

DEPARTMENT OF HEALTH SERVICES

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February 27, 1981

TO: ALL COUNTY WELFARE DIRECTORS

Letter No. 81-8

SUBJECT: SOCIAL SECURITY NUMBER (SSN) SIGHT VERIFICATION AND VALIDATION PROCESSES

This letter is to inform you of the SSN sight verification and validation processes developed by the Department of Health Services (DHS) to ensure the accuracy of Medi-Cal and AFDC recipient reported SSNs. It also provides the following attachments to assist you in implementing the validation process.

Attachment A -- SSN Validation Responsibilities

Attachment B -- SSN Referral Notice Form (MC 194) and Information Sheet to Recipients (MC 194-A)

Attachment C -- County SSN Data Correction Process (flow chart)

As most of you know, the current Medi-Cal eligibility system, which includes AFDC recipients, will be replaced by the Medi-Cal Eligibility Data System (MEDS) in the near future. MEDS is being developed to improve the processing and availability of eligibility information. MEDS will use the SSN as the primary recipient identification number. Various data match and income verification systems such as BENDEX, Earnings Clearance, UI/DI and the Duplicate Aid Detection system will depend on the SSN provided by MEDS. Ensuring the accuracy of each recipient's reported SSN by using these sight verification and validation processes should result in a reduction in the amount of overpayments and a reduction of fraud.

Regulatory Background

Medi-Cal Only Applicants and Beneficiaries:

Regulations which were effective May 9, 1980 require counties to sight verify each Medi-Cal-only applicant's SSN (Title 22, CAC, Section 50168). Medi-Cal regulations (Title 22, CAC Section 50187(e)(f)) also require county welfare departments to assist the Medi-Cal-only applicant or beneficiary in obtaining or validating an SSN. If the beneficiary fails without good cause to cooperate in the validation effort, Medi-Cal eligibility shall be discontinued. In order to fulfill the intent of these regulations, the procedures outlined below shall be followed.

AFDC Applicants and Recipients:

The Department of Social Services (DSS) is considering a regulation revision to require sight verification of SSNs for AFDC applicants. DSS is also considering regulations to require SSN validation and AFDC recipient cooperation in the validation effort. In the meantime, it is recommended that counties follow the sight verification and SSN validation procedures outlined below.

SSN Sight Verification

Medi-Cal-only applicants' SSNs are to be sight verified by viewing the Social Security card or other acceptable proof of SSN. Other acceptable proof would be an award letter, or a check from the Social Security Administration showing the applicant's name and SSN with the letters A, HA, J, T or M following the SSN. Applicants whose SSNs cannot be sight verified are to be directed to the local SSA office (see Attachment A, SSN Validation Responsibilities).

SSN Validation

The responsibilities of DHS, SSA and county welfare departments (CWDs) for validation are explained in Attachment A. SSN validation is a three-step process: (1) SSA-DHS DATA MATCH PROCESS: Information contained on the state Eligibility History File (EHF) is matched with SSA computer files in order to validate the SSNs of Medi-Cal beneficiaries (including AFDC cash recipients). (2) COUNTY SSN DATA CORRECTION PROCESS: The DHS will provide counties with listings of persons whose SSNs did not validate by the SSA-DHS computer match. Counties should first compare the SSN, name, sex and date of birth on the listing with case record information to see that correct data was accurately transmitted to DHS. If they find no errors using the case record, CWDs should then ask the Medi-Cal-only beneficiary or the AFDC recipient to help correct the data. Counties should submit any corrected data to the state. (See Attachment C flow chart, County SSN Data Correction Process). (3) SSA REFERRAL PROCESS: If the county finds no errors and the beneficiary or recipient indicates the county data is correct, the county should refer the person to the local SSA office with the SSA Referral Notice Form (MC 194) or an acceptable county substitute form (see Attachment B, the MC 194 and the Information Sheet to Recipients (MC 194-A)).

Listings of Unvalidated SSNs

As the result of timing problems, it was necessary to identify certain groups of beneficiaries whose SSNs have not been validated and request SSA processing of those cases first. Following is the priority established for the SSA/DHS Data Match Process:

1. All 30-38 and 40-47 aid codes
2. All other aid codes except SSI/SSP aid codes (SSI/SSP beneficiaries will not appear on county listings).

It is anticipated that the listings for 30-38 and 40-47 aid codes will be available to the counties by the first week in March. The remaining listings will be available approximately three weeks later.

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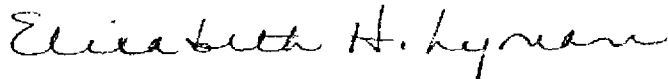
The listings will include the unvalidated SSN, first letter of the first name, first six letters of the last name, sex, and month and year of birth. Counties may elect to receive either paper or tape listings, and both will be generated in county and case number order. The listings will be further broken down into district number and eligibility worker number order, if this information has been previously provided to the state via the CIO system. As the SSA-DHS data match process is completed for each county, DHS will inform the CWD of the approximate number of unvalidated SSNs. The county can determine at that time whether they wish to receive paper or tape listings.

Funding

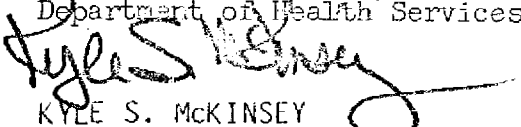
Funds have been authorized to pay counties for the validation activities through June 30, 1981. Since additional funds may not be appropriated, we recommend that you complete as many cases as possible during this fiscal year. Instructions for claiming will be provided under separate cover.

If you have any questions regarding the SSN sight verification and validation processes or the SSN listings, please contact your AFDC Program Management Consultant at (916) 445-4458 or your Medi-Cal Eligibility Program Consultant.

Sincerely,



ELISABETH LYMAN
Deputy Director
Health Care Policy and
Standards Division
Department of Health Services



KYLE S. MCKINSEY
Deputy Director
Welfare Program Operations Division
Department of Social Services

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Eligibility Program Consultants
AFDC Program Management Consultants
SSA Regional Commissioner
Peter J. D'Anna, Sacramento SSA District Manager

Expiration Date: August 31, 1981

SSN VALIDATION RESPONSIBILITIES (Includes SSA-DHS Data Match,
County SSN Data Correction and SSA Referral Processes)

(1) SSA-DHS DATA MATCH PROCESS:

- a. DHS has sent to SSA in Baltimore a computer file of the SSNs, names, dates of birth, and sex of Medi-Cal beneficiaries (including AFDC recipients).
- b. SSA will compare the SSN and other data submitted by the state with current SSA records. The results of this match will be sent by computer tape to DHS.
- c. DHS will review SSA's response file to determine which DHS records agree with existing SSA records. For the records that agree, the individual's record will be coded "SSN validated" on the state's Social Security Number Master File (SSNMF). For the records that do not agree, a listing of unvalidated SSNs and the other data on each person will be sent to the counties.
- d. SSA and DHS will continue the procedure described in a, b, and c above on an ongoing basis in order to provide listings of unvalidated SSNs for new beneficiaries. DHS will notify counties when they may expect to receive these listings.
- e. SSA will send computer tapes of newly assigned SSNs and any corrected SSA data, i.e., name, sex, date of birth, to the state on a monthly basis. The tapes will be received and entered on the SSNMF as validated SSNs.

(2) COUNTY SSN DATA CORRECTION: Counties should follow the procedures outlined in a, b, c, and d below and the procedures outlined under (3) "SSA REFERRAL PROCESS" to identify incorrect SSN data:

- a. Counties compare the unvalidated data on their listing with the case record data to determine if errors were made in forwarding information to the state. Before contacting the recipient:
 - Check for a number transposition or an incorrectly copied digit in the SSN.
 - Check for the misspelling of the recipient's name, the use of a maiden name instead of a married name, the use of a nickname, or the use of two surnames for any of the children. (SSA's files have not been updated in the past to include name changes such as married names.)
- b. If the county finds errors on the unvalidated SSN listing, it should submit corrected information to the state via the Central Identification Division (CID) or paper county processes.

c. If the county finds no errors on the SSN listing, it must contact the recipient to obtain the correct information. During the recipient contact (by phone or in person):

- Use the sight verification procedure outlined in this letter (if contact is in person) to compare the listed SSN and name with the original SSN document SSN and name provided by the recipient.
- Determine by questioning the recipient if he or she used another name when applying at SSA for an SSN. Be alert to the possibility that the individual may have made up a number, used someone else's SSN or that he or she may be using more than one number. (MEDS will automatically detect someone receiving aid in two or more counties using the same SSN, but MEDS will not detect the same person using two numbers and the same name or two numbers and two names.) Fraud referrals should be made when appropriate.
- Ask for additional birth month and year verification to compare with the month and year shown on the list.

NOTE: Recipients will appear on the listings of unvalidated SSN data provided to counties if the following SSN data elements do not match with SSA records: SSN, sex, first six letters of the surname, first letter of the first name, year of birth (if more than one year off and month does not match), and month of birth (only if year of birth does not match exactly).

The SSA-DHS data match compares SSN, sex, surname, first letter of first name, year and month of birth, in that order. When SSA notifies DHS of those SSNs which were not validated, the specific data element that caused the mismatch is not identified. Therefore, counties should not stop checking data elements after discovering one inaccuracy. Checking all data elements should help prevent the same persons from appearing again on unvalidated SSN listings.

d. If the recipient indicates that the county had the correct information, the county must then refer the recipient to the local Social Security office, as described below under the heading, "SSA REFERRAL PROCESS".

NOTE: When SSA indicates on Form MC 194 (or an alternate form) that the recipient being referred to validate the SSN has completed an SSN application and that the application is being processed (MC 194, Item C, 1), either of the following may apply: (1) The recipient's present SSN is still valid, or (2) a new SSN will have to be issued. Because SSA may have to issue a new SSN, counties should ask recipients being referred to SSA to take the identification and the proof of citizenship and age documents listed on the back of the MC 194, even though they may already have an SSN.

(3) SSA REFERRAL PROCESS:

a. When to Use the SSA Referral Process

If the county finds no errors in the SSN, sex, name or year or month of birth, or if the county cannot sight verify an applicant's SSN, the county should refer the person to the local SSA office using a referral form. In some cases, the applicant or recipient may be represented at SSA by another person, e.g., an AFDC-BHI social worker.

b. SSA Referral Notice (MC 194) - See Attachment B

The MC 194 has been developed specifically to be used for this referral process. It can be used to request that SSA correct any SSN data discrepancies concerning the recipient's SSN, to request a duplicate SSN card, or to request a new SSN. The MC 194 also verifies that the Medi-Cal only recipient has met his obligation of going to SSA within 60 days to complete the particular action as required by Title 22, CAC, Section 50187(f). To document compliance with this requirement, SSA will either return the completed MC 194 form to the recipient or mail it back to the county, depending on the method the county specifies on the form.

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

c. Use of the 13-Digit County Identification Number on the MC 194

Purpose: The MC 194 provides SSA with the 13-digit county identification number which MEDS will be able to use to cross-match with the Eligibility History File's county identification numbers.

Reporting the 13-digit County Identification Number: In reporting the county identification number (ID) in any future referrals to SSA, please use a 13-digit number by dropping the fourth digit (which represents the last digit of the aid code) instead of the full 14-digit county ID number (e.g., change 37-67-0000030-100 to 37-6-0000030-100). The reason for the 13-digit number is that SSA's county ID field on the computer tape consists of only 13 digits. When counties report a 14-digit number, SSA automatically deletes the last digit (second digit of person's number) thus making it impossible for MEDS to cross-match the data for a particular individual.

Non Medi-Cal or Non-AFDC Applicants or Recipients: If the county is referring a person to SSA who is not an AFDC or Medi-Cal only applicant or recipient, e.g., Nonassistance Food Stamps, either use another referral form or clearly indicate on the MC 194 that the individual is not an AFDC or Medi-Cal only applicant or recipient. Doing so will alert SSA not to input the 13-digit ID number into the validation system.

d. Substitute Referral Forms

Although the MC 194 is the recommended form to use in the SSA referral process, many counties already have their own forms designed for this referral purpose. These counties may continue to use their own forms if they already have approval from their local SSA office to do so. However, the substitute forms should provide for recording the 13-digit county ID number as described above.

SSA REFERRAL NOTICE

Instructions to CWD: *Please complete Part I. Prepare an original for the recipient and retain one copy for your records.*
 Instructions to Recipients: *Please present this form and two types of identification to the local Social Security Office listed in Part I(B). Additional information is provided on the reverse side of this form.*
 Instructions to SSA: *This form is a request for the action noted in Part I(C). Please complete Part II -of this form and distribute as noted Part I(D). If you have any questions, the eligibility worker's name and phone number are provided.*

I. TO BE COMPLETED BY COUNTY WELFARE DEPARTMENTS

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

TO: _____

B. Local Social Security Office Name of SSA District/Regional Office _____ Address (Number and Street) _____ City _____ State _____ Zip Code _____		C. The bearer of this form is an applicant for or recipient of Medi-Cal or AFDC. The following service is required. <input type="checkbox"/> Original SSN Card <input type="checkbox"/> Duplicate SSN Card <input type="checkbox"/> Correction of Information on the SSN		
County Information Recipient's Name (Last, First, MI) _____ Month/Date/Year _____ Sex (M or F) _____		Name of Eligibility Worker _____ Date Form Completed _____ E.W. Initials _____ E.W. Phone No. _____		
Recipient's ID Number (13 Digit Number) _____ X _____		<input type="checkbox"/> Return this form to the recipient <input type="checkbox"/> Mail to CWD		
Recipient's Name _____				

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

Date Received _____	B. SSA D.O. Phone Number _____	C. Result of referral: <input type="checkbox"/> 1. Recipient has completed a SSN application (including Form SS-5, OAAN-7003 and other proofs) and application is being processed. <input type="checkbox"/> 2. Recipient can not complete application (proof of birth/age not obtainable). <input type="checkbox"/> 3. Recipient has completed Form SS-5 or OAAN-7003, but application will not be processed until documentation is submitted. (Explain) <input type="checkbox"/> 4. Recipient failed to cooperate in applying for SS card or did not make reasonable effort to obtain required documentation. (Explain)	
Signature of SSA Representative _____			
Comments _____			

SSA REFERRAL INFORMATION SHEET (For Medi-Cal and AFDC Recipients)

YOU MUST CONTACT SOCIAL SECURITY

Public Law 93-647 requires that each person who applies for or receives Medi-Cal or Aid to Families With Dependent Children must have or apply for a Social Security number. Since your local welfare office either 1) does not have a Social Security number on file for you or 2) the Social Security Office has reported that the information you provided for your Social Security number and the information you provided to the eligibility worker do not agree; you must contact the local Social Security Office indicated on the referral form given/mailed to you by the eligibility worker.

NOTE: Please take this referral form and two types of identification documents with you to the Social Security Office — **DO NOT MAIL THESE DOCUMENTS** to them. One of the identification documents must be a birth or baptismal certificate established **BEFORE** age 5. If neither one is obtainable, refer to Column A for acceptable substitutes. In addition, if you are now a U.S. citizen born outside the U.S. or if you are an alien, you must also take one of the items listed under Column B.

Column A

1. Evidence of Age or Citizenship
 - School Records
 - Church Records
 - Census Records (State or Federal)
 - Insurance Policy
 - Marriage Records
 - Draft Card
 - U.S. Passport
 - Other records indicating your age or date of birth

2. Evidence of Identity
 - Driver's License
 - State Identification Card
 - Voter's Registration
 - Any other document which shows your signature or photograph

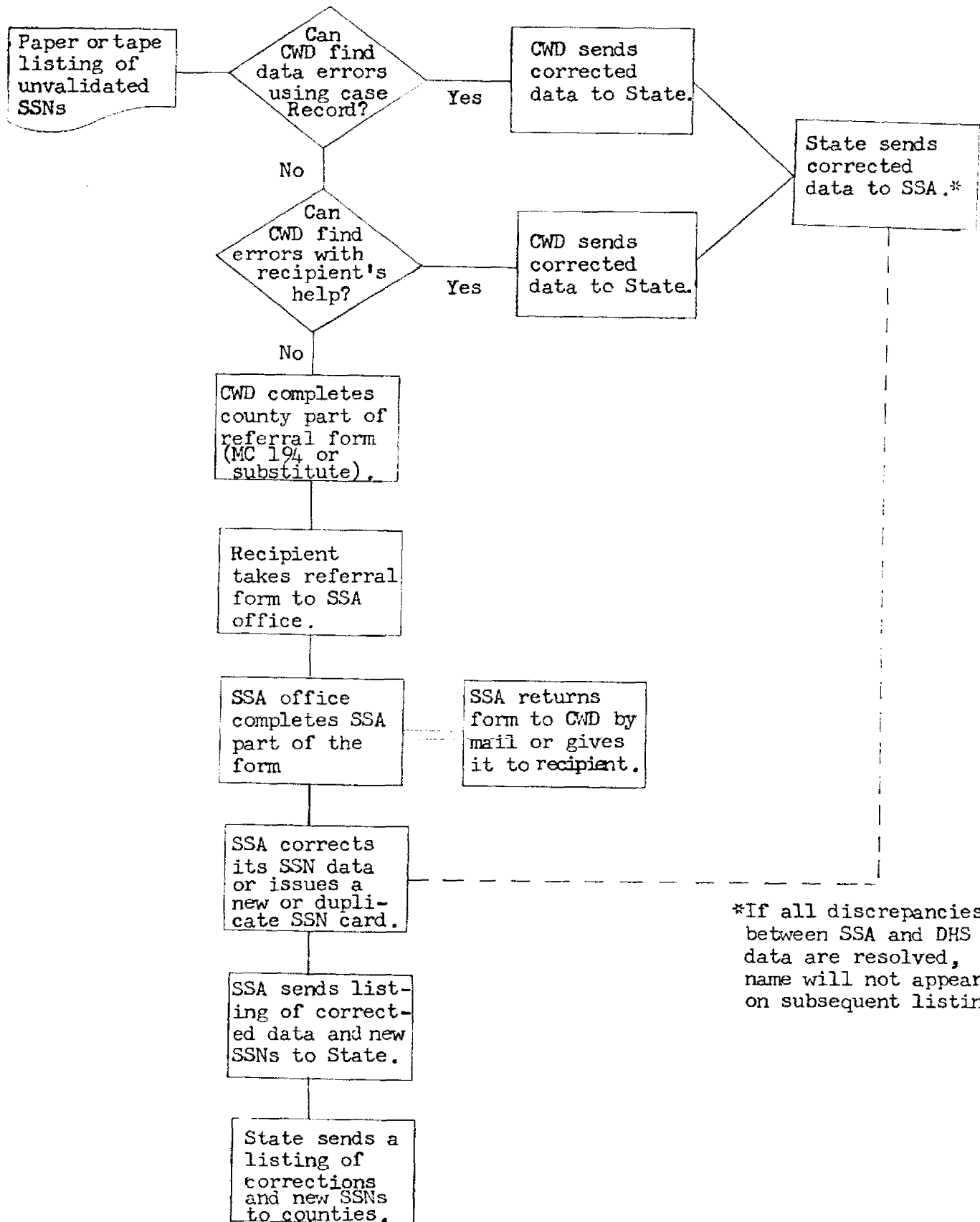
Column B

1. If you are now a U.S. citizen born outside the U.S., take one of the following items in addition to the item(s) required in Column A:
 - U.S. Citizen Identity Card
 - U.S. Passport
 - Naturalization Certificate
 - Certificate of Citizenship
 - Consular Report of Birth
 - Form I-179 (U.S. Citizen Card)
 - Form I-197 (U.S. Citizen Resident Card)

2. If you are an alien, take one of the following items in addition to the item(s) listed in Column A:
 - Form I-151 (Alien Registration Card)
 - Form AR3a, I-94, I-95a, I-184, I-185, I-186, or SW-434.

If you have a question concerning the two identification documents, which you must take to the Social Security Office, please contact the Social Security Office.

COUNTY SSN DATA CORRECTION PROCESS



*If all discrepancies between SSA and DHS data are resolved, name will not appear on subsequent listing.