disabled
	E	End Stage Renal
	W	Working disabled

HI Non-Covered Reason		
BENDEX Field	Code	Explanation
HI Non-Covered Reason	A	Age 65 convert
	C	Disability 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

HI Period		
BENDEX Field	Code	Explanation
HI Period	A	Annual Enrollment Period
	D	Initial Enrollment Period based on same of related disability 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 (EBO = Easy Back-On) – a provision of the Ticket to Work and Work Incentive Improvement Act provides that individuals, who prior entitlement to disability and health care benefits have been terminated as a result of earnings from work activity, may request reinstatement of benefits without filing a new application
	W	No Medicare waiting period

SMI Basis		
BENDEX Field	Code	Explanation
SMI Basis	A	Age
	D	Disabled
	E	End Stage Renal
	W	Working disabled

SMI Non-Covered Reason		
BENDEX Field	Code	Explanation
SMI Non-Covered Reason	A	Age 65 convert
	C	Disability 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
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SMI Period		
BENDEX Field	Code	Explanation
SMI Period	A	Annual Enrollment Period
	D	Initial Enrollment Period based on same of related disability impairment
	G	General Enrollment Period
	I	Initial Enrollment Period
	N	Not within any enrollment period
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	R	Reinstated following appeal
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	U	Unknown
	X	Enrollment based on EBO provisional (EBO = Easy Back-On)– a provision of the Ticket to Work and Work Incentive Improvement Act provides that individuals, who prior entitlement to disability and health care benefits have been terminated as a result of earnings from work activity, may request reinstatement of benefits without filing a new application
	W	No Medicare waiting period