

# Volume 10: DAF18 Administrative Source File Documentation

**May 2020**

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**Submitted to:**

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**GLOSSARY**

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AB	Accelerated Benefits Demonstration
ADM	Awardee Data Mart
AIME	Average Indexed Monthly Earnings
B.E.S.T.	Benefits Entitlement Services Team
BFW	Benefits forgone due to work
BIC	Beneficiary Identification Code
BMF	Budget Month Factor
BOAN	Beneficiary's Own Account Number
BOND	Benefit Offset National Demonstration
BOPD	Benefit Offset Pilot Demonstration
CAN	Claim Account Number
CDR	Continuing Disability Review
CDRCF	CDR Control File
CER	Characteristics Extract Record 100% Field File
COLA	Cost-of-Living Adjustment
DAC	Disabled Adult Child
DAF	Disability Analysis File (previously known as TRF)
DBAD	Disabled Beneficiary and Dependents Extract
DCF	Disability Control File
DDS	Disability Determination Services
DER	Detailed Earnings Record
DI	Disability Insurance, also referred to as SSDI
DMG	Demographic component of the DAF
DSN	Dataset names

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DWB	Disabled Widow Beneficiaries
EN	Employment Network (also called a TTW provider)
EPE	Extended Period of Eligibility
EVS	Enumeration Verification System
EXR	Expedited Reinstatement
FBR	Federal Benefit Rate
FCI	Federal Countable Income
FIPS	Federal Information Processing Standards (in reference to U.S. Census standardized codes for uniform identification of geographic entities)
FRA	Full Retirement Age
HI	Hospital Insurance (Medicare Part A)
HOPE	Homeless Outreach Projects and Evaluation Demonstration
HUN	Housed Under Number
ICD-9	International Classification of Diseases Coding Scheme
IPE	Individualized Plan for Employment, developed by SVR Agency
IRS	Internal Revenue Service
IRWE	Impairment-Related Work Expense
LAF	Ledger Account File
LAUS	Local Area Unemployment Statistics
LRF	Longitudinal Record Format
MBR	Master Beneficiary Record
MBR810	MBR extract, version number 810
MBR814	MBR extract, version number 814
MEF	Master Earnings File
MHTS	Mental Health Treatment Study
MIE	Medical Improvement Expected

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MO	Milestone + Outcomes payment system
MPR-EVS	Mathematica's EVS
NBS	National Beneficiary Survey
NSCF	National Survey of SSI Children and Families
NUMIDENT	Numerical Identification File
OIM	Office of Information Management
OO	Outcomes-Only payment system
PAN	Person's Account Number
PASS	Program to Achieve Self-Support
PHUS	Payment History Update System
PIA	Primary Insurance Amount
PIN	Personal Identification Number
POD	Promoting Opportunity Demonstration
POMS	SSA's Program Operations Manual System
PROMISE	Promoting Readiness of Minors in SSI
Provider	Service provider under TTW (also called an EN)
PUF	Public Use File
REMICS	Revised Management Information Counts System
RIB	Retirement Insurance Benefits
RMA	Retrospective Monthly Accounting
RSA	Rehabilitation Services Administration
RSA-911	RSA Case Service Report
SAIPE	Small Area Income and Poverty Estimates
SAS	Statistical Analysis Software, used to produce the DAF
SCWF	Standalone Companion Work File

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SED	Supported Employment Demonstration
SER	Summary Earnings Record
SGA	Substantial Gainful Activity
SMI	Supplemental Medical Insurance (Medicare Part B)
SNAP	Supplemental Nutrition Assistance Program
SSN	Social Security Number
SSA	Social Security Administration
SSDI	Social Security Disability Insurance (also referred to as DI)
SSI	Supplemental Security Income
SSI-LF	SSI - Longitudinal File
SSR	Supplemental Security Record
STW	Suspension or termination of cash benefits for work
SVR Agency	State Vocational Rehabilitation Agency
T2	Title II, the SSDI Program
T16	Title XVI, the SSI Program
TANF	Temporary Assistance for Needy Families
TCNEI	Total countable non-earned income
TKT	DAF component containing data related to TTW participation
TRF	Ticket Research File, now called the DAF
TTW	Ticket to Work
TWP	Trial Work Period
VR	Federal/State Vocational Rehabilitation program
VRRMS	Vocational Rehabilitation Reimbursement Management System; data from this system is contained in the Payments component
YTD	Youth Transition Demonstration

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## OVERVIEW OF DAF DOCUMENTATION

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The documentation for the DAF consists of the eleven volumes described below. Questions about these documents should be directed to [ORDES.DAF@ssa.gov](mailto:ORDES.DAF@ssa.gov). All of these documents are available at <https://www.ssa.gov/disabilityresearch/daf.html>.

- **Volume 1: Getting Started with the DAF18.** Provides an overview of the structure and contents of the DAF and related linkable files.
- **Volume 2: Working with the DAF18.** Contains practical suggestions such as how to extract data and interpret blank or missing variables as well as more detailed information on DAF data marts and linkable files.
- **Volume 3: Tips for Conducting Analysis with the DAF18.** Contains suggestions for working with common research concepts in the DAF such as program participation, benefits paid versus benefits due, and constructed measures related to beneficiary work activity resulting in the loss of cash benefits.
- **Volume 4: Lists of DAF18 Variables.** Contains lists of new, changed, and deleted variables, as well as lists of variables by DAF component and analytic category.
- **Volume 5: DAF Variable Detail Pages.** Contains specifications for each DAF variable, including name, definition, data format, identification of the DAF component to which it belongs, data source, availability, and (where applicable) SAS code used to construct the variable.
- **Volume 6: Validating the DAF18 Against Other Sources.** Provides an explanation of validation methods and summary of validation results.
- **Volume 7: DAF18 Development History and Construction Methods.** Describes key changes in DAF construction methodology over time as well as a description of each step in the current year DAF construction process.
- **Volume 8: DAF18 Construction Workflow Charts and Task Tables.** Provides detailed information in both chart and table format on each step in the current year DAF construction process.
- **Volume 9: DAF18 Source File Descriptions.** Describes the administrative source files used to construct the DAF.
- **Volume 10: DAF18 Administrative Source File Documentation.** Contains documentation from SSA or other agencies on the administrative source files described in Volume 9.
- **Volume 11: DAF18 Construction Code.** Contains all SAS code used to construct the DAF.
- **Volume 12: DAF18 RSA Administrative Source File Documentation.** Contains a description of the processing of Rehabilitation Services Administration (RSA) data for linkage to the DAF, along with documentation from RSA on the RSA-911 files.

The following table provides specific locations for common research-related questions and issues.

In order to ...	Refer to ...
Get started with a research task	Volume 2, "Working with the DAF18," for information about selecting beneficiaries using finder files versus selection criteria
Identify what's changed in the latest version of the DAF	Volume 1, "Getting Started with the DAF18"
View lists of DAF variables	Volume 4, "Lists of DAF18 Variables"
Understand individual variable definitions, specifications, and value ranges	Volume 5, "DAF Variable Detail Pages"
Understand the structure of the DAF data files at a high level	Volume 1, "Getting Started with the DAF18"
Identify variables for a specific research task	Volume 4, "Lists of DAF18 Variables," for a list of variables contained within each DAF file and by analytic category
Understand the beneficiaries for which the DAF does and does not contain data	Volume 1, "Getting Started with the DAF18"
Identify SSA administrative data sources for the DAF	Volume 9, "DAF18 Source File Descriptions"
Understand the linkage of the DAF to RSA-911 data and contents of the RSA files	Volume 12, "DAF18 RSA Administrative Source File Documentation"
Generate ideas for using the DAF more efficiently	Volume 1, "Getting Started with the DAF18" and Volume 2, "Working with the DAF18"
Find suggested ways to identify common research concepts in the DAF, such as calculating age of retirement, or disability title	Volume 3, "Tips for Conducting Analysis with the DAF18"
Understand what variables have changed in the most recent DAF	Volume 4, "Lists of DAF18 Variables"
Read about how information in the DAF is validated against other sources	Volume 6, "Validating the DAF18 Against Other Sources"

## SSA SOURCE FILE LAYOUT DATES

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Below is a summary of the SSA administrative source file layouts that were used to construct DAF18. Source file layouts may be updated from year to year; for this reason, Table 1 provides the effective date of the layout or date in which the layout was accessed.

**Table 1. DAF source file layout dates**

Monthly Snapshot Files	Current Date of Layout
DBAD	Effective Date: 12/2018
CER 100%	Effective Date: 03/2013; 01/2018
831 & 832/833	Effective Date: 03/04/2014; 09/01/2011
SSI Longitudinal	Effective Date: 06/2015; 11/2017
NUMIDENT	Effective Date: 01/13/1999
MBR 815	Effective Date: 06/17/2019
PHUS	Effective Date: 06/17/2019
MEF Earnings (bucket file)	Effective Date: 10/28/2011
DCF	
Annual Layouts	Accessed on: 05/15/2019
DMG Layouts	Accessed on: 05/15/2019
Ticket Layouts	Accessed on: 05/15/2019

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**APPENDIX A:**

**FILE LAYOUT OF THE MBR EXTRACT LAYOUT**

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<i>Start Location</i>	<i>End Location</i>	<i>SIZE</i>	<i>Variable Tag</i>	FIELD CONTENT
<b>ACCOUNT DATA</b>				
1	9	9	CAN	Claim Account Number
10	10	1	TAC	Type of Award Code
11	11	1	RP	RACE 1=WHITE, 2=NEGRO, 3=OTHER, 4=UNKNOWN
12	16	5	LSPA	Lump Sum Payment Amount (\$\$\$c)
<b>Payment Data</b>				
17	18	2	PIC	Payment Identification Code
19	20	2	PNOB	Number of Beneficiaries in Payment
21	25	5	MPA	Monthly Payment Amount (\$\$\$c)
26	26	1	PSC-CP	Payment Status Code "CP"
27	27	1	PSC-AF	Payment Status Code "AF"
28	28	1	PSC-FP	Payment Status Code "FP"
29	31	3	DOC	District Office Code
32	36	5	SCC	State & County Code
37	41	5	ZIP	Zip Code
42	42	1	LSSC-DSALLW	Lump Sum Status Code Claimant Disallowed
43	43	1	LSSC-FUNRHOM	Lump Sum Status Code Funeral Home
44	44	1	LSSC-CLMNTBURL	Lump Sum Status Code Burial Expenses
45	45	1	LSSC-LISH-SPSE	Lump Sum Status Code Living with spouse
46	46	1	LSSC-CLMNTPMNT	Lump Sum Status Code Calimant Authorized payment
47	47	1	LSSC-ENTITLEWIDW	Lump Sum Status Code Entitled Widow
48	48	1	LSSC-ENTITLECHLD	Lump Sum Status Code Entitle Child
49	54	6	LSFD	Lump Sum Filing Date (MMCCYY)
55	59	5	LSAP	Lump Sum Award Amount (\$\$\$c)
60	60	1	LSDC	Lump Sum Disallowance Code
<b>Beneficiary Data</b>				
61	62	2	BIC	Beneficiary Identification Code
63	64	2	LAF	Ledger Account File
65	72	8	DOB	Beneficiary Date of birth (MMDDCCYY)
73	87	15	BGN	Beneficiary Given Name
88	107	20	BLN	Beneficiary Last Name
108	113	6	DOEI	Date of Earliest Entitlement (MMCCYY)
114	119	6	DOEC	Date of Current Entitlement (MMCCYY)
120	120	1	CEC	Current Entitlement Code
121	128	8	DRD	Debit Processing Date (MMDDCCYY)
129	134	6	DOST	Date of Suspension or Termination (MMCCYY)
135	135	1	SEX	Sex of Beneficiary
136	136	1	RELATC	Relationship Code
137	141	5	MBP	Monthly Benefit Payment Amount (\$\$\$c)
142	142	1	LANG	Written Language
143	144	2	TOC_ENTR_NBR	Number of TOC occurrences
145	164	20	TOC	Type of Claim - 20 OCCURENCES
165	170	6	TOC-START-DT	Toc Start Date MMCCYY
171	284	114		Toc Start Date MMCCYY Occurences 2 thru 20
285	287	3	RDD	Reason for Disallowance or Denial
288	288	1	TOP	Type of Payee
289	289	1	CC	Custody Code
290	290	1	GS	Guardian Status
291	295	5	RZIP	Residence Zip Code
296	296	1	SIFT	Security Income File Type
297	302	6	SIED	SSI Entitlement /Termination Date (MMCCYY)
303	303	1	SLAC	SSI Living Arrangement Code

<i>Start Location</i>	<i>End Location</i>	<i>SIZE</i>	<i>Variable Tag</i>	FIELD CONTENT
304	304	1	SISC	SSI Income Status Code
305	313	9	BOAN	Beneficiary own account Number
314	321	8	BDOD	Beneficiary Date of Death (MMDDCCYY)
<b>Beneficiary Claim Data Data</b>				
322	323	2	BCLM-NDOF-CTR	Beneficiary Date of Fling - Num of occurrences
324	331	8	BCLM-BDOF(1)	Beneficiary Date of Filing (MMDDCCYY)
332	523	192		BDOF occurrence 2 thru 25 (MMDDCCYY)
524	529	6	BCLM-BDOE-START(1)	Beneficiary Date of Entitlement Start (MMCCYY)
530	673	144		BDOE-START occurrence 2 thru 25 (MMCCYY)
674	679	6	BCLM-BDOE-TERM(1)	Beneficiary Date of Entitlement Term (MMCCYY)
680	823	144		BDOE-TERM occurrence 2 thru 25 (MMCCYY)
824	825	2	BCLM-BIC(1)	Historical - Beneficiary Identification Code
826	873	48		BIC occurrence 2 thru 25
874	874	1	BCLM-CEC(1)	Historical - Current Entitlement Code
875	898	24		CEC occurrence 2 thru 25
<b>Hospital Insurance Data</b>				
899	900	2	NHI	Number of HI occurrences
901	906	6	HI-START (1)	HI Start Date (MMCCYY)
907	960	54		HI Start Date (MMCCYY) (2-10)
961	966	6	HI-TERM (1)	HI Termination Date (MMCCYY)
967	1020	54		HI Termination Date (MMCCYY) (2-10)
<b>Supplemental Medical Insurance Data</b>				
1021	1022	2	NSMI	Number of SMI occurrences
1023	1028	6	SMI-START (1)	Start Date of SMI Enrollment (MMCCYY)
1029	1142	114		Start Date of SMI Enrollment (MMCCYY) (2-20)
1143	1148	6	SMI-TERM (1)	SMI Termination Date (MMCCYY)
1149	1262	114		SMI Termination Date (MMCCYY) (2-20)
<b>PIA History Data</b>				
1263	1265	3	NPIA	Number of PIA Entries
1266	1271	6	PIED (1)	Primary Insurance Effective Date (MMCCYY)
1272	2165	894		PIED occurrence 2 thru 150
2166	2170	5	PIA (1)	Primary Insurance Amount (\$\$\$\$c)
2171	2915	745		PIA occurrence 2 thru 150
2916	2919	4	IME (1)	Indexed Monthly Earnings \$\$\$\$
2920	3515	596		TIME (occurrences 2 - 150)
3516	3516	1	RFCP (1)	Reason for Change in Primary Insurance Amount
3517	3665	149		RFCP (occurrence 2 - 150)
3666	3670	5	FMAX (1)	Family Maximun \$\$\$\$c
3671	4415	745		FMAX (occurrences 2 - 150)
4416	4419	4	ELY (1)	Eligibility Year
4420	5015	596		ELY (occurrences 2 - 150)
<b>Disability Data</b>				
5016	5021	6	DLM	Date Last Insured For Disability (MMCCYY)
5022	5023	2	NODF	Number of Disability Data Occurrences
5024	5031	8	DDO (1)	Date of Disability Offset (MMDDYYYY)
5032	5119	88		DDO ( Occurrence 2 - 12 )
5120	5120	1	DAC (1)	Disability Award Code
5121	5131	11		DAC ( Occurrence 2 - 12)
5132	5132	1	LOD (1)	Level of Denial Code
5133	5143	11		LOD ( Occurrence 2 - 12)
5144	5149	6	DOED (1)	Date of Entitlement to DIB (MMCCYY)
5150	5215	66		DOED (Occurrence 2 - 12)

<i>Start Location</i>	<i>End Location</i>	<i>SIZE</i>	<i>Variable Tag</i>	FIELD CONTENT
5216	5221	6	T2-DOED(1)	T2 Date of Entitlement to DIB (MMCCYY)
5222	5287	66		T2- DOED (Occurrence 2 - 12)
5288	5293	6	DDBC (1)	Date of Disability Benefit Cessation (MMCCYY)
5294	5359	66		DDBC (Occurrence 2 - 12)
5360	5365	6	DSD (1)	Disability Adjudication Date (MMCCYY)
5366	5431	66		DSD (Occurrence 2 - 12)
5432	5437	6	HDD (1)	Hearing Decision Date (MMCCYY)
5438	5503	66		HDD (Occurrence 2 - 12)
5504	5509	6	SDS (1)	Substantial Gainful Activity Disability Cessation (MMCCYY)
5510	5575	66		SDS (occurrence 2 - 12)
5576	5581	6	ADC (1)	Applicants Disability Cessation (MMCCYY)
5582	5647	66		ADC (occurrence 2 - 12)
5648	5653	6	APS (1)	Appeals (MMCCYY)
5654	5719	66		APS (Occurrence 2 - 12)
5720	5725	6	EBD (1)	Extended Period of Disability Begin Date (MMCCYY)
5726	5791	66		APS (Occurrence 2 - 12)
5792	5793	2	BDC (1)	Basis for denial Code
5794	5815	22		BDC (occurrence 2 - 12)
5816	5816	1	CDR (1)	Cessation of Disability Reason
5817	5827	11		CDR (Occurrence 2 - 12)
5828	5828	1	CSA (1)	Current Substantial Gainful Activity
5829	5839	11		SGA (Occurrence 2 - 12)
5840	5840	1	PRY (1)	Pending Appeals Review
5841	5851	11		PRY (Occurrence 2 - 12)
5852	5852	1	DAA (1)	Durg Addiction/Alcoholism Code
5853	5863	11		DAA (Occurrence 2 - 12)
5864	5873	10	DIG (1)	Diagnosis Code
5874	5983	110		DIG (Occurrences 2-12)
5984	5993	10	SDIG (1)	Secondary Diagnosis Code
5994	6103	110		SDIG (Occurrence 2-12)
<b>Payment History Data (01/94 - 12/17)</b>				
6104	6108	5	MBA (1)	Monthly Benefit Amount \$\$\$c
6109	7603	1495		MBA (Occurrences 2 - 300)
7604	7608	5	MBC (1)	Monthly Benefit Credited --- \$\$\$c
7609	9103	1495		MBC (Occurrences 2 - 300)
9104	9108	5	MBP (1)	Monthly Benefits Paid \$\$\$c
9109	10603	1495		MBP (Occurrences 2 - 300)
10604	10607	4	HSA (1)	Historical SMI Amount \$\$\$c
10608	11803	1196		HSA (Occurrences 2 - 300)
11804	11804	1	BPD (1)	Benefit Payment Designation
11805	12103	299		BPD (Occurrences 2 - 300)
12104	12104	1	RFD (1)	Reason For Deduction
12105	12403	299		RFD (Occurrences 2 - 300)
12404	12404	1	WIC (1)	Work Indication Code
12405	12703	299		WIC (Occurrences 2 - 300)
12704	12709	6	HRFST (1)	Reason for Suspension or Termination
12710	14503	1794		HRFST (Occurrences 2 - 300)
14504	14505	2	LAF (1)	Monthly LAF Status
14506	15103	598		LAF (Occurrences 2 - 300)
<b>Demonstration Project Data</b>				
15104	15105	2	NHDEMO	Number of Demonstration Project Data Occurrences
15106	15107	2	DPI (1)	Demonstration Project Indicator
15108	15125	18		Demonstration Project Indicator (2-10)
15126	15131	6	DPI-START (1)	DPI Start Date (MMCCYY)

<i>Start Location</i>	<i>End Location</i>	<i>SIZE</i>	<i>Variable Tag</i>	FIELD CONTENT
15132	15185	54		DPI-START ( Occurrence 2 - 10 )
15186	15191	6	DPI-STOP (1)	DPI Stop Date (MMCCYY)
15192	15245	54		DPI-STOP ( Occurrence 2 - 10 )
<b>Insured Status Data</b>				
15246	15247	2	NINSD	Number of Insured Status Data Occurrences
15248	15249	2	INSD-DIBREQ (1)	DIB quarters of coverage required
15250	15277	28		INSD-DIBREQ ( Occurrence 2 - 15 )
15278	15279	2	INSD-DIBHAS (1)	DIB quarters of coverage possessed
15280	15307	28		INSD-DIBHAS ( Occurrence 2 - 15 )

**APPENDIX B:**

**FILE LAYOUTS OF THE SSR: SUPPLEMENTAL SECURITY INCOME  
LONGITUDINAL FILE AND CUSTOM EXTRACTS**

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**SSI Longitudinal Extract****SSI Longitudinal File  
Record Description****TAB D**

Effective unknown

<b>Location</b>	<b>Field Name</b>	<b>Action Acronym</b>	<b>Size</b>	<b>Format</b>	<b>Type</b>
1	Housed Under Number	HUN	9		A/N
10	Social Security Number	PAN	9		A/N
19	Transaction Code (Type of Action)	TOA	2		A/N
21	Comp. Status Type of Action (most current)	COMP-STAT-TOA	2		A/N
23	Master File Type Code	MFT	2		A/N
25	Earliest Computation Date	START-RD	6	CCYYMM	N
31	Filler	----	9		A/N
40	Application Type	AP-TYPE	1		A/N
41	Record Establishment Date	RCD-EST-JD	8	CCYYMMDD	N
49	Date of Birth	BIRTH-JD	8	CCYYMMDD	N
57	Date of Death	DEATH-JD	8	CCYYMMDD	N
65	MBR Ledger Account File Code	LAF	2		A/N
67	Current Payment Status	CURSTAT	3		A/N
70	Sex	SEX	1		A/N
71	Race	RACE	1		A/N
72	Date of Current Eligibility	ELG-RD	6	CCYYMM	N
78	Application Date (current)	APPL-JD	8	CCYYMMDD	N
86	8080 Date	8080-JD	8	CCYYMMDD	N
94	Transmitting District Office Code	X-MITNG-DO	3		A/N
97	Title 8 Veteran	T8VET	1		A/N
98	Denial Code	DENCDE	3		A/N
101	Date of Denial	DENIAL-JD	8	CCYYMMDD	N
109	Filler	----	3		A/N
112	Date Claim Filed	CLM-FIL-JD	8	CCYYMMDD	N
120	Disability Payment Code	DISPAYCDE	1		A/N

121	Date Forward to Dis. Detr. Unit	STAG-FLD-JD	8	CCYYMMDD	N
129	Filler	----	1		A/N
130	Presumptive DIB Payment Start Date	START-PREDIB-RD	6	CCYYMM	N
136	Primary Disability Diagnostic Code	DIB-DIG	4		A/N
140	Secondary Disability Diagnostic Code	DIB-DIG2	4		A/N
144	Medical Diary Reason	DIB-MDR	1		A/N
145	Permanent Disability Ind.	DIB-DPM	1		A/N
146	Residence State/County/DO Code	PDSCC	6	SSCCCD	A/N
152	Payee's Zip Code	PDZIP	5		A/N
157	Payee's Zip Code Suffix	PDZIP6-9	4		A/N
161	District Office Code	DO	3		A/N
164	Rep. Payee Date of Selection / Change	REP-PAY-JD	8	CCYYMMDD	N
172	Type of Payee Code	REPPAYTYP	3		A/N
175	Custody Code	REPCUS	3		A/N
178	Applicant's Address Zip Code	AAZIP	5		A/N
183	Applicant's Address Zip Code Suffix	AAZIP6-9	4		A/N
187	Stale Record Indicator	STALE-RCD-IND	1		A/N
188	Number of Payment Entries Present	NOP-9	3		N
191	Date of Selection *	SEL-DATE	6	CCYYMM	N
197	First Payment Date (this record) *	FIRST-PAY-DTE	8	CCYYMMDD	N
205	State & County Conversion Code	STCOCNV	5	SSCCC	A/N
210	Guardian / Competency Code	REP-GC	1		A/N
211	Filler	----	6		A/N
217	Stop Date	STOP-RD	6	CCYYMM	N
223	Written Language Preference	LANG-PREF-WRITTEN	2		A/N
225	Date of Reversal of Initial Denial	REV-JD	8	CCYYMMDD	N

233	Number of (comp) Entries		NOE	3		N	<b>Last 2 positions of filler must be filler are used in COMBINE programs</b>
236	Filler	S	----	65		A/N	

----- HISTORY DATA -----

thru 2020/12 sequentially beginning with 1974/01

1974/01 301 to 346  
 1974/02 347 to 392  
 ....  
 2020/12 26,198 to 26,244

301	Month of Computation	C	CMTH-RD	6	CCYYMM	N	
307	Payment Status Code	C	PSTAT	3		A/N	
310	Living Arrangement Code	C	LIVF	1		A/N	
311	State Concurrent Eligibility Ind.	C	STCONCATM	1		A/N	
312	Ticket to Work Status Ind.	C	TKT-STAT-IND	1		A/N	
313	Chargeable Earned Income Amt.	C	EINCM	4	\$\$\$\$	N	
317	Chargeable Unearned Income Amt.	C	UINCM	4	\$\$\$\$	N	
321	Federal Assistance Amount	CS	FEDAMT	5	\$\$\$\$\$	N	
326	Current Amount of State Supp.	CS	SUPAMT	5	\$\$\$\$\$	N	old size 20,920
331	Medical and Soc. Serv. Income Test	C	MEDTEST	1		A/N	
332	Current Composition Code	C	CUR-COMP	1		N	new size 26,244
333	Federal Money Amount (payment)	C	FEDPMT	6	\$\$\$\$\$\$	N	
339	State Supplementation Amount (payment)	C	STATPMT	6	\$\$\$\$\$\$	N	

345	Statutory Benefit Continuation Payment Ind	*	PAY-STATBC-IND	1	A/N	
346	Budget Month Flag	N	BMF	1	A/N	
						46
						563
347 to 26,244	Remaining 563 Occurrences					

past selection date)

Record length = 26,244 characters

\* = Not directly derived from SSR

A = Acronym name change - this  
record

C = Computation data fields

D = Deleted Field - this record

F = Field name change - this record

M = Modified field - this record

N = New field - this record

S = Size change - this record	321	FEDAMT
	326	SUPAMT
	236	FILLER

NOTE: 8/2003 - PAY-STATBC-IND activited with DSMA52.

## SSR Additional Variables Extract (LFAV)

### LFAV variables

**Note:** This is a SSR custom extract, providing the source file layout for variables that are only used in the construction of the Supplemental Companion Work File (SCWF). For more information on the SCWF, please see Volume 3.

SSR Name	Business Name	Segment Tag	Query Tag	Memo Name	Field Size
DSMA-HUN	Housed Under Number Group	CMSC	HUN	FUN(our HUN)	9
DSMA-PAN	Social Security Number	LIN2	SN	ON(our PAN)	9
DSMA-RCDNO	SSI Record (SSR) Record Sequence Number	LIN2	SEQ		1
DSMA-RCD-EST-JD	Record Establishment Date	RCRD	EST		8
DSMA-NOE	Number of Entries	F9CO	NOE		3
DSMA-CMTH-RD DSMA-PER-RD	Month of Computation	CMPH	CMPH		6
DSMA-BMF	budget month flag	WCMP	B		1
DSMA-FCI	Federal Countable Income for Payment Computation	CMPH	PCI		7.2
DSMA-PROFAC	Proration Factor	CMPH	PF		2
DSMA-DEEMAMT	Deemed Income Amount For the Quarter	CMPH	DMA		7.2
DSMA-DEEMCD	Deeming Indicator	CMPH	DMC		1
DSMA-STUDM	Student Indicator	CMPH	S		1

```
DATA OUT.SSIEXT;
  INFILE SSIEXT TRUNCOVER;
  INPUT @01 HUN          $CHAR9.
        @10 SSN         $CHAR9.
        @19 SEQ         IBR1.
        @20 RCD_EST     ?? YYMMDD8.
        @28 NOE         $CHAR3.
        @31 CMTHMO      YYMMN6.
        @;
        * KEEP ONLY COMPUTATION MONTHS IN THE DAF;
        IF '01JAN1994'D<=CMTHMO<="31DEC&ENDYR."D;
  INPUT
        @37 BMF         $CHAR1.
        @38 FCI         7.2
        @45 PROFAC      $CHAR2.
        @47 DEEMAMT     7.2
        @54 DEEMCD      $CHAR1.
        @55 STUDM       $CHAR1.
        ;
RUN;
```

## SSR Earnings Extract

### LFAV variables

**Note:** This is a SSR custom extract, providing the source file layout for SSI Earnings variables carried on the DAF.

SSR Name	Business Name	Segment Tag	Query Tag	Memo Name	Field Size
DSMA-HUN	Housed Under Number Group	CMSC	HUN	FUN(our HUN)	9
DSMA-PAN	Social Security Number	LIN2	SN	ON(our PAN)	9
DSMA-MFT	Master File Type Code	LIN2	ID		2
DSMA-TOA	Transaction Code (Type of Action)	LIN2	TMR POS 1-2		2
DSMA-RIC	Record Identification Code	CMSC	RIC		1
DSMA-RCDNO	SSI Record (SSR) Record Sequence Number	LIN2	SEQ		1
DSMA-RCD-EST-JD	Record Establishment Date	RCRD	EST		8
DSMA-IESTART-RD	Earned Income Start Date	ENIH	ENP		6
DSMA-IESTOP-RD	Earned Income Stop Date	ENIH	ENS		6
DSMA-IETYP	Earned Income Type	ENIH	T		1
DSMA-IEAMT	Earned Income Amount	ENIH	ENA		4
DSMA-IEFRQ	Earned Income Frequency	ENIH	F		1
DSMA-IEVAR	Earned Income Verification Code	ENIH	V		1

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**APPENDIX C:**  
**FILE LAYOUT OF THE NUMIDENT**

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Location		NUMIDENT				1-13-99	
		Record Description				Effect. 98/09	
No Hdr	Hdr	Field Name	Mnemonic	Size	Format	Type	
--- Header Record Data ---							
1		90 Exchange Scope	H EXCHSCP	2		A/N	
3	F	Header Entry Code	H ENTCD	1		A/N	
4		Filler	H ---	1		A/N	
5	282PH	Branch Code & Section	H BRHSEC	5		A/N	
10		Unit	H UNIT	2		A/N	
12		Clerk	H CLK	5		A/N	
17		Social Security Number	H SSN	9		A/N	
26		Julilian Day	H JULDTE	3	DDD	A/N	
29		Header Response Code	H RESPCD	2		A/N	
The 500 positions after the Header Data will contain any 1 of the following 5 types of Entry Data.							
--- SS5 Entry Data---							
1	31	Reference-Num	S5 REFNUM	11	YYDDn...	A/N	
12	42	Interview-Code	S5 INTVCDE	1		A/N	
13	43	SSN	S5 SSN	9		A/N	
22	52	Citizenship-Code	S5 CITZEN	1		A/N	
23	53	DO-Code	S5 DO	3		A/N	
26	56	Form-Code	S5 FRMCD	1		A/N	
27	57	Entry-Code	S5 ENTCD	1		A/N	
28	58	Print-Code	S5 PRTCD	1		A/N	
29	59	Cycle-Date	S5 CYCDTE	8	CCYYMMDD	A/N	
37	67	NH-Name-First	S5 NNF	15		A/N	
52	82	NH-Name-First-OFLO	S5 NNFO	1		A/N	
53	83	NH-Name-Middle	S5 NNM	15		A/N	
68	98	NH-Name-Middle-OFLO	S5 NNMO	1		A/N	
69	99	NH-Name-Last	S5>NNL	20		A/N	
89	119	NH-Name-Last-OFLO	S5 NNLO	1		A/N	
90	120	NH-Name-Suffix	S5 NNSUF	4		A/N	
94	124	NH-Name-Soundex	S5 NNSDX	3		A/N	
97	127	DOB-MMDDCCYY	S5 DOB	8	MMDDCCYY	A/N	
105	135	Sex	S5 SEX	1		A/N	
106	136	Race	S5 RACE	1		A/N	
107	137	MTH-Name-First	S5 MNF	15		A/N	
122	152	MTH-Name-First-OFLO	S5 MNFO	1		A/N	
123	153	MTH-Name-Middle	S5 MNM	15		A/N	
138	168	MTH-Name-Middle-OFLO	S5 MNMO	1		A/N	
139	169	MTH-Name-Last	S5 MNL	20		A/N	
159	189	MTH-Name-Last-OFLO	S5 MNLO	1		A/N	
160	190	MTH-Name-Suffix	S5 MNSUF	4		A/N	
164	194	FTH-Name-First	S5 FNF	15		A/N	
179	209	FTH-Name-First-OFLO	S5 FNFO	1		A/N	
180	210	FTH-Name-Middle	S5 FNM	15		A/N	
195	225	FTH-Name-Middle-OFLO	S5 FNMO	1		A/N	
196	226	FTH-Name-Last	S5 FNL	20		A/N	
216	246	FTH-Name-Last-OFLO	S5 FNLO	1		A/N	
217	247	FTH-Name-Suffix	S5 FNSUF	4		A/N	
221	251	POB-City-County	S5 POBCC	12		A/N	
233	263	POB-OFLO	S5 POBOFLO	1		A/N	
234	264	POB-State-Country	S5 POBSC	2		A/N	
236	266	POB-Foreign-Ind	S5 POBFORID	1		A/N	
237	267	OTH-Name-First	S5 ONF	15		A/N	
252	282	OTH-Name-First-OFLO	S5 ONFO	1		A/N	
253	283	OTH-Name-Middle	S5 ONM	15		A/N	
268	298	OTH-Name-Middle-OFLO	S5 ONMO	1		A/N	
269	299	OTH-Name-Last	S5 ONL	20		A/N	
289	319	OTH-Name-Last-OFLO	S5 ONLO	1		A/N	
290	320	OTH-Name-Suffix	S5 ONSUF	4		A/N	
294	324	Filler	--	3		A/N	
297	327	SIG-Name-First	S5 SNF	15		A/N	

312	342	SIG-Name-First-OFLO	S5	SNFO	1		A/N
313	343	SIG-Name-Middle	S5	SNM	15		A/N
328	358	SIG-Name-Middle-OFLO	S5	SNMO	1		A/N
329	359	SIG-Name-Last	S5	SNL	20		A/N
349	379	SIG-Name-Last-OFLO	S5	SNLO	1		A/N
350	380	SIG-Name-Suffix	S5	SNSUF	4		A/N
354	384	SIG-Name-Code	S5	SNCDE	1		A/N
355	385	Filler	--		3		A/N
358	388	Notify	S5	NOTIFY	2		A/N
360	390	Card-Code	S5	CARDCDE	1		A/N
361	391	Filler	--		1		A/N
362	392	DOB-Change-Ind	S5	DOBCHG	1		A/N
363	393	Prior-DOB-MMDDCCYY	S5	PRIRDOB	8	MMDDCCYY	A/N
371	401	Correspondence-Ind	S5	CORRIND	2		A/N
373	403	Birth-Cert-Num	S5	BCERTNO	11		A/N
384	414	Filler	--		114		A/N
498	528	Conversion-Record-Ind	S5	CONVIND	1		A/N
499	529	Sub-Code	S5	SUBCDE	1		A/N
500	530	Flag-Delete-Ind	S5	DELIND	1		A/N

--- Correspondence Data---

1	31	Filler	--		12		A/N
13	43	SSN	CR	SSN	9		A/N
22	52	Filler	--		5		A/N
27	57	Entry-Code	CR	ENTCD	1		A/N
28	58	Filler	--		1		A/N
29	59	Cycle-Date	CR	CYCDTE	8	CCYYMMDD	A/N
37	67	Filler	--		32		A/N
69	99	Corres-NH-Name-Last	CR	NML	6		A/N
75	105	Filler	--		22		A/N
97	127	Retention-Ind	CR	RETIND	1		A/N
98	128	Destruction-Year	CR	DESTRYR	4	CCYY	A/N
102	132	FICA-Waiver-Ind	CR	FICAIND	1		A/N
103	133	Filler	--		396		A/N
499	529	Filler	--		1		A/N
500	530	Flag-Delete-Ind	CR	DELIND	1		A/N

--- Claim Data---

1	31	Reference-Num	CL	REFNUM	11	YYDDn...	A/N
12	42	Filler	--		1		A/N
13	43	SSN	CL	SSN	9		A/N
22	52	Filler	--		1		A/N
23	53	DO-Code	CL	DO	3		A/N
26	56	Form-Code	CL	FRMCD	1		A/N
27	57	Entry-Code	CL	ENTCD	1		A/N
28	58	Filler	--		1		A/N
29	59	Cycle-Date	CL	CYCDTE	8	CCYYMMDD	A/N
37	67	NH-Name-First	CL	NNF	15		A/N
52	82	NH-Name-First-OFLO	CL	NNFO	1		A/N
53	83	NH-Name-Middle	CL	NNM	15		A/N
68	98	NH-Name-Middle-OFLO	CL	NNMO	1		A/N
69	99	NH-Name-Last	CL	NNL	20		A/N
89	119	NH-Name-Last-OFLO	CL	NNLO	1		A/N
90	120	NH-Name-Suffix	CL	NNSUF	4		A/N
94	124	Filler	--		3		A/N
97	127	DOB-MMDDCCYY	CL	DOB	8	MMDDCCYY	A/N
105	135	Sex	CL	SEX	1		A/N
106	136	Filler	--		1		A/N
107	137	MTH-Name-First	CL	MNF	15		A/N
122	152	MTH-Name-First-OFLO	CL	MNFO	1		A/N
123	153	MTH-Name-Middle	CL	MNM	15		A/N
138	168	MTH-Name-Middle-OFLO	CL	MNMO	1		A/N
139	169	MTH-Name-Last	CL	MNL	20		A/N
159	189	MTH-Name-Last-OFLO	CL	MNLO	1		A/N
160	190	MTH-Name-Suffix	CL	MNSUF	4		A/N
164	194	FTH-Name-First	CL	FNF	15		A/N
179	209	FTH-Name-First-OFLO	CL	FNFO	1		A/N

180	210	FTH-Name-Middle	CL FNM	15		A/N
195	225	FTH-Name-Middle-OFLO	CL FNMO	1		A/N
196	226	FTH-Name-Last	CL FNL	20		A/N
216	246	FTH-Name-Last-OFLO	CL FNLO	1		A/N
217	247	FTH-Name-Suffix	CL FNSUF	4		A/N
221	251	POB-City-County	CL POBCC	12		A/N
233	263	POB-OFLO	CL POBOFLO	1		A/N
234	264	POB-State-Country	CL POBSC	2		A/N
236	266	POB-Foreign-Ind	CL POBFORID	1		A/N
237	267	DO-Address	CL DOADR	45		A/N
282	312	Claim-Date	CL CLMDTE	8		A/N
290	320	DOO-MMDDCCYY	CL DOO	8	MMDDCCYY	A/N
298	328	DOD-MMDDCCYY	CL DOD	8	MMDDCCYY	A/N
306	336	Filler	--	192		A/N
498	528	Conversion-Record-Ind	CL CONVIND	1		A/N
499	529	Filler	--	1		A/N
500	530	Flag-Delete-Ind	CL DELIND	1		A/N
501	531			0		A/N

--- Death Data---

1	31	Reference-Num	DD REFNUM	11	YYDDn...	A/N
12	42	Filler	DD --	1		A/N
13	43	SSN	DD SSN	9		A/N
22	52	Filler	DD --	5		A/N
27	57	Entry-Code	DD ENTCD	1		A/N
28	58	Filler	DD --	1		A/N
29	59	Cycle-Date	DD CYCDTE	8	CCYYMMDD	A/N

Death History record Table occurs 3 times

37	67	NH-Name-First	DD NNF	15		A/N
52	82	NH-Name-First-OFLO	DD NNFO	1		A/N
53	83	NH-Name-Middle	DD NNM	1		A/N
54	84	Filler	--	14		A/N
68	98	NH-Name-Middle-OFLO	DD NNMO	1		A/N
69	99	NH-Name-Last	DD>NNL	20		A/N
89	119	NH-Name-Last-OFLO	DD>NNLO	1		A/N
90	120	NH-Name-Last-SUFFIX	DD>NNLSUF	4		A/N
94	124	Filler	DD --	3		A/N
97	127	DOB-MMDDCCYY	DD DOB	8	MMDDCCYY	A/N
105	135	Sex	DD SEX	1		A/N
106	136	Filler	DD ---	1		A/N
107	137	Individuals Other Number	DD INDOTH	9		A/N
116	146	Record ID Code	DD RECID	1		A/N
117	147	Beneficiary Death Ind	DD DIND	1		A/N
118	148	Program Involvement Ind	DD PRGINV	1		A/N
119	149	Zip Res	DD ZIPRES	5		A/N
124	154	Zip Last 4	DD ZIPRESL4	4		A/N
128	158	Zip LSDP	DD ZIPLSDP	5		A/N
133	163	Zip LSDP Last 4	DD ZIPLSDPL4	4		A/N
137	167	Plus 5 Ind 1	DD P5ID1	1		A/N
138	168	Plus 5 Ind 2	DD P5ID2	1		A/N
139	169	Plus 5 Ind 3	DD P5ID3	1		A/N
140	170	Plus 5 Ind 4	DD P5ID4	1		A/N
141	171	Plus 5 Ind 5	DD P5ID5	1		A/N
142	172	Numi Source Death	DD SOURCE	2		A/N
144	174	Numi Proof Death	DD PROOF	1		A/N
145	175	DOD MMDDCCYY	DD DOD	8	MMDDCCYY	A/N
153	183	Death Certificate Num	DD CERTIF	26		A/N
179	209	Death Posting Date	DD POST	8	CCYYMMDD	A/N

187	217	Remaining 2 Occurrences		300		
487	517	Death-NOE	DD NOE	1		A/N
488	518	Filler	---	11		A/N
499	529	Filler	---	1		A/N
500	530	Filler	---	1		A/N

## --- Esi (Spin) Data---

1	31	Filler	--	12		A/N
13	43	SSN	SP SSN	9		A/N
22	52	Filler	--	5		A/N
27	57	Entry-Code	SP ENTCD	1		A/N
28	58	Filler	--	1		A/N
29	59	Cycle-Date	SP CYCDTE	8	CCYYMMDD	A/N
37	67	NH-Name-First	SP NNF	15		A/N
52	82	NH-Name-First-OFLO	SP NNFO	1		A/N
53	83	NH-Name-Middle	SP NNM	15		A/N
68	98	NH-Name-Middle-OFLO	SP NNMO	1		A/N
69	99	NH-Name-Last	SP>NNL	20		A/N
89	119	NH-Name-Last-OFLO	SP>NNLO	1		A/N
90	120	NH-Name-Suffix	SP>NNSUF	4		A/N
94	124	Filler	--	3		A/N
97	127	DOB-MMDDCCYY	SP DOB	8	MMDDCCYY	A/N
105	135	Filler	--	2		A/N
107	137	Spin-NOE	SP NOE	2		A/N
109	139	Filler	--	1		A/N
		Spin-Table (Occurs 15 Times)				A/N
110	140	Spin-Indicator	SP SPIND	1		A/N
111	141	Filler	--	1		A/N
112	142	Spin-Date	SP SODATE	8	MMDDCCYY	A/N
120	150	Filler	--	1		A/N
		Remaining 14 Occurrences		154		A/N
						A/N
275	305	Filler	--	224		A/N
499	529	Filler	--	1		A/N
500	530	Filler	--	1		A/N

--- NIF Entry Data---  
( No Header Info.)

1		Filler	NIF REFNUM	12		A/N
13		SSN	NIF SSN	9		A/N
22		Filler	NIF --	5		A/N
27		Entry-Code	NIF ENTCD	1		A/N
28		Filler	--	1		A/N
29		Cycle-Date	NIF CYCDTE	8	CCYYMMDD	A/N
37		Filler	--	120		A/N
157		Exchange Request Scop	NIF EXCHG	2		A/N
159		Branch	NIF BRH	3		A/N
162		Section	NIF SECT	2		A/N
164		Unit	NIF UNIT	2		A/N
166		Clerk	NIF CLERK	5		A/N
171		Julilian Day One	NIF JULDTE1	3	DDD	A/N
174		Filler	--	324		A/N
498		Julilian Day Two	NIF JULDTE2	3	DDD	A/N

**APPENDIX D:**

**FILE LAYOUT OF THE 831 & 832/833 DISABILITY FILES**

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**SSA-831  
DDB RECORD LAYOUT - 1989 AND CONTINUING**

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
----------------	----------	--------	-------------

<b>THIS FILE IS SORTED IN THE FOLLOWING ORDER:</b>
--

SSN	1-9	A
RID	13	A
TOC	22	A
AL	12	A
BIC	10-11	A
DODEC	23-28	A
RDT	31	D
ND	32	D
DDS	33-35	A

<b>SSN</b>	<b>1-9</b>	<b>A9</b>	<b><u>Social Security Number</u></b> 999999999 = Unknown SSN
------------	------------	-----------	---

<b>BIC</b>	<b>10-11</b>	<b>A2</b>	<b><u>Beneficiary ID Code</u></b> A = Primary Cx = Child D, Dx = Widow/Widower E, Ex = Widow/Widower M, Mx = Uninsured RA = Assistance Requested/Litigation Case T = Uninsured Or Renal Tx = Medicare Qualified Federal Employee's Auxiliary W, Wx = Widow/Widower ZZ = Unknown
------------	--------------	-----------	---

**NOTE: x means anything other than blank**

<b>AL</b>	<b>12</b>	<b>A1</b>	<b><u>Adjudicative Level</u></b> * A = Initial B = Recon C = Recon DHU D = ALJ E = Appeals Council F = District Court * G = Reopening
-----------	-----------	-----------	--

\* I = Informal Remand

Z = Unknown

\* Counted As Initial Cases (Per ORS). Otherwise Use A and G Only.

**RID**                    **13**                    **A1**

**Record Identification**

2 = Form SSA-831 (Title II)

R = Form SSA-831 (Title XVI)

NOTE: Unknowns Will Be Dropped

**FLD**                    **14-21**                    **I8CYMD**

**Filing Date**

CCYYMMDD

CCYYMM15 = Unknown Day

CCYY8888 = Unknown Month And Day

99999999 = Invalid Characters or Unknown/Not Available

**TOC**                    **22**                    **A1**

**Type Of Claim**

**Title II**

1 = DIB (Disabled Worker)

2 = FZ (Blind Worker)

3 = DWB (Disabled Widow/Widower)

4 = CDBR (Disabled Child Benefits RSI)

5 = CDBD (Disabled Child Benefits DIB)

6 = RDR (End-Stage Renal--Retirement)

7 = RDD (End-Stage Renal--Disability)

8 = RD (End-Stage Renal--On Own SSN)

9 = PR (Child - Grandparent--Retirement)

P = PD (Child - Grandparent--Disability)

M = MQFE (Medically Qualified Government [Federal] Employee)

**Title XVI**

A = DI (Disabled Worker)

B = DS (Disabled Spouse)

C = DC (Disabled Child)

D = BI (Blind Individual)

E = BS (Blind Spouse)

F = BC (Blind Child)

G = AI (Alien Individual)

H = AS (Alien Spouse)

Z = Unknown

Blank = Not Available

<b>DODEC</b>	<b>23-30</b>	<b>I8CYMD</b>	<b><u>Date Of DDS Or SSA Decision</u></b> CCYYMMDD
<b>RDT</b>	<b>31</b>	<b>A1</b>	<b><u>Result Of Determination</u></b> A = Allowance D = Denial C = Closed Period N = No decision Q = Transfer
<b>ND</b>	<b>32</b>	<b>A1</b>	<b><u>NDDSS/ADOC Source Code</u></b> N = NDDSS M = Modified NDDSS Closure Record D = NDDSS DCPS Record E = Modified NDDSS DCPS Closure Record (Note: WBD0C records were removed from this file in January of 2002) C = NDDSS And WBD0C Combined (OD Edit) T = Modified NDDSS Closure Record And WBD0C Combined (OD Edit) Blank = WBD0C
<b>DDS</b>	<b>33-35</b>	<b>A3</b>	<b><u>State Agency Code Of DDS Jurisdiction</u></b> Refer to FOCEXEC named UTREGSTA for state definitions. Position 1-2 for DDS state number. Position 3: X for ODO Y for FDDS 88 Z for unknown Use all 3 positions for specific offices that are listed in DI 33520. For values in older files, refer to layout on shared drive in DDPIS\Branch1\Layouts\Historical\UNI8319C.
<b>CCF</b>	<b>36</b>	<b>A1</b>	<b><u>Concurrent Claim</u></b> N = Not Concurrent Y = Title II Claim Concurrently Filed With Title XVI Claim (same SSN) S = Special Concurrent (different SSN) V = Very Special (combination of the 'Y' and 'S' Codes)
<b>RB</b>	<b>37-38</b>	<b>A2</b>	<b><u>Regulation Basis Code</u></b> A1-X3; Z1-Z2 (Title II) 30-48, 51, 61-67 (Title XVI)

CE = Collateral Estoppel (Title II Or Title XVI Allowances)

S1 = Res Judicata (Title II denials)

ZZ = Unknown

Blank = Not Available

<b>DOB</b>	<b>39-46</b>	<b>I8CYMD</b>	<p><b><u>Date Of Birth</u></b>          CCYYMMDD          CCYYMM15 = Unknown Day Of Birth          CCYY8888 = Unknown Month And Day          99999999 = Invalid Characters or Unknown</p>
<b>DOBC</b>	<b>47</b>	<b>A1</b>	<p><b><u>Date Of Birth Code</u></b>          A = WBD0C Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The D0DEC Year. (Day Of Birth Set To 15, 88, Or 99.)          B = NDDSS Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The D0DEC Year. (Day Of Birth Set To 15, 88, Or 99.)          C = Current 831 Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The D0DEC Year. (Day Of Birth Set To 15.)          D = WBD0C Record, Valid Month Of Birth And Year Of Birth Is In The Range For The D0DEC Year. (Day Of Birth Set To 15.)          E = NDDSS Or Current SSA-831 Record, Valid Month Of Birth And Year Of Birth Is In The Range For The D0DEC Year. (Day Of Birth Set To 15.)          F = Current SSA-831 Record, Only The CCYYMM Of Date Of Birth Has Been Changed By The Numident Information. (Day Of Birth Set To 15.)          G = NDDSS Or Current 831 Record Includes Year, Month, and Day, However There Is A Problem With The Range Or Validity.          L = Current SSA-831 Record, CCYYMMDD Of Date Of Birth Has Been Changed By The Numident Information.          M = Current 831 Record, Only The DD Of Date Of Birth Has Been Changed By The Numident Information.          N = NDDSS Or Current 831 Record, Month Of Birth And Day Of Birth Are Valid And Year Of Birth Is In The Range For The D0DEC Year.</p>
<b>BS</b>	<b>48-49</b>	<b>A2</b>	<p><b><u>Body System Codes</u></b>          01 = Musculoskeletal System          02 = Special Senses And Speech          03 = Respiratory System</p>

04 = Cardiovascular System  
 05 = Digestive System  
 06 = Genito-Urinary System  
 07 = Hemic And Lymphatic System  
 08 = Skin  
 09 = Endocrine System  
 10 = Multiple Body Systems  
 11 = Neurological  
 12 = Mental Disorders  
 13 = Neoplastic Diseases, Malignant  
 14 = Immune Deficiency  
 19 = Growth Impairment  
 20 = Other/Unknown Code  
 99 = Invalid Code Used  
 Blank = Not Available

<b>PDX</b>	<b>50-53</b>	<b>A4</b>	<b><u>Primary Impairment Code</u></b> 0001-9999 0000 = Not Available/Blank
<b>RPDX</b>	<b>54-57</b>	<b>A4</b>	<b><u>Recoded Primary Impairment Code</u></b> 0110-9480 Used To Convert ICD-9 Codes To Impairment Codes
<b>SDX</b>	<b>58-61</b>	<b>A4</b>	<b><u>Secondary Impairment Code (See PDX)</u></b>
<b>RSDX</b>	<b>62-65</b>	<b>A4</b>	<b><u>Recoded Secondary Impairment Code</u></b> (See RPDX)
<b>DD</b>	<b>66-71</b>	<b>I6CYM</b>	<b><u>Diary Date</u></b> CCYYMM = Medical Reexam Date CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Blank (Denials)
<b>DT</b>	<b>72</b>	<b>A1</b>	<b><u>Diary Type</u></b> 3 = Medical Reexam, Nonpermanent (MIE) And (MIP) 4 = Medical Reexam, Permanent (MINE) 5 = Medical Reexam (Permanency Of Impairment Not Known) 6 = No Diary Required 9 = Title XVI VR Child Referral Z = Invalid Blank = Not Available
<b>DR</b>	<b>73</b>	<b>A1</b>	<b><u>Diary Reason</u></b> A - Z

1, 3, 5, 7, 9  
Blank

**DEFINE**

If DR = '3' then 'MIP'  
 else if DR = '5' or '7' then 'MINE'  
 else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or  
 'M' or 'N' or 'V'  
 or 'W' or 'X' or 'Y' or 'Z') and DPM = 'P' then  
 'MINE'  
 else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or  
 'M' or 'N' or 'V'  
 or 'W' or 'X' or 'Y' or 'Z') and DPM not = 'P'  
 then 'MIP'  
 else if DR alphabetic and not spaces then 'MIE'  
 else 'MIP'

**(Definitions provided by CDR Team - July 2004)**

<b>LNA</b>	<b>74-76</b>	<b>A3</b>	<p><b><u>List Number A</u></b>          001-999, Blank          ZZZ = Unknown          For a list of codes, see:  <a href="http://policynet.ba.ssa.gov/poms.nsf/lrx/0433530005">http://policynet.ba.ssa.gov/poms.nsf/lrx/0433530005</a>          Listing codes are populated in ascending          order, beginning with LNA. If a second listing          code is received, it will appear in LNB, etc.</p>
<b>LNB</b>	<b>77-79</b>	<b>A3</b>	<p><b><u>List Number B (See LNA)</u></b></p>
<b>LNC</b>	<b>80-82</b>	<b>A3</b>	<p><b><u>List Number C (See LNA)</u></b></p>
<b>LND</b>	<b>83-85</b>	<b>A3</b>	<p><b><u>List Number D (See LNA)</u></b></p>
<b>LNE</b>	<b>86-88</b>	<b>A3</b>	<p><b><u>List Number E (See LNA)</u></b></p>
<b>LNF</b>	<b>89-91</b>	<b>A3</b>	<p><b><u>List Number F (See LNA)</u></b></p>
<b>SLC</b>	<b>92</b>	<b>A1</b>	<p><b><u>Study List Code</u></b>          A = Automatic SSI2 query (This is systems generated          for Title XVI CDR Cases)          B = ARC/HIV related, NY region - use discontinued          C = Title XVI special childhood sample selection          D = NY Region Only For AIDS Terminally Ill Cases          E = Litigation - Stieberger (formerly Etsitty)          F = reserved for future use (formerly Campbell)          G = Prototype (formerly Full Process Model (formerly          Boyd))</p>

H = Hearing DHU case  
 I = State Of New York  
 J = Special Title II Disability workload (formerly Luna)  
 K = Future (formerly Single Decisionmaker Pilot (formerly Dixon))  
 L = Future (formerly FPM Control case (formerly Wilkerson))  
 M = Process Unification Disability Rationale  
 N = Non federal cases  
 O = Unassigned  
 P = Process Unification Initiative #4 (formerly Peck)  
 Q = Zebley  
 R = Federal DDS MIRS/Mental Reapplication for New York  
 S = DAA Redetermination (formerly City Of New York)  
 T = Samuels  
 U = Terminally Ill Cases (NY Region; Uses "D" For AIDS Terminally Ill Cases).  
 V = reserved for future use (formerly Diaz)  
 W = Mississippi (formely Wilson)  
 X - OIO  
 Y = City Of New York  
 Z = Robert Smith  
 0 (zero) = Bailey  
 1 = Canadian claims for New York & Boston Regions  
 2 = Listing code 122 case  
 3 = Marcus 1991 On (formerly Court Ordered Reopenings Other Than Allowances)  
 4 = Hyatt  
 5 = reserved for future use (formerly McDonald)  
 6 = Johnson From June 1991 On (formerly Polaski Through May 1991)  
 7 = DMA (Document Management Architecture) - AeDib (formerly Schisler)  
 8 = Redetermination Pursuant to P.L. 104-193 Age 18 or Childhood (formerly Aldrich)  
 9 = Age 19 became 19 prior to initiation of redetermination - CDR conducted (formerly Morrison)  
 All Blanks = Not Available/Not Applicable  
*This field was updated according to POMS SM 6001.120 on July 2, 2003*

LIT1

93-95

A3

**Litigation Code 1**

Valid Litigation Codes range from 750-798 & 800-899, however the codes listed below include those known at the present time. For codes not listed consult POMS history or contact the Litigation Staff.

Regardless of incoming position in litigation code area, litigation codes are populated in SSA-831 file in ascending order, beginning with LIT1. If a second listing code is received, it will appear in LIT2, etc.

**Codes below are current as of 7/25/2003**

000	Not Coded/Unknown
108	Operation Iraq Freedom claim Albany DDS cases sent to Buffalo for adjud.
500	Jamaica (NY) DDS cases sent to Albany for adjud.
501	Hyatt 3
755	Small
757	Hyatt Reassessment
760	Hickman
766	Silveira
771	Curry
772	Zebley Med. Redeterm.
775	Goodnight
783	Kendrick
789	Childhood Med. Redeterm.
790	Laird
791	Thayer
795	ALJ Dutle
796	Surrell
797	Bailey
801	Dixon
808	Hyatt
812	Grant
813	Salamalekis
819	Robert Smith
823	State of New York
825	Zebley
829	Walton
835	Walton II
857	Thomas
867	Adamson
870	Bozzi
886	Cuffee
888	Stieberger
889	Boring
896	Rosetti
899	

**LIT2            96-98            A3            Litigation Code 2 (See LIT1)**

**LIT3            99-101            A3            Litigation Code 3 (See LIT1)**

LIT4	102-104	A3	<u>Litigation Code 4 (See LIT1)</u>
LIT5	105-107	A3	<u>Litigation Code 5 (See LIT1)</u>
LIT6	108-110	A3	<u>Litigation Code 6 (See LIT1)</u>
LIT7	111-113	A3	<u>Litigation Code 7 (See LIT1)</u>
LIT8	114-116	A3	<u>Litigation Code 8 (See LIT1)</u>
LIT9	117-119	A3	<u>Litigation Code 9 (See LIT1)</u>
LIT10	120-122	A3	<u>Litigation Code 10 (See LIT1)</u>
DDPB	123-130	I8CYMD	<u>Date Disability Period Began</u> CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown/Not Available
DO	131-133	A3	<u>District Office Code</u> A00-K99 Or 000-999 ZZZ = Unknown/Invalid Characters Blank = Not Available
OY	134-135	A2	<u>Occupation Years</u> 00-99 ZZ = Unknown Blank = Not Available
OCC	136-137	A2	<u>Occupation Code</u> 00-99 ZZ = Unknown Blank = Not Available
IND	138-139	A2	<u>Industry Code</u> 00-99 ZZ = Unknown Blank = Not Available
ED	140-141	A2	<u>Education Years</u> 00-26, 99 ZZ = Unknown Blank = Not Available
VRA	142	A1	<u>VR Action</u>

Effective 8/15/2004, all cases subject to Ticket To Work and should be converted to value "B"

A = Referred To VR  
 B = Not Referred To VR  
 C = Previously Referred  
 1 = Referred To VR And Agency For Children  
 2 = Child Under 16--Referred To Agency  
 Blank = Unavailable  
 Z = Unknown

<b>VRN</b>	<b>143-147</b>	<b>A5</b>	<b><u>Vocational Rule Number</u></b> <a href="http://policynet.ba.ssa.gov/poms.nsf/lnx/0425025005">http://policynet.ba.ssa.gov/poms.nsf/lnx/0425025005</a> 201.01-203.31 And 204.00 Blank = Not Available ZZZZZ = Unknown
<b>MLN</b>	<b>148-154</b>	<b>A7</b>	<b><u>Medical List Number</u></b> 001 To 014 Part A--Adult Listings 100 To 114 Part B--Childhood Listings (Title XVI Only) ZZZZZZZ = Unknown Blank = Not Available
<b>SPC</b>	<b>155-156</b>	<b>A2</b>	<b><u>Physician Specialty Code</u></b> 01-48 Blank = Not Available 99 = Unknown
<b>DOT</b>	<b>157-162</b>	<b>I6CYM</b>	<b><u>Date of Termination</u></b> CCYYMM CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Not Available
<b>FS</b>	<b>163</b>	<b>A1</b>	<b><u>Federal Sample Indicator</u></b> N = Not Selected P = Preeffectuation Review Q = Quality Review Z = Unknown
<b>BI</b>	<b>164</b>	<b>A1</b>	<b><u>Case Of Blindness</u></b> A = Not Disabled For Cash Benefits B = Disabled For Cash Benefits Blank = Not Coded Z = Unknown
<b>PD</b>	<b>165</b>	<b>A1</b>	<b><u>Presumptive Disability Decision</u></b>

1 = DO Decision  
 2 = DDS Decision  
 Blank = Not Available/Not Applicable  
 Z = Unknown

**PDI**            **166-167**        **A2**        **Presumptive Disability Impairment**  
 01-24    (01 & 08 obsolete effective 2/19/2002)  
 99 = Invalid/Unknown  
 Blank = Not Available

Due To Differences In The SM POMS And DI POMS, AIDS/ARC PDI Codes Should Be Cross Checked With RPDY And RSDX.

**PDD**            **168-173**        **I6CYM**    **Presumptive Decision Date**  
 CCYYMM  
 CCYY88 = Unknown Month  
 999999 = Invalid Characters or Unknown/Not Available

**AER**            **174**            **A1**        **Adjudicative Decision**  
 A = Affirmation  
 R = Reversal  
 Blank = Not Available  
 Z = Unknown

**SEX**            **175**            **A1**        **Sex Code**  
 F = Female  
 M = Male  
 U = Not Determined/Unknown  
 Z = Not Available After Numident Match

**RACE**            **176**            **A1**        **Race Code**  
 A = Asian  
 B = Black/Negro  
 H = Hispanic  
 I = North American Indian Or Eskimo  
 O = Other  
 U = Not Determined/Unknown  
 W = White  
 Z = Not Available After Numident Match

NOTE: Sex And Race Are Added To Our File Periodically During The Current Year. Values Of "U" In Data Fields Commonly Indicate the Record Has Not Been Updated.

<b>LASTN</b>	<b>177-202</b>	<b>A26</b>	<b><u>Last Name Of Claimant</u></b> 26 Characters Of Last Name
<b>FIRSTN</b>	<b>203-218</b>	<b>A16</b>	<b><u>First Name Of Claimant</u></b> 16 Characters Of First Name
<b>MIDDLEN</b>	<b>219-228</b>	<b>A10</b>	<b><u>Middle Name Of Claimant</u></b> 10 Characters Of Middle Name
<b>DPM</b>	<b>229</b>	<b>A1</b>	<b><u>Permanent Disability Code</u></b> N = Not Permanent P = Permanent 0 (Zero) = Denial Or Cessation Decision Z = Unknown Blank = Not Coded
<b>SLCQ</b>	<b>230</b>	<b>A1</b>	<b><u>Study List Code (Zebley)</u></b> Q = Zebley Cases Provided Through The Reconciliation Process Blank = Not Applicable
<b>CDF</b>	<b>231</b>	<b>A1</b>	<b><u>Capability Development Flag</u></b> C = Capability Development Is Needed Y = Claimant Is Incapable N = Claimant Is Capable U = Capability Issue Is Unresolved Z = Unknown Blank = Not Available
<b>DAA</b>	<b>232</b>	<b>A1</b>	<b><u>Drug Or Alcohol Addiction</u></b> A = Alcohol Does Contribute To Findings B = Both, DA&A Does Contribute To Findings D = Drugs Do Contribute To Findings N = No, DA&A Does Not Contribute To Findings W = No medical evidence of DAA X = Alcoholism not material to Findings Y = Drug Addiction not material to findings Z = Neither DA or A is material to findings Space = not coded # = Invalid entry
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>NOTE: Codes W, X, Y &amp; Z effective as of March 1996 with DAA Legislation but coding was not input by DDSs until 5/96</p> </div>			
<b>RECONDTE</b>	<b>233-240</b>	<b>I8CYMD</b>	<b><u>Reconsideration Date</u></b> CCYYMMDD

			CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Unknown/Not Available
<b>EOR</b>	<b>241</b>	<b>A1</b>	<b><u>Evidence Of Record</u></b> Y = Evidence Of Record Was Purchased N = Evidence Of Record Was Not Purchased Blank = WBDoc record
<b>CER</b>	<b>242</b>	<b>A1</b>	<b><u>Consultative Examination Request</u></b> Y = CE Was Requested N = CE Was Not Requested Blank = WBDoc record
<b>ESC</b>	<b>243</b>	<b>A1</b>	<b><u>Escalated Claim</u></b> Y = Claim Was Escalated N = Claim Was Not Escalated Blank = WBDoc record
<b>ONDCODE</b>	<b>244</b>	<b>A1</b>	<b><u>Onset Code Type</u></b> P = Title XVI Presumptive Disability C = Title II Change In Onset Date F = Final Allowance Z = Unknown Blank = Not Available
<b>SCF</b>	<b>245</b>	<b>A1</b>	<b><u>Special Case Flag</u></b> T = Title II Trial Work Period R = Title II 13th Month Reopening P = Disability Quality Branch (DBQ) Case X = Title II Only CDR Direct Input Cessation F = Transitional Fed Medicare M = Regular Federal Medicare D = Drug Or Alcohol Addiction E = Collateral Estoppel H = DHU Hearing Held C = Other Z = Unknown Blank = Not Available
<b>BIDATE</b>	<b>246-253</b>	<b>I8CYMD</b>	<b><u>Adjusted Blind Onset Date</u></b> CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month and Day 99999999 = Unknown/Not Available
<b>STRDATE</b>	<b>254-261</b>	<b>I8CYMD</b>	<b><u>State Receipt Date</u></b>

			CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month 99999999 = Unknown/Not Available
<b>XAN</b>	<b>262-270</b>	<b>A9</b>	<b><u>Cross-reference Account Number</u></b> May be beneficiary's own account number, or the account number of a related claim.
<b>MAN</b>	<b>271-279</b>	<b>A9</b>	<b><u>Modified Account Number</u></b> Old SSN entry, which was corrected to entry which now appears in SSN field. SCORSSN (below) shows source of correction.
<b>SCORSSN</b>	<b>280</b>	<b>A1</b>	<b><u>Source of Corrected SSN</u></b> Source of change reflected by MAN (above) C = SSN update on NDDSS, prior to closure Q = Zebley reconciliation activity U = SSN update on NDDSS, relationship to closure date unknown--possible duplicate record under MAN, to be resolved W = SSN update on NDDSS, after closure--possible duplicate has been resolved O = Other manual process caused update of SSN
<b>SSNVER</b>	<b>281-282</b>	<b>A2</b>	<b><u>SSN Verification</u></b> (Future Use, in reconciliation projects--may be source and verification code)
<b>SAORACT</b>	<b>283</b>	<b>A1</b>	<b><u>SAOR Action Code</u></b> A = Received this report week B = Pending at the beginning and closing of this report week C = Received and closed within this report week D = Closed this report week F = Closed and already counted during a prior report week  (For SAOR/DDB reconciliation projects--see SM 06006.015.)
<b>CDODEC</b>	<b>284</b>	<b>A1</b>	<b><u>Changed DODEC</u></b> C = Record Where DODEC Is Derived From FLD (OD Edit) Q = Changed As A Result Of OPIR Actions Blank = Not Applicable
<b>ZIP</b>	<b>285-293</b>	<b>A9</b>	<b><u>ZIP Code Of Claimant</u></b>

			See National Zip Code Directory If METHOD (position 420) = F this is a consular code and NOT a ZIP code Can also be zeroes
ST	294-295	A2	<b><u>State Of Claimants Residence</u></b> (From the ZIP code, DDS or DO) Alphabetic Codes For States: AL-WY
STNUM	296-297	A2	<b><u>State Code (Numerical)</u></b> (From the ZIP code, DDS or DO) Numeric Codes For States: 01-53, 64, 65, 67, 88 and 99
WOF	298-305	I8CYMD	<b><u>Week Of File</u></b> CCYYMMDD = The last day of the processing week (which is Saturday through Friday) of the records that are posted to the Master File. (Records are posted on the following Monday.)
OPD	306-313	I8CYMD	<b><u>Original Posting Date</u></b> CCYYMMDD = The WOF of the first record posted to the Master File. When duplicate records come through the Transaction File, this date will be copied to the current record from the old record, before the old record is overwritten.
MDREC	314	A1	<b><u>Medical Development Record?</u></b> Y = Yes P = Prior MD information can still be found in the MD file. N = No
SKEL	315	A1	<b><u>Skeleton Record Created or Full Record Corrected from</u></b> NOTE: This field is reserved for future use.
SC2	316	A1	<b><u>Screening Case - Code 2</u></b>
SC3	317	A1	<b><u>Screening Case - Code 3</u></b>
DDSSV	318-320	A3	<b><u>DDS Code from TRIDE</u></b>
OLDSLC1	321	A1	<b><u>Previous SLC</u></b> See SLC. A # sign indicates field never used
OLDSLC2	322	A1	<b><u>Second Previous SLC</u></b> See SLC. A # sign indicates field never used

<b>OLDSL3</b>	<b>323</b>	<b>A1</b>	<b><u>Third Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL4</b>	<b>324</b>	<b>A1</b>	<b><u>Fourth Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL5</b>	<b>325</b>	<b>A1</b>	<b><u>Fifth Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>SSIPER</b>	<b>326</b>	<b>A1</b>	<b><u>SSI PER Indicator</u></b> Y = Pre-effectuation review Blank
<b>EDIBPI</b>	<b>327</b>	<b>A1</b>	<b><u>EDCS Indicator</u></b> Y = EDCS Blank
<b>This field is obsolete and not reliable - DO NOT USE!</b>			
<b>EDIBFLDR</b>	<b>328- 336</b>	<b>A9</b>	<b><u>eDib Folder Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>EDIBCASE</b>	<b>337- 345</b>	<b>A9</b>	<b><u>eDib Case Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>EDIBSEQ</b>	<b>346- 354</b>	<b>A9</b>	<b><u>eDib Sequence Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>PINDC</b>	<b>355</b>	<b>A1</b>	<b><u>Current Paper Indicator DSCVCPAP</u></b> 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
<b>PINDP</b>	<b>356</b>	<b>A1</b>	<b><u>Prior Paper Indicator DSCVPPAP</u></b> 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
<b>SSNMCS</b>	<b>357- 365</b>	<b>A9</b>	<b><u>SSN from MCS - DSCVCLMT</u></b> Claimant's SSN from MCS for EDCS reads
<b>QDDIND</b>	<b>366</b>	<b>A1</b>	<b><u>QDD indicator - DSCVQDD</u></b>

Quick Disability Determination (QDD) indicator  
 Y = yes  
 N = no

<b>QDRMVDT</b>	<b>367- 374</b>	<b>I8CYMD</b>	<b><u>QDD removal date - DSCVQDRD</u></b>
<b>QDRMVRSN</b>	<b>375- 376</b>	<b>A2</b>	<b><u>QDD removal reason - DSCVRRC</u></b> 01 = Necessary medical evidence has not been received. 02 = CE is necessary. 03 = Claimant moved to another state. 04 = Claimant returned to work. 05 = Claimant died during waiting period. 06 = Fully favorable determination can not be made. 07 = Non-medical development needed from FO. 08 = Disagreement between examiner and medical expert. 09 = MQGE case. 10 = Medicare only disabled widow. 11 = Class action re-adjudications. 12 = Claimant withdrew application and FO recalled case. 13 = Recalled by the FO for no other reason. 14 = Failure to cooperate. 15 = Corrective action required per OQP review. 16 = Medical Deferment criteria are met in accordance with DI 22505.010 17 = Work activity development needed by the FO 18 = Reopening of a prior decision needed 19 = DLI in the past 20 = Totalization Claim(s)
<b>QDREINDT</b>	<b>377- 384</b>	<b>I8CYMD</b>	<b><u>QDD reinstatement date - DSCVQRED</u></b>
<b>QDSCORE</b>	<b>385</b>	<b>A1</b>	<b><u>QDD scoring code - DSCVQDSC</u></b> 1 = Scored, and meets the threshold 2 = Scored, and is below the threshold 3 = Attempted to score, but not result 4 = Scored, but not QDD DDS (statistical scoring) 5 = Tried to score for statistical purposes but failed
<b>DSICLAIM</b>	<b>386</b>	<b>A1</b>	<b><u>DSI claim - DSCVDSII</u></b>

			Disability Services Improvement Claim Y = yes N = no
<b>DEDIARYD</b>	<b>387- 394</b>	<b>I8CYMD</b>	<b><u>Examiner diary date - DSCVDEDD</u></b> Disability Examiner's diary date
<b>ORIGDICD</b>	<b>395</b>	<b>A1</b>	<b><u>Original DDS Examiner Diary Reason Code</u></b> See DR (Diary Reason) field at position 73
<b>DIARYFLG</b>	<b>396</b>	<b>A1</b>	<b><u>Diary Model OD Flag Field</u></b> A = not run (invalid diary info date) B = not run (invalid date of birth) C = not run (invalid DODEC) D = not run (T16/under 18.2 years old) E = not run (T16/concurrent) F = not run (invalid final table key) G = not run (sampling) H = not run (SSN/BIC for CDR not in BSTAT file) I = run (DODEC <= 19860101 and MLN = 00505A or 00505B), DR = 7 J = run (PDX is 0430, or 0440, or 2790), DR = 7 1 = run (new DR = A, sampling) 3 = run (new DR = 3, sampling) 7 = run (new DR = 7, sampling) Y = run (new DR and diary info date)
<b>FILLER</b>	<b>397- 419</b>	<b>A23</b>	<b><u>Reserved For Future Use</u></b>
<b>METHOD</b>	<b>420</b>	<b>A1</b>	<b><u>Method used to derive state of residence</u></b> Z = ZIP code D = state of DDS O = state of DO/FO F = Foreign (consular code in ZIP) - = state not found (DASH) SPACE = METHOD not populated

\* Date fields will show all 9's when unknown or invalid, except EPE dates which could have "Blank" or all 9's.

Contact Sara Kovacs for DSI data explanations.

**SSA - 832/3  
DDB RECORD LAYOUT**

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION																														
<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">THIS FILE IS SORTED IN THE FOLLOWING ORDER:</th> </tr> </thead> <tbody> <tr> <td>SSN</td> <td>1-9</td> <td>A</td> </tr> <tr> <td>RID</td> <td>13</td> <td>A</td> </tr> <tr> <td>TOC</td> <td>14</td> <td>A</td> </tr> <tr> <td>AL</td> <td>12</td> <td>A</td> </tr> <tr> <td>BIC</td> <td>10-11</td> <td>A</td> </tr> <tr> <td>DODEC</td> <td>15-20</td> <td>A</td> </tr> <tr> <td>RDT</td> <td>23</td> <td>D</td> </tr> <tr> <td>ND</td> <td>24</td> <td>D</td> </tr> <tr> <td>DDS</td> <td>25-27</td> <td>A</td> </tr> </tbody> </table>				THIS FILE IS SORTED IN THE FOLLOWING ORDER:			SSN	1-9	A	RID	13	A	TOC	14	A	AL	12	A	BIC	10-11	A	DODEC	15-20	A	RDT	23	D	ND	24	D	DDS	25-27	A
THIS FILE IS SORTED IN THE FOLLOWING ORDER:																																	
SSN	1-9	A																															
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DODEC	15-20	A																															
RDT	23	D																															
ND	24	D																															
DDS	25-27	A																															
<b>SSN</b>	<b>1-9</b>	<b>A9</b>	<b><u>Social Security Number</u></b> 999999999 = Unknown SSN																														
<b>BIC</b>	<b>10-11</b>	<b>A2</b>	<b><u>Beneficiary ID Code</u></b> A = Primary Cx = Child D, Dx = Widow/Widower E, Ex = Widow/Widower Mx = Uninsured RA = Assistance Requested/Litigation Case T = Uninsured Or Renal Tx = Medicare Qualified Federal Employee's Auxiliary W, Wx = Widow/Widower ZZ = Unknown																														
<table border="1" style="margin: auto;"> <tr> <td><b>NOTE: x means anything other than blank</b></td> </tr> </table>				<b>NOTE: x means anything other than blank</b>																													
<b>NOTE: x means anything other than blank</b>																																	
<b>AL</b>	<b>12</b>	<b>A1</b>	<b><u>Adjudicative Level</u></b> * A = Initial B = Recon C = Recon DHU D = ALJ E = Appeals Council F = District Court * G = Reopening * I = Informal Remand Z = Unknown																														

* Counted As Initial Cases (Per ORS). Otherwise Use A and G Only.
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<b>RID</b>	<b>13</b>	<b>A1</b>	<b><u>Record Identification</u></b> 4 = Form SSA-833 (Title II) S = Form SSA-832 (Title XVI)
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NOTE: Unknowns Will Be Dropped
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<b>TOC</b>	<b>14</b>	<b>A1</b>	<b><u>Type Of Claim</u></b> <u>Title II</u> 1 = DIB (Disabled Worker) 2 = FZ (Blind Worker) 3 = DWB (Disabled Widow/Widower) 4 = CDB (Child Over 18) 5 = ESRD (End-Stage Renal Disease) 6 = HIB (Medicare -- Can Be Used As MQFE) M = MQFE (Medically Qualified Government [Federal] Employee)
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Title XVI  
A = DI (Disabled Worker)  
B = DS (Disabled Spouse)  
C = DC (Disabled Child Under 18)  
D = BI (Blind Primary)  
E = BS (Blind Spouse)  
F = BC (Blind Child Under 18)  
G = AI (Alien Individual)  
H = AS (Alien Spouse)  
Z = Unknown  
Blank = Not Available

<b>DODEC</b>	<b>15-22</b>	<b>I8CYMD</b>	<b><u>Date Of DDS Or SSA Decision</u></b> CCYYMMDD
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<b>RDT</b>	<b>23</b>	<b>A1</b>	<b><u>Result Of Determination</u></b> C = Continuance S = Cessation T = Termination N = No Decision Q = Transfer
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<b>ND</b>	<b>24</b>	<b>A1</b>	<b><u>NDDSS/ADOC Source Code</u></b> N = NDDSS M = Modified NDDSS Closure Record
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C = NDDSS And WBD0C Combined (OD Edit)  
 T = Modified NDDSS Closure Record And WBD0C  
 Combined (OD Edit)  
 Blank = WBD0C

<b>DDS</b>	<b>25-27</b>	<b>A3</b>	<p><b><u>State Agency (DDS) Code</u></b>          Refer to FOCEXEC named UTREGSTA for state definitions.          Position 1-2 for DDS state number.          Position 3:            X for ODO            Y for FDDS            88 Z for unknown          Use all 3 positions for specific offices that are listed in DI 33520.          For values in older files, refer to layout on shared drive in          DDPIS\Branch1\Layouts\Historical\UNI8319C.</p>
<b>CCF</b>	<b>28</b>	<b>A1</b>	<p><b><u>Concurrent Claim</u></b>          N = Not Concurrent          Y = Title II Claim Concurrently Filed With Title XVI Claim (same SSN)          S = Special Concurrent (different SSN)          V = Very Special (combination of the 'Y' and 'S' Codes)</p>
<b>RFC</b>	<b>29-30</b>	<b>A2</b>	<p><b><u>Reason For Continuance/Cessation Code</u></b>          01-48 = Title II          50-99 = Title XVI          00 = Invalid Characters          Blank = Not Available</p>
<b>BFD</b>	<b>31</b>	<b>A1</b>	<p><b><u>Basis For Determination</u></b>          A = Medical--Medical/Vocational          B = Work          C = Work--IRWE Involved          D = Other          Z = Unknown          Blank = Not Available</p>
<b>WRM</b>	<b>32-33</b>	<b>A2</b>	<p><b><u>Why Disability Review Was Made</u></b>          00-31          34-44 = CDR Mailer          99 = Not Available/Invalid</p>
<b>DOB</b>	<b>34-41</b>	<b>I8CYMD</b>	<p><b><u>Date Of Birth</u></b>          CCYYMMDD</p>

CCYYMM15 = Unknown Day Of Birth  
 CCYY8888 = Unknown Month And Day  
 99999999 = Invalid Characters or Unknown

**DOBC****42****A1****Date Of Birth Code**

A = ADOC Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 77, 88, Or 99.)

B = NDDSS Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 88, Or 99.)

C = Current 831 Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15.)

D = ADOC Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.)

E = NDDSS Or Current SSA-831 Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.)

F = Current SSA-831 Record, Only The CCYYMM Of Date Of Birth Has Been Changed By The Numident Information. (Day Of Birth Set To 15.)

G = NDDSS Or Current 831 Record Includes Year, Month, and Day, However there Is a Problem With The Range Or Validity.

L = Current SSA-831 Record, CCYYMMDD Of Date Of Birth Has Been Changed By The Numident Information.

M = Current 831 Record, Only The DD Of Date Of Birth Has Been Changed By The Numident Information.

N = NDDSS Or Current 831 Record, Month Of Birth And Day Of Birth Are Valid And Year Of Birth Is In The Range For The DODEC Year.

**BS****43-44****A2****Body System Codes**

01 = Musculoskeletal System

02 = Special Senses And Speech

03 = Respiratory System  
 04 = Cardiovascular System  
 05 = Digestive System  
 06 = Genito-Urinary System  
 07 = Hematological Disorders  
 08 = Skin Disorders  
 09 = Endocrine System  
 10 = Multiple Body Systems  
 11 = Neurological  
 12 = Mental Disorders  
 13 = Malignant Neoplastic Diseases  
 14 = Immune System  
 19 = Growth Impairment  
 20 = Special/Other  
 99 = Invalid Code Used  
 Blank = Not Available

<b>PDX</b>	<b>45-48</b>	<b>A4</b>	<b><u>Primary Impairment Code</u></b> 0001-9999 0000 = Not Available/Blank
<b>RPDX</b>	<b>49-52</b>	<b>A4</b>	<b><u>Recoded Primary Impairment Code</u></b> 0110-9480 Used To Convert ICD-9 Codes To Impairment Codes
<b>SDX</b>	<b>53-56</b>	<b>A4</b>	<b><u>Secondary Impairment Code</u></b> (See PDX)
<b>RSDX</b>	<b>57-60</b>	<b>A4</b>	<b><u>Recoded Secondary Impairment Code</u></b> (See RPDX)
<b>DD</b>	<b>61-66</b>	<b>I6CYM</b>	<b><u>Diary Date</u></b> CCYYMM = Medical Reexam Date CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Blank (Denials)
<b>DT</b>	<b>67</b>	<b>A1</b>	<b><u>Diary Type</u></b> 3 = Medical Reexam, Nonpermanent (MIE) And (MIP) 4 = Medical Reexam, Permanent (MINE) 5 = Medical Reexam (Permanency Of Impairment Not Known) 6 = No Diary Required 9 = Title XVI VR Child Referral Z = Invalid Blank = Not Available

<b>DR</b>	<b>68</b>	<b>A1</b>	<p><b><u>Diary Reason</u></b>  A - Z  1, 3, 5, 7, 9  Blank</p> <p><b>DEFINE</b>  If DR = '3' then 'MIP'  else if DR = '5' or '7' then 'MINE'  else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or 'M' or 'N' or 'V'  or 'W' or 'X' or 'Y' or 'Z') and DPM = 'P' then  'MINE'  else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or 'M' or 'N' or 'V'  or 'W' or 'X' or 'Y' or 'Z') and DPM <u>not = 'P'</u>  then 'MIP'  else if DR alphabetic and not spaces then 'MIE'  else 'MIP'</p> <p><b>(Definitions provided by CDR Team - July 2004)</b></p>
<b>LNA</b>	<b>69-71</b>	<b>A3</b>	<p><b><u>List Number A</u></b>  001-999, Blank  ZZZ = Unknown  For a list of codes, see:  <a href="http://policynet.ba.ssa.gov/poms.nsf/lnx/0433530005">http://policynet.ba.ssa.gov/poms.nsf/lnx/0433530005</a>  Listing codes will be populated in ascending order, beginning with LNA. If a second listing code is received, it will appear in LNB, etc.</p>
<b>LNB</b>	<b>72-74</b>	<b>A3</b>	<b><u>List Number B (See LNA)</u></b>
<b>LNC</b>	<b>75-77</b>	<b>A3</b>	<b><u>List Number C (See LNA)</u></b>
<b>LND</b>	<b>78-80</b>	<b>A3</b>	<b><u>List Number D (See LNA)</u></b>
<b>LNE</b>	<b>81-83</b>	<b>A3</b>	<b><u>List Number E (See LNA)</u></b>
<b>LNF</b>	<b>84-86</b>	<b>A3</b>	<b><u>List Number F (See LNA)</u></b>
<b>SLC</b>	<b>87</b>	<b>A1</b>	<p><b><u>Study List Code</u></b>  A = Automatic SSI2 query (This is systems generated for Title XVI CDR Cases)  B = ARC/HIV related, NY region - use discontinued  C = Title XVI special childhood sample selection</p>

D = NY Region Only For AIDS Terminally Ill Cases  
 E = Litigation - Stieberger (formerly Etsitty)  
 F = reserved for future use (formerly Campbell)  
 G = Full Process Model (formerly Boyd)  
 H = Hearing DHU case  
 I = State Of New York  
 J = Special Title II Disability workload (formerly Luna)  
 K = Single Decisionmaker Pilot (formerly Dixon)  
 L = FPM Control case (formerly Wilkerson)  
 M = Process Unification Disability Rationale  
 N = Non federal cases  
 O = Unassigned  
 P = Process Unification Initiative #4 (formerly Peck)  
 Q = Zebley  
 R = Federal DDS MIRS/Mental Reapplication for New York  
 S = DAA Redetermination (formerly City Of New York)  
 T = Samuels  
 U = Terminally Ill Cases (NY Region; Uses "D" For AIDS Terminally Ill Cases).  
 V = reserved for future use (formerly Diaz)  
 W = Mississippi (formely Wilson)  
 X - OIO  
 Y = City Of New York  
 Z = Robert Smith  
 0 (zero) = Bailey  
 1 = Canadian claims for New York & Boston Regions  
 2 = Listing code 122 case  
 3 = Marcus 1991 On (formerly Court Ordered Reopenings Other Than Allowances)  
 4 = Hyatt  
 5 = reserved for future use (formerly McDonald)  
 6 = Johnson From June 1991 On (formerly Polaski Through May 1991)  
 7 = DMA (Document Management Architecture) - AeDib (formerly Schisler)  
 8 = Redetermination Pursuant to P.L. 104-193 Age 18 or Childhood (formerly Aldrich)  
 9 = Age 19 became 19 prior to initiation of redetermination - CDR conducted (formerly Morrison)  
 All Blanks = Not Available/Not Applicable  
*This field was updated according to POMS SM 6001.120 on July 2, 2003*

LIT1

88-90

A3

**Litigation Code 1**

Valid Litigation Codes range from 750-798 & 800-899, however the codes listed below include those known at the present time. For codes not listed consult POMS history or contact the Litigation Staff.

Regardless of incoming position in litigation code area, litigation codes will be populated in SSA-831 file in ascending order, beginning with LIT1. If a second listing code is received, it will appear in LIT2, etc.

**Codes below are current as of 7/25/2003.**

000	Unknown/not coded
	Operation Iraq Freedom
108	claim
	Albany DDS cases sent to
500	Buffalo for adjud.
	Jamaica (NY) DDS cases sent to
501	Albany for adjud.
755	Hyatt 3
757	Small
760	Hyatt Reassessment
766	Hickman
771	Silveira
772	Curry
775	Zebley Med. Redeterm.
783	Goodnight
789	Kendrick
	Childhood Med.
790	Redeterm.
791	Laird
795	Thayer
796	ALJ Dutle
797	Surrell
801	Bailey
808	Dixon
812	Hyatt
813	Grant
819	Salamalekis
823	Robert Smith
825	State of New York
829	Zebley
835	Walton
857	Walton II
867	Thomas
870	Adamson
886	Bozzi
888	Cuffee
889	Stieberger
896	Boring

899 Rosetti

LIT2	91-93	A3	<b><u>Litigation Code 2 (See LIT1)</u></b>
LIT3	94-96	A3	<b><u>Litigation Code 3 (See LIT1)</u></b>
LIT4	97-99	A3	<b><u>Litigation Code 4 (See LIT1)</u></b>
LIT5	100-102	A3	<b><u>Litigation Code 5 (See LIT1)</u></b>
LIT6	103-105	A3	<b><u>Litigation Code 6 (See LIT1)</u></b>
LIT7	106-108	A3	<b><u>Litigation Code 7 (See LIT1)</u></b>
LIT8	109-111	A3	<b><u>Litigation Code 8 (See LIT1)</u></b>
LIT9	112-114	A3	<b><u>Litigation Code 9 (See LIT1)</u></b>
LIT10	115-117	A3	<b><u>Litigation Code 10 (See LIT1)</u></b>
DDPB	118-125	I8CYMD	<b><u>Date Disability Period Began</u></b> CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown/Not Available * Per Sara Kovacs (email dated 8/30/2011), this field is populated with 9's since 2002.
DO	126-128	A3	<b><u>District Office Code</u></b> A00-K99 Or 000-999 ZZZ = Unknown/Invalid Characters Blank = Not Available
OY	129-130	A2	<b><u>Occupation Years</u></b> 00-99 ZZ = Unknown Blank = Not Available
OCC	131-132	A2	<b><u>Occupation Code</u></b> 00-99 ZZ = Unknown Blank = Not Available
IND	133-134	A2	<b><u>Industry Code</u></b> 00-99 ZZ = Unknown

Blank = Not Available

<b>ED</b>	<b>135-136</b>	<b>A2</b>	<p><b><u>Education Years</u></b>  00-26, 99  ZZ = Unknown  Blank = Not Available</p>
<b>VRA</b>	<b>137</b>	<b>A1</b>	<p><b><u>VR Action</u></b>  A = Referred To VR  B = Not Referred To VR  C = Previously Referred  1 = Referred To VR And Agency For Children  2 = Child Under 16--Referred To Agency  Blank = Unavailable  Z = Unknown</p>
<b>VRN</b>	<b>138-142</b>	<b>A5</b>	<p><b><u>Vocational Rule Number</u></b>  201.01-203.31 And 204.00  Blank = Not Available  ZZZZZ = Unknown</p>
<b>MLN</b>	<b>143-149</b>	<b>A7</b>	<p><b><u>Medical List Number</u></b>  001 To 014 Part A--Adult Listings  100 To 114 Part B--Childhood Listings (Title XVI Only)  ZZZZZZZ = Unknown  Blank = Not Available</p>
<b>SPC</b>	<b>150-151</b>	<b>A2</b>	<p><b><u>Physician Specialty Code</u></b>  01-47  Blank = Not Available  99 = Unknown</p>
<b>DOT</b>	<b>152-157</b>	<b>I6CYM</b>	<p><b><u>Date of Termination</u></b>  CCYYMM  CCYY88 = Unknown Month  999999 = Invalid Characters or Unknown/Not Available</p>
<b>FS</b>	<b>158</b>	<b>A1</b>	<p><b><u>Federal Sample Indicator</u></b>  N = Not Selected  P = Preeffectuation Review  Q = Quality Review  Z = Unknown</p>
<b>BI</b>	<b>159</b>	<b>A1</b>	<p><b><u>Case Of Blindness</u></b>  A = Not Disabled For Cash Benefits  B = Disabled For Cash Benefits  Blank = Not Coded</p>

Z = Unknown

<b>BICASHDT</b>	<b>160-165</b>	<b>I6CYM</b>	<b><u>Blindness Continues For Cash Benefit Date</u></b> CCYYMM CCYY88 = Unknown Month 999999 = Unknown/Not Available or Nonnumeric Characters
<b>BICEASED</b>	<b>166-171</b>	<b>I6CYM</b>	<b><u>Blindness Ceased Other Impairment Date</u></b> CCYYMM CCYY88 = Unknown Month 999999 = Unknown/Not Available or Nonnumeric Characters
<b>BINOCASH</b>	<b>172-177</b>	<b>I6CYM</b>	<b><u>Blindness Continues For Noncash Benefit Date</u></b> CCYYMM CCYY88 = Unknown Month
<b>OE</b>	<b>*178</b>	<b>A1</b>	<b><u>Other Entitlement</u></b> <u>832s</u> N = No Other Entitlement Z = Invalid Characters Blank = Not Available/Not Applicable <u>833s</u> Y = Yes, Other Entitlement N = No Other Entitlement Z = Invalid Characters Blank = Not Available/Not Applicable
<b>DET</b>	<b>*179</b>	<b>A1</b>	<b><u>Determination</u></b> 1 = Disability 2 = Impairment Severity Blank = Unknown/Not Coded Z = Invalid Characters
<b>EPEDATE *</b>	<b>180-185</b>	<b>I6CYM</b>	<b><u>EPE Begin Date</u></b> CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
<b>EPEDENY *</b>	<b>186</b>	<b>A1</b>	<b><u>EPE Reinstatement Denied</u></b> Y = EPE Reinstatement Denied Blank = Not Available/Unknown
<b>EPEREIN*</b>	<b>187-192</b>	<b>I6CYM</b>	<b><u>EPE Reinstatement Allowed</u></b> CCYYMM

			CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
<b>EPESUSP *</b>	<b>193-198</b>	<b>I6CYM</b>	<b><u>EPE Suspended After Reinstatement</u></b> CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
<b>EPETERM *</b>	<b>199-204</b>	<b>I6CYM</b>	<b><u>EPE Benefit Termination</u></b> CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
<b>CDODEC</b>	<b>205</b>	<b>A1</b>	<b><u>Changed DODEC</u></b> C = Record Where DODEC Is Derived From FLD (OD Edit) Q = Changed As A Result Of OPIR Actions Blank = Not Applicable
<b>SEX</b>	<b>206</b>	<b>A1</b>	<b><u>Sex Code</u></b> F = Female M = Male U = Not Determined/Unknown Z = Not Available After Numident Match
<b>RACE</b>	<b>207</b>	<b>A1</b>	<b><u>Race Code</u></b> A = Asian B = Black/Negro H = Hispanic I = North American Indian Or Eskimo O = Other U = Not Determined/Unknown W = White Z = Not Available After Numident Match
<b>LASTN</b>	<b>208-233</b>	<b>A26</b>	<b><u>Last Name Of Claimant</u></b> 26 Characters Of Last Name
<b>FIRSTN</b>	<b>234-249</b>	<b>A16</b>	<b><u>First Name Of Claimant</u></b> 16 Characters Of First Name
<b>MIDDLEN</b>	<b>250-259</b>	<b>A10</b>	<b><u>Middle Name Of Claimant</u></b> 10 Characters Of Middle Name

<b>CDT</b>	<b>260-261</b>	<b>A2</b>	<p><b><u>Continuing Disability Review Type</u></b></p> <p>01 = Medical Improvement Expected (MIE) Diary  02 = T16 Childhood Disability Redetermination  03 = Medical Improvement Possible (MIP) Diary  04 = T16 age 18 Disability Determination  05 = Expedited Reinstatement  06 = Named Litigant/Court Case  07 = Reserved for future use  08 = Reopened Mental Impairment  09 = Medical Improvement Not Expected (MINE) Diary  10 = Automated Direct Release Only MINE Diary  11 = Reserved for future use  12 = Extended Period of Eligibility (EPE) Review  13 = Miscellaneous (Included T16 1619 Cases)  34 = CDR mailer released in FY 1994  35 = CDR mailer released in FY 1995  36 = CDR mailer released in FY 1996  37 = CDR mailer released in FY 1997  38 = CDR mailer released in FY 1998  39 = CDR mailer released in FY 1999  40 = CDR mailer released in FY 2000  41 = CDR mailer released in FY 2001  42 = CDR mailer released in FY 2002  43 = CDR mailer released in FY 2003  44 = CDR mailer released in FY 2004 or later  99 = Unknown  Blank = Not Available</p>
<b>DPM</b>	<b>262</b>	<b>A1</b>	<p><b><u>Permanent Disability Code</u></b></p> <p>N = Nonpermanent  P = Permanent  0 (Zero) = Denial Or Cessation Decision  Blank = Not Coded  Z = Unknown</p>
<b>SLCQ</b>	<b>263</b>	<b>A1</b>	<p><b><u>Study List Code (Zebley)</u></b></p> <p>Q = Zebley Case Provided Through The Reconciliation Process  Blank = Not Applicable</p>
<b>DAA</b>	<b>264</b>	<b>A1</b>	<p><b><u>Drug Or Alcohol Addiction</u></b></p> <p>A = Alcohol Does Contribute To Findings  B = Both, DA&amp;A Does Contribute To Findings  D = Drugs Do Contribute To Findings  N = No, DA&amp;A Does Not Contribute To Findings  W = No medical evidence of DAA  X = Alcoholism not material to Findings</p>

Y = Drug Addiction not material to findings  
 Z = Neither DA or A is material to findings  
 Blank = Unknown/Invalid Code

NOTE: Codes W, X, Y & Z effective as of March 1996 with DAA Legislation but coding was not input by DDSs until 5/96.

<b>RECONDTE</b>	<b>265-272</b>	<b>I8CYMD</b>	<p><b><u>Reconsideration Date</u></b>          CCYYMMDD          CCYY8888 = Unknown Month And Day          99999999 = Unknown/Not Available or Nonnumeric Characters</p>
<b>EOR</b>	<b>273</b>	<b>A1</b>	<p><b><u>Evidence Of Record</u></b>          Y = EOR Purchased          N = EOR Not Purchased          Blank = WBD OC record</p>
<b>CER</b>	<b>274</b>	<b>A1</b>	<p><b><u>Consultative Examination Request</u></b>          Y = CER Requested          N = CER Not Requested          Blank = WBD OC record</p>
<b>ESC</b>	<b>275</b>	<b>A1</b>	<p><b><u>Escalated Claim</u></b>          Y = Claim Escalated To The Reconsideration Level          N = Claim Was Not Escalated          Blank = WBD OC record</p>
<b>ONDCODE</b>	<b>276</b>	<b>A1</b>	<p><b><u>Onset Code Type</u></b>          P = Title XVI Presumptive DIB          C = Title II Change In Onset Date          F = Final Allowance          Blank = Not Coded          Z = Unknown</p>
<b>SCF</b>	<b>277</b>	<b>A1</b>	<p><b><u>Special Case Flag</u></b>          F = Transitional Fed Medicare          M = Regular Fed Medicare          P = DIB Quality Branch Case          R = Title II 13th Month          C = Other          D = Drug Or Alcohol Addiction          E = Collateral Estoppel          H = DHU Hearing Held          Blank = Not Available/Not Applicable          Z = Unknown</p>

<b>SUC</b>	<b>278</b>	<b>A1</b>	<b><u>Special Use Code</u></b> Used By Special Instruction Codes Not Listed In NDDSS Manual Or The SSA-832/3 POMS Values Of A To Z Or Blank
<b>BIDATE</b>	<b>279-286</b>	<b>I8CYMD</b>	<b><u>Adjusted Blind Onset Date</u></b> CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month 99999999 = Unknown/Not Available
<b>I301</b>	<b>287</b>	<b>A1</b>	<b><u>301 Indicator Case</u></b> Y = 301 Case N = Not A 301 Case Blank = Not Available/Invalid Character
<b>STRDATE</b>	<b>288-295</b>	<b>I8CYMD</b>	<b><u>State Receipt Date</u></b> CCYYMMDD 99999999 = Unknown/Not Available CCYY8888 = Unknown Month CCYYMM88 = Unknown Day
<b>XAN</b>	<b>296-304</b>	<b>A9</b>	<b><u>Cross-reference Account Number</u></b> May be beneficiary's own account number, or the account number of a related claim
<b>MAN</b>	<b>305-313</b>	<b>A9</b>	<b><u>Modified Account Number</u></b> Old SSN entry, which was corrected to entry which now appears in SSN field. SCORSSN (below) shows correction source.
<b>SCORSSN</b>	<b>314</b>	<b>A1</b>	<b><u>Source of Corrected SSN</u></b> Source of change reflected by MAN (above) C = SSN update on NDDSS, prior to closure Q = Zebley reconciliation activity U = SSN update on NDDSS, relationship to closure date unknown--possible duplicate record under MAN, to be resolved. W = SSN update on NDDSS, after closure--possible duplicate has been resolved
<b>SSNVER</b>	<b>315-316</b>	<b>A2</b>	<b><u>SSN Verification</u></b> (Future Use, in reconciliation projects--may be source and verification code)
<b>SAORACT</b>	<b>317</b>	<b>A1</b>	<b><u>SAOR Action Code</u></b>

A = Received this report week  
 B = Pending at the beginning and closing of this report week  
 C = Received and closed within this report week  
 D = Closed this report week  
 F = Closed and already counted during a prior report week  
 (For SAOR/DDB reconciliation projects--see SM 06006.015.)

<b>ZIP</b>	<b>318-326</b>	<b>A9</b>	<b><u>ZIP Code Of Claimant</u></b> See National Zip Code Directory
<b>ST</b>	<b>327-328</b>	<b>A2</b>	<b><u>State Of Claimants Residence</u></b> (Decoded From ZIP) Alphabetic Codes For States: AL-WY
<b>STNUM</b>	<b>329-330</b>	<b>A2</b>	<b><u>State Code (Numerical)</u></b> (Decoded From ZIP) Numeric Codes For States: 01-53, 64, 65, 67, 88 and 99
<b>WOF</b>	<b>331-338</b>	<b>I8CYMD</b>	<b><u>Week Of File</u></b> CCYYMMDD = The last day of the processing week (which is Saturday through Friday) of the records that are posted to the Master File. (Records are posted on the following Monday.)
<b>OPD</b>	<b>339-346</b>	<b>I8CYMD</b>	<b><u>Original Posting Date</u></b> CCYYMMDD = The WOF of the first record posted to the Master File. When duplicate records come through the Transaction File, this date will be copied to the current record from the old record, before the old record is overwritten.
<b>MDREC</b>	<b>347</b>	<b>A1</b>	<b><u>Medical Development Record?</u></b> Y = Yes P = Prior MD information can still be found in the MD file. N = No
<b>SKEL</b>	<b>348</b>	<b>A1</b>	<b><u>Skeleton Record Created or Full Record Corrected From</u></b> NOTE: This field is reserved for future use.
<b>DDSSV</b>	<b>349-351</b>	<b>A3</b>	<b><u>DDS Code from TRIDE</u></b> S & V codes from TRIDE - added May 2001

<b>OLDSL1C1</b>	<b>352</b>	<b>A1</b>	<b><u>Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL1C2</b>	<b>353</b>	<b>A1</b>	<b><u>Second Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL1C3</b>	<b>354</b>	<b>A1</b>	<b><u>Third Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL1C4</b>	<b>355</b>	<b>A1</b>	<b><u>Fourth Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>OLDSL1C5</b>	<b>356</b>	<b>A1</b>	<b><u>Fifth Previous SLC</u></b> See SLC. A # sign indicates field never used
<b>SSIP</b>	<b>357</b>	<b>A1</b>	<b><u>SSI PER Indicator</u></b> Y Blank
<b>EDIBPI</b>	<b>358</b>	<b>A1</b>	<b><u>EDCS Indicator</u></b> Y= EDCS Blank
<b>EDIBFLDR</b>	<b>359-367</b>	<b>A9</b>	<b><u>eDib Folder Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>EDIBCASE</b>	<b>368-376</b>	<b>A9</b>	<b><u>eDib Case Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>EDIBSEQ</b>	<b>377-385</b>	<b>A9</b>	<b><u>eDib Sequence Number</u></b> 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
<b>PINDC</b>	<b>386</b>	<b>A1</b>	<b><u>EDCS Current Paper Indicator</u></b> 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
<b>PINDP</b>	<b>387</b>	<b>A1</b>	<b><u>EDCS Prior Paper Indicator</u></b> 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement

<b>SSNMCS</b>	<b>388-396</b>	<b>A9</b>	<b><u>SSN from MCS - DSCVCLMT</u></b> Claimant's SSN from MCS for EDCS reads
<b>QDDIND</b>	<b>397</b>	<b>A1</b>	<b><u>QDD indicator - DSCVQDD</u></b> Quick Disability Determination (QDD) indicator Y = yes N = no
<b>QDRMVDT</b>	<b>398-405</b>	<b>I8CYMD</b>	<b><u>QDD removal date - DSCVQDRD</u></b> QDD removal date
<b>QDRMVRSN</b>	<b>406-407</b>	<b>A2</b>	<b><u>QDD removal reason - DSCVRRC</u></b> QDD removal reason 01 = Necessary medical evidence has not been received. 02 = CE is necessary. 03 = Claimant moved to another state. 04 = Claimant returned to work. 05 = Claimant died during waiting period. 06 = Fully favorable determination can not be made. 07 = Non-medical development needed from FO. 08 = Disagreement between examiner and medical expert. 09 = MQGE case. 10 = Medicare only disabled widow. 11 = Class action re-adjudications. 12 = Claimant withdrew application and FO recalled case. 13 = Recalled by the FO for no other reason. 14 = Failure to cooperate. 15 = Corrective action required per OQP review. 16 = Medical Deferment criteria are met in accordance with DI 22505.010 17 = Work activity development needed by the FO 18 = Reopening of a prior decision needed 19 = DLI in the past 20 = Totalization Claim(s)
<b>QDREINDT</b>	<b>408-415</b>	<b>I8CYMD</b>	<b><u>QDD reinstatement date - DSCVQRED</u></b> QDD reinstatement date
<b>QDSCORE</b>	<b>416</b>	<b>A1</b>	<b><u>QDD scoring code - DSCVQDSC</u></b> 1 = Scored, and meets the threshold 2 = Scored, and is below the threshold 3 = Attempted to score, but not result 4 = Scored, but not QDD DDS (statistical scoring)

5 = Tried to score for statistical purposes but failed

<b>DSICCLAIM</b>	<b>417</b>	<b>A1</b>	<b><u>DSI claim - DSCVDSII</u></b> Disability Services Improvement Claim Y = yes N = no
<b>DEDIARYD</b>	<b>418-425</b>	<b>I8CYMD</b>	<b><u>Examiner diary date - DSCVDEDD</u></b> Disability Examiner's diary date
<b>ORIGDIACD</b>	<b>426</b>	<b>A1</b>	<b><u>Original DDS Examiner Diary Reason Code</u></b> See DR field at position 68
<b>DIAFLAG</b>	<b>427</b>	<b>A1</b>	<b><u>Diary Model OD Flag Field</u></b>
<b>CPDFPIND</b>	<b>428</b>	<b>A1</b>	<b><u>CPD Folder</u></b> <b><u>Paper Indicator</u></b>
<b>FILLER</b>	<b>429-439</b>	<b>A11</b>	<b><u>Reserved For Future Use</u></b>
<b>METHOD</b>	<b>440</b>	<b>A1</b>	<b><u>Method used to derive state of residence</u></b> Z = ZIP code D = state of DDS O = state of DO/FO F = Foreign (consular code in ZIP) - = state not found (DASH) SPACE = METHOD not populated

\*Date fields will show all 9's when unknown or invalid, except EPE dates which could have "Blank" or all 9's.

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**APPENDIX E:**

**FILE LAYOUT OF THE DCF**

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## Division of Enterprise Architecture and Data Administration Enterprise Metadata Repository

### Table Detail Report

Run Date : 05/15/2019 11:15 AM

#### CLM

**Business Name :** Claim

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Information on the Title 2 Retirement Benefit Entitlement claims and the Title 16 Supplemental Security Eligibility claims that exist on the Master Files (MBR and SSR) respectively.

Number of Columns: 28

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partion segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual.CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
CTL_DT (PK : 4)	Control Date	DATE	4	Month, day and year, of the onset date for aTitle II claim.

CLMSSN (PK : 5)	Claim Social Security Number	CHAR	9	The value assigned to the claim as the controlling Social Security Number established during the application process for a Social Security administered program.
CLMSSN_ID (PK : 6)	Claim Social Security Number Identifier	CHAR	3	For Title II and concurrent claims it is the BIC (Beneficiary Identification Code) It identifies the relationship of the beneficiary to the Earnings Owner., it contains ...
SSACT	Social Security Act Title	CHAR	2	Identifies the legislatively established Title within the Social Security Act Values: 2 - Title 2 16 - Title 16
DISB_ONST_DT	Disability Onset Date	DATE	4	Month, day and year the claimant first meets the definition of disability or statutory blindness as defined in the Social Security
EFF_FLG_DT	Effective Filing Date	DATE	4	The month, day and year an application is deemed to have been filed when the actual filing date is not used because there is a protective writing that allows a more advantageous adjudication or because the filing date is effectively in the future because of eligibility requirements.
TKT_CTLCLM_SW	Ticket Controlling Claim Switch	CHAR	1	
REV_CTLCLM_SW	Review Controlling Claim Switch	CHAR	1	For T16 claims: If there is an open T16 claim, Set that claim to "Y" and set all other T16 claims to "N"
CRNT_CLMSSN_ID	Current Claim Social Security Number Identifier	CHAR	3	For Title II, it contains the Beneficiary Identification Code (BIC). For Title XVI, it is the Master File Type (MFT) for the claim.
TWP_CMPL_MDT	Trial Work Period Complete Month Date	DATE	4	Month/Year that the Trial Work Period was completed as derived from the Disability Control File (DCF) inputs.
IRP_CMPL_MDT	Initial Reinstatement Period Complete Month Date	DATE	4	
ADJULVL_CD	Adjudicative Level Code	CHAR	1	Identifies the Adjudicative Level of a given case in the EDCS system.

CLAS_CD	Class Code	CHAR	1	Classification code for the claim....
ADJUD_DT	Adjudicated Date	DATE	4	
FLDR_TYP	Folder Type	CHAR	1	
FLDR_OCD	Folder Office Code	CHAR	3	Indicates the office where the folder is located for the review
FLDR_RCONST_CD	Folder Reconstruction Code	CHAR	1	Identifies...when the folder is lost.
TWPF_DCN_DT	Trial Work Period Fraud Decision Date	DATE	4	
TWPF_DCN_CD	Trial Work Period Fraud Decision Code	CHAR	1	
INSRT_TS	Insert Timestamp	TIMESTAMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_OCD	Last Update Office Code	CHAR	3	Identifies a component with which Social Security Administration has a relationship, that lasted updated the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTAMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 3

Index Name	Index Type	Index Column Physical Name
CLMX1	Indexed/Primary Key	PRTN_NUM
CLMX1	Indexed/Primary Key	COSSN
CLMX1	Indexed/Primary Key	CID
CLMX1	Indexed/Primary Key	CTL_DT
CLMX1	Indexed/Primary Key	CLMSSN
CLMX1	Indexed/Primary Key	CLMSSN_ID
CLMX2	Indexed	COSSN
CLMX2	Indexed	CID
CLMX2	Indexed	CTL_DT

CLMX2	Indexed	CLMSSN
CLMX2	Indexed	CLMSSN_ID
CLMX3	Indexed	CLMSSN
CLMX3	Indexed	CLMSSN_ID
CLMX3	Indexed	COSSN
CLMX3	Indexed	CID
CLMX3	Indexed	PRTN_NUM
CLMX3	Indexed	CTL_DT

## Division of Enterprise Architecture and Data Administration Enterprise Metadata Repository

### Table Detail Report

Run Date : 05/15/2019 11:17 AM

#### MEDICAL

**Business Name :** Medical

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

#### Table Description :

Number of Columns: 26

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
CTL_DT (PK : 4)	Control Date	DATE	4	The month, day and year of the onset date for a Title II claim or the filing date for Title XVI claim.

CLMSSN (PK : 5)	Claim Social Security Number	CHAR	9	The value assigned to the claim as the controlling Social Security Number established during the application process for a Social Security administered program.
CLMSSN_ID (PK : 6)	Claim Social Security Number Identifier	CHAR	3	For Title II and concurrent claims it is the BIC (Beneficiary Identification Code) It identifies the relationship of the beneficiary to the Earnings Owner., it contains ...
DETN_SEQ_NUM (PK : 7)	Determination Sequence Number	SMALLINT	2	The value assigned to the occurrence added to the natural key used to identify a row.
MED_STDT	Medical Start Date	DATE	4	
MED_TYP	Medical Type	CHAR	1	
DIG	Diagnosis Code	CHAR	10	Identifies a physical or mental diagnosis as specified by Social Security.
SDIG	Secondary Diagnosis Code	CHAR	10	Identifies a physical or mental diagnosis as specified by Social Security
MDR	Medical Diary Reason	CHAR	1	Identifies the medical diary reason.
DRY_PERM_CD	Diary Permanent Code	CHAR	1	
MRE_DRY_MDT	Medical Reexamination Diary Month Date	DATE	4	
LISTG_CD	Listing Code	CHAR	10	
VORULE	Vocational Rule	CHAR	6	
RBSS	Regulation Basis Code	CHAR	3	
NDDSS_DT	National Disability Determination Services System Date	DATE	4	
BLND_ONST_DT	Blind Onset Date	DATE	4	

REV_TYP	Review Type	CHAR	1	Identifies the the type of Continuing Disability review (CDR). Review Types: S - T16MEDICAL E - EXR P - PL-104-193 (Personal Resp and Work Opp) C- Low Birth Weight(LBW)/Child/Age 18 M - T2MEDICAL W - T2WORK Display Values: 1 - T16MEDICAL 2 - EXR 3 - PL-104-193 (Personal Resp and Work Opp) 4 - Low Birth Weight(LBW)/Child/Age 18 5 - T2MEDICAL 6 - T2WORK Decoded: 1=S 2=E 3=P 4=C 5=M 6=W
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.
LU_OCD	Last Update Office Code	CHAR	3	Identifies a component with which Social Security Administration has a relationship, that lasted updated the row.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
MEDX1	Indexed/Primary Key	PRTN_NUM
MEDX1	Indexed/Primary Key	COSSN
MEDX1	Indexed/Primary Key	CID
MEDX1	Indexed/Primary Key	CTL_DT
MEDX1	Indexed/Primary Key	CLMSSN
MEDX1	Indexed/Primary Key	CLMSSN_ID
MEDX1	Indexed/Primary Key	DETN_SEQ_NUM
MEDX2	Indexed	COSSN

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MEDX2	Indexed	CID
MEDX2	Indexed	CTL_DT
MEDX2	Indexed	CLMSSN
MEDX2	Indexed	CLMSSN_ID
MEDX2	Indexed	DETN_SEQ_NUM

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:18 AM

#### CLNT

**Business Name :** Client

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Information about the person with whom SSA is doing business

Number of Columns: 30

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
FNM	First Name	CHAR	15	The name of the beneficiary that appears as the first portion of the name provided for an individual, the given name using Anglo-Saxon/Germanic conventions.

MNM	Middle Name	CHAR	15	The name of the beneficiary as provided for an individual that falls between the first name and the last name using Anglo-Saxon/Germanic conventions.
LNМ	Last Name	CHAR	20	The name of the beneficiary that appears as the final portion of the name, excluding the suffix, provided for an individual, the family name or surname using Anglo-Saxon/Germanic conventions.
SFX	Suffix	CHAR	4	A generational, professional, academic or honorary title appended to the end of the name given to or used by an individual, using Anglo-Saxon/Germanic conventions.
T2_DOB	Title II Birth Date	DATE	4	The month, day and year of a Title II person's birth.
T16_DOB	Title XVI Birth Date	DATE	4	The month, day and year of a Title XVI person's birth.
T2_DOD	Title II Death Date	DATE	4	The month, day and year of a Title II person's death.
T16_DOD	Title XVI Death Date	DATE	4	The month, day and year of a Title XVI person's death.
ODO_DIG	Office of Disability Operations Diagnosis Code	CHAR	10	Office of Disability s value for the beneficiary s Primary Diagnosis Code DIG is the International Classification of Diseases (ICD) code. This is the code, which represents the mental or physical impairment that resulted in a disability
ODO_SDIG	Office of Disability Operations Secondary Diagnosis Code	CHAR	10	Identifies a physical or mental diagnosis as specified by Social Security. Office of Disability s value for the beneficiary s Primary Diagnosis Code DIG is the International Classification of Diseases (ICD) code. This is the code, which represents the mental or physical impairment that resulted in a disability"

ODO_MDR	Office of Disability Operations Medical Diary Reason	CHAR	1	Office of Disability s value for the beneficiary s Medical Diary Reason (MDR). MIE - Medical Improvement Expected MIP - Medical Improvement Possible MINE - Medical Improvement Not Expected Sets Diary Date: MIE - Reset 1 year MIP - Reset 3 years MINE - Reset 7 Years
ODO_DRY_PERM_CD	Office of Disability Operations Diary Permanent Code	CHAR	1	Identifes if the disability is permanent or not
ODO_DRY_MDT	Office of Disability Operations Diary Month Date	DATE	4	Month and Year of the Office of Disability s value for the beneficiary s Medical Reexamination Diary
ALT_PHNNUM15	Alternate Phone Number 15	CHAR	15	Full alternate telephone number for the beneficiary
ALT_PHN_CD	Alternate Telephone Code	CHAR	1	Identifies the type of phone number.
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.
ZIP_CD	Zone Improvement Plan Code	CHAR	5	Identifies the zone improvement plan code for an address under the jurisdiction of, or contracted through, the United States Postal Service.
ST_CD	State Code	CHAR	2	Two letter state code added to support the preparing and mailing of the marketing files for the Employment Networks. T16 - residence address state code if present otherwise mailing state code T2 - MBR beneficiary state code
IMPRMNT_CD	Impairment Code	CHAR	2	Identifies a physical or mental impairment as specified by Social Security

MRKTN_FL_PREF_CD	Marketing File Preference Code	CHAR	1	Identifies the preference for ticket holders to restrict what gets included in the marketing file sent to the Employment Networks. Y: No marketing restrictions N: No marketing contact permitted A: Contact by regular mail only
SCC	State and County Code	CHAR	5	Identifies the state and county code associated with the beneficiary.
TKT_HLDR_VET_SW	Ticket Holder Veteran Switch	CHAR	1	A positive or negative value that represents whether or not the client participating in the Ticket to Work Program is a Veteran. Allowable values 'Y' or 'N'.
DMRKT_SLTN_CD	Dynamic Marketing Selection Code	CHAR	1	Identifies what statistics and models provide the best marketing yields for Associate Commissioner for Research, Demonstration, and Employment Support (ORDES) research. This is a fluctuating code based on the marketing effort at that time.

Number of Indexes: 10

Index Name	Index Type	Index Column Physical Name
CLNTX1	Indexed/Primary Key	PRTN_NUM
CLNTX1	Indexed/Primary Key	COSSN
CLNTX1	Indexed/Primary Key	CID
CLNTX10	Indexed	DMRKT_SLTN_CD
CLNTX2	Indexed	COSSN
CLNTX2	Indexed	CID
CLNTX3	Indexed	LNМ
CLNTX4	Indexed	FNM
CLNTX5	Indexed	ZIP_CD
CLNTX6	Indexed	ST_CD
CLNTX7	Indexed	IMPRMNT_CD
CLNTX8	Indexed	MRKTN_FL_PREF_CD
CLNTX9	Indexed	SCC

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:19 AM

#### TKT

**Business Name :** Ticket

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Information for the Ticket to Work program for a client.

Number of Columns: 15

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
TKT_NUM (PK : 4)	Ticket Number	SMALLINT	2	Uniquely identifies an instance of eligibility to be in the Ticket to Work Program, in the application.

SSACT_PRTCPN_CD	Social Security Act Title Participation Code	CHAR	1	Identifies the legislatively established Title within the Social Security Act. 1- Title 2 2 - Title 2/ 16 3 - Title 16
TKT_STUS_CD	Ticket Status Code	CHAR	1	
TKT_STUS_DT	Ticket Status Date	DATE	4	
PGM_MGR_NUM	Program Manager Number	SMALLINT	2	
SLTD_DT	Selected Date	DATE	4	
MAILD_DT	Mailed Date	DATE	4	
PMT_CNT	Payment Count	SMALLINT	2	
INSRT_TS	Insert Timestamp	TIMESTAMP	10 (0)	The date and time the row was inserted.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTAMP	10 (0)	The date and time the row was last updated.
TERMRSN_CD	Termination Reason Code	CHAR	1	Identifies if the Ticket has been terminated. Y=yes N- no U - Unknown

Number of Indexes: 5

Index Name	Index Type	Index Column Physical Name
TKTX1	Indexed/Primary Key	PRTN_NUM
TKTX1	Indexed/Primary Key	COSSN
TKTX1	Indexed/Primary Key	CID
TKTX1	Indexed/Primary Key	TKT_NUM
TKTX2	Indexed	COSSN
TKTX2	Indexed	CID
TKTX2	Indexed	TKT_NUM
TKTX3	Indexed	MAILD_DT
TKTX4	Indexed	TKT_STUS_DT
TKTX5	Indexed	TKT_STUS_CD

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:22 AM

#### TKTASGN

**Business Name :** Ticket Assignment

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

#### Table Description :

Number of Columns: 21

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
TKT_NUM (PK : 4)	Ticket Number	SMALLINT	2	Uniquely identifies an instance of eligibility to be in the Ticket to Work Program, in the application.
ASGND_DT (PK : 5)	Assigned Date	DATE	4	
UNASGND_DT	Unassigned Date	DATE	4	

DUNS	Data Universal Numbering System Identifier	CHAR	9	The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by the commercial company Dun & Bradstreet (D&B), that verifies the existence of a business entity globally.
CNTRT_DT	Contract Date	DATE	4	
TKT_PMT_TYP	Ticket Payment Type	CHAR	1	
INSRT_TS	Insert Timestamp	TIMESTAMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTAMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.
LU_OCD	Last Update Office Code	CHAR	3	Identifies a component with which Social Security Administration has a relationship, that lasted updated the row.
VR_CASE_CLOSD_XND	Vocational Rehabilitation Case Closed Non Standard Indicator	CHAR	1	
IWPIPE_RCPDT	Individual Work Plan Or Individualized Plan For Employment Receipt Date	DATE	4	Month, day and year in which the Individual Work Plan was received.
TKTASM_CD	Ticket Assignment Method Code	CHAR	1	Identifies the method by which the Ticket assignment was requested. U: Unknown default T: iTOPSS V: IVR F: Fax M: Mail P: Phone E: eData file S: SSA EN Portal P: PM EN Portal C: PM File N: EN File I: Intranet Web Service W: Internet Web Service O: Other "

TKTUSM_CD	Ticket Unassignment Method Code	CHAR	1	Identifies the method by which the Ticket unassignment was requested. U: Unknown T: iTOPSS V: IVR F: Fax M: Mail P: Phone E: eData file S: SSA EN Portal P: PM EN Portal C: PM File N: EN File I: Intranet Web Service W: Internet Web Service O: Other "
UASGNT_RQSTR_CD	Unassignment Requestor Code	CHAR	1	Identifies the type of individual that requested the unassignment of the ticket. Valid values: R=Representative E=EN/VR U=Unknown (default)
ASTG_DUNS	Assisting Data Universal Numbering System Identifier	CHAR	9	

Number of Indexes: 5

Index Name	Index Type	Index Column Physical Name
TKTASGX1	Indexed/Primary Key	PRTN_NUM
TKTASGX1	Indexed/Primary Key	COSSN
TKTASGX1	Indexed/Primary Key	CID
TKTASGX1	Indexed/Primary Key	TKT_NUM
TKTASGX1	Indexed/Primary Key	ASGND_DT
TKTASGX2	Indexed	COSSN
TKTASGX2	Indexed	CID
TKTASGX2	Indexed	TKT_NUM
TKTASGX2	Indexed	ASGND_DT
TKTASGX3	Indexed	ASGND_DT
TKTASGX3	Indexed	PRTN_NUM
TKTASGX3	Indexed	COSSN
TKTASGX3	Indexed	CID
TKTASGX3	Indexed	TKT_NUM
TKTASGX4	Indexed	DUNS
TKTASGX5	Indexed	UNASGND_DT

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:22 AM

#### TKTMNTH

**Business Name :** Ticket Month

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

#### Table Description :

Number of Columns: 15

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
TKT_NUM (PK : 4)	Ticket Number	SMALLINT	2	Uniquely identifies an instance of eligibility to be in the Ticket to Work Program, in the application.
TKT_STMDT (PK : 5)	Ticket Start Month Date	DATE	4	Month that the status became effective.

TKT_ENMDT	Ticket End Month Date	DATE	4	
SSACT_PRTCPN_CD	Social Security Act Title Participation Code	CHAR	1	Identifies the legislatively established Title within the Social Security Act. 1- Title 2 2 - Title 2/ 16 3 - Title 16
MULT_T2_SW	Multiple Title II Switch	CHAR	1	
TKT_INUSE_SW	Ticket Inuse Switch	CHAR	1	
TKT_CLOCK_STOP_SW	Ticket Clock Stop Switch	CHAR	1	
TKT_PAID_SW	Ticket Paid Switch	CHAR	1	
PTNTL_INCOR_PMT_SW	Potential Incorrect Payment Switch	CHAR	1	
INSRT_TS	Insert Timestamp	TIMESTAMP	10 (0)	The date and time the row was inserted.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTAMP	10 (0)	The date and time the row was last updated.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
TKTMNTX1	Indexed/Primary Key	PRTN_NUM
TKTMNTX1	Indexed/Primary Key	COSSN
TKTMNTX1	Indexed/Primary Key	CID
TKTMNTX1	Indexed/Primary Key	TKT_NUM
TKTMNTX1	Indexed/Primary Key	TKT_STMDT
TKTMNTX2	Indexed	COSSN
TKTMNTX2	Indexed	CID
TKTMNTX2	Indexed	TKT_NUM
TKTMNTX2	Indexed	TKT_STMDT

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:24 AM

#### TKTSENT

**Business Name :** Ticket Sent

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Ticket information and notice sent to the client/ticket holder.

Number of Columns: 11

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The number assigned by SSA via the enumeration process to identify a client.
CID (PK : 3)	Client Identifier	CHAR	2	Two digits used with the Claim Social Security Number (CLMSSN) or another Client's Own Social Security Number (COSSN) to identify a person when that person's own Social Security Number is unavailable.
TKT_NUM (PK : 4)	Ticket Number	SMALLINT	2	Uniquely identifies an instance of eligibility to be in the Ticket to Work Program, in the application.

NTCDT (PK : 5)	Notice Date	DATE	4	Year, month and day the notice was issued.
NTC_VER_NUM	Notice Version Number	SMALLINT	2	Identifies the user entered version of the notice sent.
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	Identifier assigned by Social Security to recognize an entity authorized to access Social Security internal systems, of person that inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 4

Index Name	Index Type	Index Column Physical Name
TKTSNTX1	Indexed/Primary Key	PRTN_NUM
TKTSNTX1	Indexed/Primary Key	COSSN
TKTSNTX1	Indexed/Primary Key	CID
TKTSNTX1	Indexed/Primary Key	TKT_NUM
TKTSNTX1	Indexed/Primary Key	NTCDT
TKTSNTX2	Indexed	COSSN
TKTSNTX2	Indexed	TKT_NUM
TKTSNTX2	Indexed	NTCDT
TKTSNTX3	Indexed	NTCDT
TKTSNTX4	Indexed	NTC_VER_NUM

## Division of Enterprise Architecture and Data Administration Enterprise Metadata Repository

### Table Detail Report

Run Date : 05/15/2019 11:23 AM

#### TKTTITLE

**Business Name :** Ticket Title

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

#### Table Description :

Number of Columns: 17

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
TKT_NUM (PK : 4)	Ticket Number	SMALLINT	2	Uniquely identifies an instance of eligibility to be in the Ticket to Work Program, in the application.

SSACT (PK : 5)	Social Security Act Title	CHAR	2	Identifies the legislatively established Title within the Social Security Act...
SLTD_DT	Selected Date	DATE	4	
TERMD_DT	Terminated Date	DATE	4	
TERMRSN_CD	Termination Reason Code	CHAR	1	Identifies if the Ticket has been terminated. Y=yes N- no U - Unknown
CLMSSN	Claim Social Security Number	CHAR	9	The value assigned to the claim as the controlling Social Security Number established during the application process for a Social Security administered program.
CLMSSN_ID	Claim Social Security Number Identifier	CHAR	3	For Title II and concurrent claims it is the BIC (Beneficiary Identification Code) It identifies the relationship of the beneficiary to the Earnings Owner., it contains ...
CLM_STDT	Claim Start Date	DATE	4	
JURIS_OCD	Jurisdiction Office Code	CHAR	3	Identifies the office that has jurisdiction of the Continuing Disability Review (CDR).
PCOCD	Processing Center Office Code	CHAR	3	
CTL_DT	Control Date	DATE	4	The month, day and year of the onset date for a Title II claim or the filing date for Title XVI claim.
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
TKTTIX1	Indexed/Primary Key	PRTN_NUM
TKTTIX1	Indexed/Primary Key	COSSN
TKTTIX1	Indexed/Primary Key	CID
TKTTIX1	Indexed/Primary Key	TKT_NUM
TKTTIX1	Indexed/Primary Key	SSACT

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TKTTIX2	Indexed	COSSN
TKTTIX2	Indexed	CID
TKTTIX2	Indexed	TKT_NUM
TKTTIX2	Indexed	SSACT

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:26 AM

#### ALLGERNG

**Business Name :** Alleged Earnings

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Stores the alleged earnings amount.

Number of Columns: 10

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
ERNGS_DT (PK : 4)	Earnings Date	DATE	4	
ALLGD_AMT	Alleged Amount	DECIMAL	7 (2)	
INSRT_TS	Insert Timestamp	TIMESTAMP	10 (0)	The date and time the row was inserted.

INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
ALLGERX1	Indexed/Primary Key	PRTN_NUM
ALLGERX1	Indexed/Primary Key	COSSN
ALLGERX1	Indexed/Primary Key	CID
ALLGERX1	Indexed/Primary Key	ERNGS_DT
ALLGERX2	Indexed	COSSN
ALLGERX2	Indexed	CID
ALLGERX2	Indexed	ERNGS_DT

## Division of Enterprise Architecture and Data Administration

### Enterprise Metadata Repository

#### Table Detail Report

Run Date : 05/15/2019 11:27 AM

#### T2ERNGS

**Business Name :** Title II Earnings

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

#### Table Description :

Number of Columns: 14

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
ERNGS_DT (PK : 4)	Earnings Date	DATE	4	
GRS_AMT	Gross Amount	DECIMAL	7 (2)	
VRFD_IND	Verified Indicator	CHAR	1	
SE_NET_AMT	Self Employment Net Amount	DECIMAL	7 (2)	

SE_VRFD_IND	Self Employment Verified Indicator	CHAR	1	
SE_HRS	Self Employment Hour Count	SMALLINT	2	
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
T2ERNX1	Indexed/Primary Key	PRTN_NUM
T2ERNX1	Indexed/Primary Key	COSSN
T2ERNX1	Indexed/Primary Key	CID
T2ERNX1	Indexed/Primary Key	ERNGS_DT
T2ERNX2	Indexed	COSSN
T2ERNX2	Indexed	CID
T2ERNX2	Indexed	ERNGS_DT

## Division of Enterprise Architecture and Data Administration Enterprise Metadata Repository

### Table Detail Report

Run Date : 05/15/2019 11:29 AM

#### T2WKDET

**Business Name :** Title II Work Determination

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :** Work determination data for Title II claims

Number of Columns: 18

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
CTL_DT (PK : 4)	Control Date	DATE	4	The month, day and year of the onset date for a Title II claim or the filing date for Title XVI claim.

CLMSSN (PK : 5)	Claim Social Security Number	CHAR	9	The value assigned to the claim as the controlling Social Security Number established during the application process for a Social Security administered program.
CLMSSN_ID (PK : 6)	Claim Social Security Number Identifier	CHAR	3	For Title II and concurrent claims it is the BIC (Beneficiary Identification Code) It identifies the relationship of the beneficiary to the Earnings Owner., it contains ...
ERNGS_DT (PK : 7)	Earnings Date	DATE	4	
FRAUD_VRFD_SW	Fraud Verified Switch	CHAR	1	
WRK_EXP_AMT	Work Expenses Amount	DECIMAL	7 (2)	
SE_UNBIZEXP_AMT	Self Employment Unincurred Business Expenses Amount	DECIMAL	7 (2)	
SBDY_AMT	Subsidy Amount	DECIMAL	7 (2)	
SPCL_CDNS_AMT	Special Conditions Amount	DECIMAL	7 (2)	
WRK_DET_N_CD	Work Determination Code	CHAR	1	Identifies the work determination a claim, for a beneficiary during the IRP (Initial Reinstatement Period)...
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
T2WKDEX1	Indexed/Primary Key	PRTN_NUM
T2WKDEX1	Indexed/Primary Key	COSSN
T2WKDEX1	Indexed/Primary Key	CID
T2WKDEX1	Indexed/Primary Key	CTL_DT

T2WKDEX1	Indexed/Primary Key	CLMSSN
T2WKDEX1	Indexed/Primary Key	CLMSSN_ID
T2WKDEX1	Indexed/Primary Key	ERNGS_DT
T2WKDEX2	Indexed	COSSN
T2WKDEX2	Indexed	CID
T2WKDEX2	Indexed	CTL_DT
T2WKDEX2	Indexed	CLMSSN
T2WKDEX2	Indexed	CLMSSN_ID
T2WKDEX2	Indexed	ERNGS_DT

**Division of Enterprise Architecture and Data Administration**  
**Enterprise Metadata Repository**

**Table Detail Report**

Run Date : 06/15/2018 10:37 AM

**T16ERNGS**

**Business Name :** Title XVI Earnings

**Type :** Table

**Database Physical Name :** MDCF

**Schema Physical Name :** MDCF

**Subject Area :** Disability

**Table Description :**

Number of Columns: 16

Column Physical Name	Column Business Name	Data Type	Length (Scale)	Column Description
PRTN_NUM (PK : 1)	Partition Number	SMALLINT	2	Identifier for the physical partition segment of the DCF housing the master record. Used in conjunction with the Client's Own SSN to uniquely identify each individual. CLIENT ID is necessary in cases where a person cannot be assigned their own SSN
COSSN (PK : 2)	Clients Own Social Security Number	CHAR	9	The value assigned to the client by the Social Security Administration via the enumeration process.
CID (PK : 3)	Client Identifier	CHAR	2	The value assigned to the person whose own Social Security Number (SSN) is unavailable in order to identify them in relation to someone else's SSN.
ERNGS_DT (PK : 4)	Earnings Date	DATE	4	
GRS_AMT	Gross Amount	DECIMAL	7 (2)	
VRFD_IND	Verified Indicator	CHAR	1	
WRK_EXP_AMT	Work Expenses Amount	DECIMAL	7 (2)	

SE_NET_AMT	Self Employment Net Amount	DECIMAL	7 (2)	
SE_VRFD_IND	Self Employment Verified Indicator	CHAR	1	
PASS_AMT	Plan For Achieving Self Support Amount	DECIMAL	7 (2)	
STUD_EINCMXCL_AMT	Student Earned Income Exclusion Amount	DECIMAL	7 (2)	
INSRT_TS	Insert Timestamp	TIMESTMP	10 (0)	The date and time the row was inserted.
INSRT_PIN	Insert Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who inserted the row.
LU_PGM_NM	Last Update Program Name	CHAR	8	The name of batch program that last updated the row.
LU_TS	Last Update Timestamp	TIMESTMP	10 (0)	The date and time the row was last updated.
LU_PIN	Last Update Personal Identification Number	CHAR	6	The Personal Identification Number (PIN) of the person who last updated the row.

Number of Indexes: 2

Index Name	Index Type	Index Column Physical Name
T16ERNX1	Indexed/Primary Key	PRTN_NUM
T16ERNX1	Indexed/Primary Key	COSSN
T16ERNX1	Indexed/Primary Key	CID
T16ERNX1	Indexed/Primary Key	ERNGS_DT
T16ERNX2	Indexed	COSSN
T16ERNX2	Indexed	CID
T16ERNX2	Indexed	ERNGS_DT

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**APPENDIX F:**

**FILE LAYOUT OF THE MONTHLY CER100%**

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## SSI Characteristic Extract Record (CER)

Effective Date 2018/01

Location	Field Name	Action	Acronym	Size	Type	x	Format
1	Record Identification Code		RIC	1	A/N		
2	Transaction Code (Type Of Action)		TOA	2	A/N		
4	Master File Type Code		MFT	2	A/N		
6	Housed Under Number		HUN	9	N		
15	Social Security Number		PAN	9	N		
24	Payment Indicator		PMTIND	1	N		
25	MIL (min. income level) Indicator		MILI	1	A/N		
26	Essential Persons Indicator		ESPER	1	A/N		
27	Stale Record Indicator		STALE-RCD-IND	1	A/N		
28	Earliest Computation Date		START-RD	6	N		CCYYMM
34	Termination Pay Status		TERM-STAT	3	A/N		
37	Termination date		TERM-RD	6	N		CCYYMM
43	Windfall Flag		WIN-INTRFCE	1	A/N		
44	Application Type		AP-TYPE	1	A/N		
45	No. Of Redetermination Entries		RED-NOE	2	N		
47	Comp. Status Type Of Action (most current)		COMP-STAT-TOA	2	A/N		
49	Redetermination Low Probability		RED-LOWPROB	1	A/N		
50	" Profile		PROFILE	1	A/N		
51	" Type		REDTYPE	1	A/N		
52	" Initiation Date		RED-INIT-RD	6	N		CCYYMM
58	" Completion Date		RED-COMPL-RD	6	N		CCYYMM
64	" Profile Source Code		PROF-SRCE	2	A/N		
66	" Region Code		RED-REGION	1	A/N		
67	" Area Office Code		RED-AREA	1	A/N		
68	Case Characteristics (Occurs 10 times)		CCHAR	4	A/N		
72	Remaining 9 occurrences			36	A/N		
108	Record Establishment Date		RCD-EST-JD	8	N		CCYYMMDD
116	Date Of Birth		BIRTH-JD	8	N		CCYYMMDD
124	Date Of Death		DEATH-JD	8	N		CCYYMMDD
132	MBR - Ledger Account File Code		LAF	2	A/N		
134	Sex		SEX	1	A/N		

135	Race		RACE	1	A/N	
136	Claimant's First Name		CLMT-1ST-NAM	15	A/N	
151	Claimant's Last Name (first 15 positions)		CLMT-LST-NAM	15	A/N	
166	Interface Income Recovery		IIR	1	A/N	
167	Veterans Adm. Inc. Recovery Indicator		IIRVA	1	A/N	
168	Civil Service Inc. Recovery Indicator		IIRCS	1	A/N	
169	Date Of Current Eligibility		ELG-RD	6	N	CCYYMM
175	Application Date (current)		APPL-JD	8	N	CCYYMMDD
183	8080 Date		8080-JD	8	N	CCYYMMDD
191	Transmitting District Office Code		X-MITTING-DO	3	A/N	
194	Filler		----	2	A/N	
196	Date of Reversal of Initial Denial		REV-JD	8	N	CCYYMMDD
204	Denial Code		DENCDE	3	A/N	
207	Date Of Denial		DENIAL-JD	8	N	CCYYMMDD
215	Food Stamps Interview Date		FS-INTERVIEW-RD	6	N	CCYYMM
221	Food Stamps Recipient		FS-RECIPIENT	1	A/N	
222	Food Stamps Request		FS-REQUEST	1	A/N	
223	Economic Recovery Payment Indicator		ERP-IND	1	A/N	
224	Date Claim Filed		CLM-FIL-JD	8	N	CCYYMMDD
232	Grant Reimbursement Code		RACODE	1	A/N	
233	State & County Code of Reimbursement		STOREIM	5	A/N	SSCCC
238	Proration Factor (next month)		PROFAC	2	N	
240	CDI Medical Issue		CDI-MED	1	A/N	
241	CDI Medical Issue Date		CDI-MED-RD	6	N	CCYYMM
247	Disability Payment Code		DISPAYCDE	1	A/N	
248	Date Of Onset of Disability or Blindness		DIS-ONST-JD	8	N	CCYYMMDD
256	Record Sequence No.		RCDNO	1	A/N	
257	Trial Work Period Months (occurs 9 times)		TWP-WRK-RD	6	N	CCYYMM
263	Remaining 8 occurrences			48	N	
311	Trial Work Period Code		TWP-CDE	1	A/N	
312	Vocational Rehabilitation Code	D	VR-CODE	1	A/N	
313	Ending Date Of Extended Trial Work Period		EXTWPEND-RD	6	N	CCYYMM
319	Eligibility Status Effective Date		MEDSERV-RD	6	N	CCYYMM
325	Medical And Social Services Eligibility		MEDSERV-CDE	1	A/N	
326	Primary Disability Diagnostic Code		DIB-DIG	4	A/N	
330	Secondary Disability Diagnostic Code		DIB-DIG2	4	A/N	

334	Medical Diary Reason	DIB-MDR	1	A/N	
335	Permanent Disability Indicator	DIB-DPM	1	A/N	
336	Zebley Indicator	ZEBIND	1	A/N	
337	State & County Code at Conversion	STCOCNV	5	A/N	SSCCC
342	Direct Deposit Payment Code	DDPC	1	A/N	
343	Residence State & County & Servicing DO Code	PDSCC	6	A/N	SSCCCD
349	Payee's Zip Code	PDZIP	5	A/N	
354	Payee's Zip Code Suffix	PDZIP6-9	4	A/N	
358	District Office Code	DO	3	A/N	
----- Current Earned Income -----					
Occurs 6 Times for types S, W, C, D, T, N, respectively. Multiple occurrences of any single type are summed into a single occurrence.					
*** Type B located later in record ***					
361	Earned Income Type Code - S	IETYP	1	A/N	
362	Earned Income Start Date - S	IESTART-RD	6	N	CCYYMM
368	Earned Income Amount - S	IEAMT	6	N	\$\$\$\$cc
374	Earned Income Frequency - S	IEFRQ	1	A/N	
375	Remaining 5 occurrences		70		
---- Current Unearned Income ----					
Occurs 6 Times for the first six types of unearned types encountered. IUETYP = "A" is in 1st occurrence. If more than 6 types, the 6th occurrence is used to summarize the 6th through the n th type and IUEIDNO will be blank.					
445	Unearned Income Type Code	IUETYP	2	A/N	
447	Unearned Income Start Date	IUESTART-RD	6	N	CCYYMM
453	Unearned Income Amount	IUEAMT	6	N	\$\$\$\$cc
459	Unearned Income Frequency	IUEFRQ	1	A/N	
460	Claim or ID Number for Unearned Income	IUEIDNO	12	A/N	
472	Remaining 5 occurrences		135		
607	Diary Code (Last 7 occurs)	DIACDE	2	A/N	
609	Remaining 6 occurrences		12	A/N	
621	Diary Date (Last 7occurs)	DIARY-JD	8	N	CCYYMMDD

629	Remaining 6 occurrences		48		
677	Diary Follow-up Indicator (Last 7 occurs)	FOLUP	1	N	
678	Remaining 6 occurrences		6		
684	Type Of Payee Code	REPPAYTYP	3	A/N	
687	Guardian/Competency Code	REPGC	1	A/N	
688	Custody Code	REPCUS	3	A/N	
691	Applicant's Address Zip Code	AAZIP	5	A/N	
696	Applicant's Address Zip Code Suffix	AAZIP6-9	4	A/N	
700	Title II Authorized Representative Fee	ATHREP-T2-FEE	4	N	\$\$\$\$
704	Title XVI Maximum Authorized Representative Fee	ATHREP-T16-FEE	4	N	\$\$\$\$
708	No. of Payment Entries Present	NOP-9	3	N	
711	Amount of Unresolved Overpayment	UNRESOLVED	6	N	\$\$\$\$\$\$
717	Overpayment Balance (current)	OUTSTAND	6	N	\$\$\$\$\$\$
723	Overpayment Rate of Recovery	RATEREC	6	N	\$\$\$\$\$\$
729	Amount of Overpayment Collected	OP-COLL	6	N	\$\$\$\$\$\$
735	Ten Percent Rate of Recovery Indicator	TENPER	1	A/N	
736	Windfall Start Date	WSTRT-RD	6	N	CCYYMM
742	Windfall End Date	WEND-RD	6	N	CCYYMM
748	Windfall Indicator	WIN	1	A/N	
749	Windfall Non-Countable Income	WNCI	6	N	\$\$\$\$\$\$
755	Federal Money Amount (payment)	FEDPMT	6	N	\$\$\$\$\$\$
761	State Supplementation Amount (payment)	STATPMT	6	N	\$\$\$\$\$\$
767	Payment State Code	PAYSC	2	N	
769	Unnegotiated Check Indicator	UCI	1	A/N	
770	Statutory Benefit Continuation Payment Ind	PAY-STATBC-IND	1	A/N	
771	State Agency Code	STAGCDE	3	A/N	
----- Computational Data -----					
( Contains data for month AFTER selection date (SEL-DATE), except as indicated.)					
774	Chargeable Earned Inc Amt - (current month)	EINCM-CUR	4	N	\$\$\$\$
778	Chargeable Unearned Inc Amt - (current month)	UINCM-CUR	4	N	\$\$\$\$

782	Fed Countable Inc for Pay Comp - (current month)		FCI-CUR	5	N	\$\$\$\$\$
787	Current Composition Code - (next month)		CUR-COMP	1	A/N	
788	Welfare Ind. - (next month)		WELF	1	A/N	
789	Medical & Social Service Inc Test - (current month)		MEDTEST-CUR	1	A/N	
790	Multiple Eligible Child - (next month)		MULT-ELIG-CHLD	2	N	
792	Ticket to Work Status Ind. - (current month)		TKT-STAT-IND-CUR	1	A/N	
793	Budget Month Flag		BMF	1	A/N	
794	Payment Status Code - (current month)		PSTAT-CUR	3	A/N	
797	Payment Status Code		PSTAT	3	A/N	
800	Living Arrangements Code - (next month)		LIVF	1	A/N	
801	Living Arrangements Code - (current month)		LIVF-1	1	A/N	
802	Living Arrangements Code - (prior month)		LIVF-2	1	A/N	
803	Optional State Supplementation Code		OSCD	1	A/N	
804	State & County Code for Supplementation		STSUPGP	5	N	
809	State Concurrent Eligibility Indicator		STCONCATM	1	A/N	
810	State Optional Payment Code		STOPACM	1	A/N	
811	Medicaid Eligibility Code		MEDIC	1	A/N	
812	Student Indicator		STUDM	1	A/N	
813	Drug Addict or Alcoholic Identification		DRUGM	1	A/N	
814	Chargeable Earned Income Amount		EINCM	4	N	\$\$\$\$
818	Chargeable Unearned Income Amount		UINCM	4	N	\$\$\$\$
822	Federal Assistance Amount - (current month)	D	FEDAMT-CUR	3	N	\$\$\$
825	Current Amount Of State Supp. - (current month)	D	SUPAMT-CUR	3	N	\$\$\$
828	Federal Assistance Amount	D	FEDAMT	3	N	\$\$\$
831	Current Amount Of State Supp.	D	SUPAMT	3	N	\$\$\$
834	Conditional Payment Indicator		CONDPAY	1	A/N	
835	Medical and Social Services Income Test		MEDTEST	1	A/N	
836	Total Amount of Overpayment Detected		OPDET	5	N	\$\$\$\$\$
841	Deemed Income Amount for the Quarter		DEEMAMT	5	N	\$\$\$\$\$
846	Deeming Indicator		DEEMCD	1	A/N	
847	Windfall Offset Federal Amount	D	WIN-FED	3	N	\$\$\$
850	Windfall Offset State Amount	D	WIN-STAT	3	N	\$\$\$
853	Date Of File Selection (cutoff date)	*	SEL-DATE	8	N	CCYYMMDD
861	Special Indicator Field	*	SPEC-ID	3	A/N	
864	Unearned Type "A"/Frequency "R" Ind	*	RFRQ	1	A/N	R / space
865	New Award Indicator	*	NEWARD	1	A/N	Y / space

866	First Payment Date (this record)	*	FIRST-PAY-DATE	8	N	CCYYMMDD
874	PSTAT After Last C01 / M01 / M02	*	PSTAT-LST	3	A/N	
877	PSTAT After Last C01 / M01 / M02 Date	*	PSTAT-LST-DATE	6	N	CCYYMM
883	Payment Status Month 1		PSTAT1	3	A/N	
886	Payment Status Month 2		PSTAT2	3	A/N	
889	Payment Status Month 3		PSTAT3	3	A/N	
892	Payment Status Month 4		PSTAT4	3	A/N	
895	Payment Status Month 5		PSTAT5	3	A/N	
898	Payment Status Month 6		PSTAT6	3	A/N	
901	Payment Status Month 7		PSTAT7	3	A/N	
904	Payment Status Month 8		PSTAT8	3	A/N	
907	Payment Status Month 9		PSTAT9	3	A/N	
910	Payment Status Month 10		PSTAT10	3	A/N	
913	Payment Status Month 11		PSTAT11	3	A/N	
916	Payment Status Month 12		PSTAT12	3	A/N	
919	Filler			2	A/N	
	--- Appeals Data --- occurs 3 times ---					
	occurs 1 - Conversion Data					
	occurs 2 - Latest Initial Claim Data					
	occurs 3 - Post-Eligibility Data					
921	Appeal Type		PL-TYP	1	A/N	
922	Appeal Reason		PL-RSN	2	A/N	
924	Appeal Filing Date		PL-FILE-JD	8	N	CCYYMMDD
932	Appeals Decision Code		PL-DCSN-CDE	2	A/N	
934	Appeals Date of Final Decision		PL-DCSN-JD	8	N	CCYYMMDD
942	Appeals Decision Type		PL-DECISION-TYP	1	A/N	
943	Appeals Remaining 2nd and 3rd occurrences			44		
987	12-Month Check for Payment		CHK-PMT	1	A/N	
			LANG-PREF-			
988	Spoken Language Code		SPOKEN	2	A/N	
			LANG-PREF-			
990	Written Language Preference		WRITTEN	2	A/N	
992	Direct Deposit Payment Indicator		PAY-DIRDEP-IND	1	A/N	
			REP-LANG-PREF-			
993	Rep Payee Spoken Language Preference		SPOKEN	2	A/N	

995	Rep Payee Written Language Preference --- Alien Data --- occurs 2 times ---		REP-LANG-PREF- WRITTEN	2	A/N	
997	Alien Relative Date		ALIEN-RD	6	N	CCYYMM
1003	Alien Data Citizenship/Alien Code		ALIEN	1	A/N	
1004	Alien Country		ALIEN-CNTRY	2	A/N	
1006	Alien Sponsor		ALIEN-SPON	1	A/N	
1007	Alien Status Attained Date		ALIEN-STAT-RD	6	N	CCYYMM
1013	Alien Eligibility Reason		ALIEN-EXC	1	A/N	
1014	Alien Eligibility Start Date		ALIEN-EXC-START- RD	6	N	CCYYMM
1020	Alien Remaining 2nd occurrence			23		
	--- Earned Income, type B ---					
1043	Earned Income Type Code - B		IETYP	1	A/N	
1044	Earned Income Start Date - B		IESTART-RD	6	N	CCYYMM
1050	Earned Income Amount - B		IEAMT	6	N	\$\$\$\$cc
1056	Earned Income Frequency - B		IEFRQ	1	A/N	
1057	Filler		----	6	A/N	
1063	Title 8 Veteran		T8VET	1	A/N	
1064	Stop Date		STOP-RD	6	N	CCYYMM
1070	Rep Payee's Zip Code		REP-ZIP	5	A/N	
1075	Rep Payee's Zip Code Suffix		REP-ZIP6-9	4	A/N	
1079	Direct Express Debit Card Indicator		DIREXPDC-IND	1	A/N	
1080	Federal Assistance Amount - (current month)	NS	FEDAMT-CUR	5	N	\$\$\$\$\$
1085	Current Amount Of State Supp. - (current month)	NS	SUPAMT-CUR	5	N	\$\$\$\$\$
1090	Federal Assistance Amount	NS	FEDAMT	5	N	\$\$\$\$\$
1095	Current Amount Of State Supp.	NS	SUPAMT	5	N	\$\$\$\$\$
1100	Windfall Offset Federal Amount	NS	WIN-FED	5	N	\$\$\$\$\$
1105	Windfall Offset State Amount	NS	WIN-STAT	5	N	\$\$\$\$\$
1110	Federal Money Amount (paid 1 <sup>st</sup> of month)	N	FEDPMT-01	6	N	\$\$\$\$\$\$
1116	Payment Indicator Generated in Modernization State Supplementation Amount (paid 1 <sup>st</sup> of month)	N	Filler STATPMT-01	1 6	A/N N	\$\$\$\$\$\$
1123	Filler	s		78	A/N	
<b>1200</b>						

Record length = 1,200 characters

\* = Not directly derived from SSR

**A** = Acronym name change - this record

**D** = Deleted Field - this record

**F** = Field name change - this record

**M** = Modified field - this record

**N** = New field - this record

**S** = Size change - this record

**Note:** Alpha-numeric field contains hex values  
(i.e.X'01') Move to a redefined field in working  
storage to use.

R:\Bruiser\Documentation\_Project\DSSA\_Documentation\SSI Production Files\Record Layouts

O:\DSSA\PRD\SSIASR\Source File Layouts

**APPENDIX G:**

**FILE LAYOUT OF THE MONTHLY DBAD FILES**

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## Disabled Beneficiaries and Dependents MBR (DBADMBR) File

Effective Date 12/2018

Location	Field Name	Action	Acronym	Size	Type	Format
1	Date of File Selection	*	SEL-DATE	8	N	CCYYMMDD
<b>001 RECORD CONTROL DATA</b>						
9	Office Code--Payment Service Center	N	OC	1	A/N	
10	Claim Account Number (SSN)		CAN	9	A/N	
<b>002 FIXED ACCOUNT DATA</b>						
19	Payment Cycle Current Operating Month		PCCOM	6	N	CCYYMM
25	Payment Cycle Change Reason		PCCR	1	A/N	
26	First Payment Cycle Current Operating Month	*	FPCCOM	6	N	CCYYMM
32	First Payment Cycle Change Reason	*	FPCCR	1	A/N	
33	Recomputation Code		RCC	1	A/N	
34	Race of Primary		RACEP	1	A/N	
35	Lump Sum Entitlement Code Switch		LSEC-SW	1	A/N	
36	Military		MIL	1	A/N	
37	Railroad Code		RRC	1	A/N	
38	FILLER			6		
<b>022 PRIMARY INSURANCE HISTORY</b>						
<b>Occurs 8 times of 150</b>						
44	Number of Primary Insurance Fields		NPIH	3	N	
47	PIA Effective Date		PIED	6	N	CCYYMM
53	Primary Insurance Factor Code (Governing PIA)	*	PIFC	1	A/N	
54	Primary Insurance Amount (Governing PIA)	*	PIA	5	N	\$\$\$\$c
59	Family Maximum	S	FMAX	6	N	\$\$\$\$\$c
65	Type of Maximum		TOM	1	A/N	
66	Indexed Monthly Earnings		IME	4	N	\$\$\$\$
70	Eligibility Year		ELY	4	N	CCYY
74	Primary Insurance Factor Code Two		PIFC2	1	A/N	
75	Primary Insur. History occurs 2 through 8			196		

<b>033 INSURED STATUS MET DATA (Account Data)</b>						
<b>Occurs 2 times of 30 (For Governing PIA)</b>						
271	Number of Insured Status Met Data fields		NINSD	2	N	
273	Insured Status Claim Type		INSD-CLMTYP	1	A/N	
274	Insured Status Date Claim Filed	DOF	INSD-DCF	8	N	CCYYMMDD
282	Insured Status Last Month	DLM	INSD-LAST-MTH	6	N	CCYYMM
288	Insured Status Waiting Period Start Month		INSD-WPSD-MTH	6	N	CCYYMM
294	Insured Status 20/40 Exclusion Test Met		INSD-2040-XMT	1	A	
295	Insured Status 20/40 Non-exclusion Test Met		INSD-2040-NXMT	1	A	
296	Insured Status Age 31 Exclusion Test Met		INSD-A31-XMT	1	A	
297	Insured Status Age 31 Non-Exclusion Test Met		INSD-A31-NXMT	1	A	
298	Insured Status Age24 Exclusion Test Met		INSD-A24-XMT	1	A	
299	Insured Status Age24 Non-Exclusion Test Met		INSD-A24-NXMT	1	A	
300	Insured Status DIB Test Quarters of Coverage Required Count		INSD-DIB-REQ	2	N	
302	Insured Status DIB Test HAS Quarters of Coverage Count		INSD-DIB-HAS	2	N	
304	Insured Status Fully Insured Exclusion Test Met		INSD-FIS-XMT	1	A	
305	Insured Status Fully Insured Non-Exclusion Test Met		INSD-FIS-NXMT	1	A	
306	Insured Status Fully Insured Test Quarters of Coverage Required Count		INSD-FIS-REQ	2	N	
308	Insured Status Fully Insured HAS Quarters of Coverage Count		INSD-FIS-HAS	2	N	
310	Statutory Blindness Established		INSD-STBL-IND	1	A	
311	Insured Status History occurs 2			38		
<b>038 FIXED PAYMENT DATA</b>						
349	Monthly Payment Amount		MPA	5	N	\$\$\$\$c
354	District Office Code		DOC	3	A/N	
357	Advance Filing Switch	N	ADV-FILING-SW	1	A/N	
358	FILLER			18	A/N	
<b>062 FIXED BENEFICIARY DATA</b>						
376	Beneficiary Identification Code		BIC	2	A/N	
378	Ledger Account File		LAF	2	A/N	
380	Date of Birth		DOB	8	N	CCYYMMDD

388	Initial Date of Entitlement		DOEI	6	N	CCYYMM
394	Current Date of Entitlement		DOEC	6	N	CCYYMM
400	Dual Entitlement Type	BPC-DUAL	DE-TYPE	1	A	
401	Beneficiary Reduced for Age	BPC-AGE-RED	RED-FOR-AGE	1	A	
402	RIBLIM-Applies		RIBLIM-APPLIES	1	A/N	
403	Debit Processing Date		DRD	8	N	CCYYMMDD
411	Date of Suspension / Termination		DOST	6	N	CCYYMM
417	Date of Credit Action		DOCA	6	N	CCYYMM
423	Beneficiary Sex Code		SEXB	1	A/N	
424	Monthly Benefit Payment		MBP	5	N	\$\$\$\$c
429	Language		LANG	1	A/N	
430	Railroad Involvement Code		RRIC	1	A/N	
431	<b>FILLER</b>			<b>1</b>	<b>A/N</b>	
432	Adjusted Blind Onset Date		ABOD	8	N	CCYYMMDD
<b>123 BENEFICIARY CLAIM DATA</b>						
<b>Occurs 10 times of 30</b>						
440	Number of Beneficiary Claim Data fields		NBCLM	2	N	
442	Historical Date of Entitlement Start		BCLM-DOE- START	6	N	CCYYMM
448	Date of Filing Application	DOF	BCLM-DOF	8	N	CCYYMMDD
456	Application Receipt Date		BCLM- APPRECPT	8	N	CCYYMMDD
464	Historical Beneficiary Identification Code	BIC	BCLM-BIC	2	A	
466	Historical Current Entitlement Code	CEC	BCLM-CEC	1	A	
467	Outside the MAX Indicator		BCLM-OTSID- MAX	1	A	
468	Historical Date of Entitlement Termination		BCLM-DOETERM	6	N	CCYYMM
474	BCLM Data occurs 2 through 10			288		
<b>153 BENEFICIARY DENIAL/DISALLOWANCE DATA</b>						
<b>Occurs 6 times of 30</b>						
762	Number of Beneficiary Denial/Disallowance Data fields		NDENY	2	N	
764	Date of Filing Application					
	DOF		DENY-DOF	8	N	CCYYMMDD

772	Application Receipt Date	DENY-APPRECPT	8	N	CCYYMMDD
780	Historical Beneficiary Identification Code BIC	DENY-BIC	2	A	
782	Historical Current Entitlement Code CEC	DENY-CEC	1	A	
783	Date of Disability Onset	DENY-DDO	8	N	CCYYMMDD
791	Historical Reason for Disallowance or Denial RDD	DENY-RDD	3	A	
794	Level of Denial associated with RDD on Disability Claim	DENY-RDD-LOD	1	A/N	
795	Deny Data occurs 2 through 6		155		
<b>147 DEVELOP DIB DATA</b>					
<b>Occurs 5 times of 5</b>					
950	Number of DDIB data fields	NDDIB	1	N	
951	Develop DIB Suspension Effective Date	DDIB-SUSPEFF	6	N	CCYYMM
957	Develop DIB Resumption Request Input Date	DDIB-RESUMREQ	6	N	CCYYMM
963	Develop DIB occurs 2 through 5		48		
1011	<b>FILLER</b>		<b>66</b>	<b>A/N</b>	
<b>065 BENEFICIARY OVER/UNDERPAYMENT DATA</b>					
1077	Due Process Overpayment	DPO	8	N	\$\$\$\$\$\$cc
1085	Due Process Recovery Date	DPRD	6	N	CCYYMM
1091	Due Process Overpayment Type	DPOT	2	A/N	
1093	Due Process Withholding Amount	DWA	4	N	\$\$\$\$
1097	Protest Indicator	PROTEST	1	A/N	
<b>066 REPRESENTATIVE PAYEE DATA</b>					
1098	Date of Selection	DOS	6	N	CCYYMM
1104	Type of Payee	TOP	1	A/N	
1105	Custody Code	CC	1	A/N	
1106	Guardian Status	GS	1	A/N	
1107	Year Initial Payee Selected	YIPS	4	N	CCYY
<b>072 SECURITY INCOME DATA</b>					
1111	Security Income File Type	SIFT	1	A/N	
1112	Security Income Status Code	SISC	1	A/N	

<b>075 BENEFICIARY REFERENCE DATA</b>					
1113	Beneficiary's Own Account No. (CAN if BIC = A)	*	BOAN	9	N
<b>076 DATE OF DEATH DATA</b>					
1122	Beneficiary Date of Death	*	BDOD	8	N CCYYMMDD
<b>081 DEMONSTRATION PROJECT DATA</b>					
1130	Demonstration Project Indicator		DPI	2	A/N
1132	Demonstration Project Start Date		DST	6	N CCYYMM
1138	Demonstration Project Stop Date		DSP	6	N CCYYMM
<b>088 DISABILITY DATA</b>					
<b>Occurs 6 times of 12</b>					
1144	Number of Disability Data Fields		NDIB	2	N
1146	FILLER			14	A/N
1160	Date of Disab. Benefit Cessation		DDBC	6	N CCYYMM
1166	Disability Adjudication Date		DSD	6	N CCYYMM
1172	Hearing Decision Date		HDD	6	N CCYYMM
1178	SGA Disability Suspension		SDS	6	N CCYYMM
1184	Applicant's Disability Cessation		ADC	6	N CCYYMM
1190	Appeals Decision Date		APS	6	N CCYYMM
1196	Date of Disability Onset		DDO	8	N CCYYMMDD
1204	Disability Award Code		DAC	1	A/N
1205	Level of Denial Code		LOD	1	A/N
1206	Basis for Denial Code		BDC	2	A/N
1208	Cessation of Disability Reason		CDR	1	A/N
1209	Pending Appeals Review		PRY	1	A/N
1210	EPE Begin Date		EBD	6	N CCYYMM
1216	EPE Medicare Begin Date		EMD	6	N CCYYMM
1222	Drug Addiction / Alcoholism Code of Disability		DAA	1	A/N
1223	Disability Data occurs 2 through 6			385	
<b>091 CROSS-REFERENCE DATA</b>					
<b>Occurs 3 times of 9</b>					
1608	No. of Cross-Reference Fields		NXRD	1	N
1609	Cross-reference Type Code		XRTC	1	A/N
1610	Cross-reference Account Number		XRAN	9	A/N
1619	Cross-reference Beneficiary Identification Number (BIC)		XBIC	2	A/N

1621	Cross-ref. Occurs 2 through 3		24		
<b>093 DUAL ENTITLEMENT DATA</b>					
<b>Occurs 2 times of 2</b>					
1645	No. of Dual Entitlement Fields	NDED	1	N	
1646	Type of Dual Entitlement	TOD	1	A/N	
1647	Other Account Number	OTAN	9	A/N	
1656	Other Beneficiary Identification Code	OTBIC	2	A/N	
1658	Other Date of Entitlement	OTDOE	6	N	CCYYMM
1664	Other Primary Insurance Amount	OTPIA	5	N	\$\$\$\$c
1669	Larger Full Monthly Benefit Amount	LFMBA	5	N	\$\$\$\$c
1674	Larger Excess Monthly Benefit Amount	LEMBA	5	N	\$\$\$\$c
1679	Smaller Full Monthly Benefit Amount	SFMBA	5	N	\$\$\$\$c
1684	Smaller Actuarially Reduced Monthly Benefit Amount	SAMBA	5	N	\$\$\$\$c
1689	Dual Entitlement Status Code	DESC	1	A/N	
1690	Dual Entitlement Data occurs 2		44		
<b>095 ENFORCEMENT DATA</b>					
<b>Occurs 5 times of 5</b>					
1734	No. of Enforcement Fields	NENFD	1	N	
1735	Year of Enforcement	YOE	4	N	CCYY
1739	Year of Enforcement Selection.	YOES	4	N	CCYY
1743	Total Enforceable Earnings	TEE	7	N	\$\$\$\$\$\$\$
1750	Enforcement Category Code	ECC	2	A/N	
1752	Enforcement Selection Operation Code	ESOC	1	A/N	
1753	Earnings Posted Type	EPT	1	A/N	
1754	Enforcement Data occurs 2 through 5		76		
<b>096 HISTORY DATA</b>					
<b>Occurs 35 times of 150</b>					
1830	Number of History Fields	NHIST	2	N	
1832	Effective Date	EFD	6	N	CCYYMM
1838	Monthly Benefit Amount	MBA	5	N	\$\$\$\$c
1843	Reason for Deduction	RFD	1	A/N	
1844	Work Indication Code	WIC	1	A/N	
1845	Benefit Paid Designation Indicator	BPD	1	A/N	
1846	Monthly Benefit Credited	MBC	5	N	\$\$\$\$c

1851	Historical Reason for Suspension or Termination	RFST	6	A/N	
1857	History Data occurs 2 through 35		850		
<b>098 DISABILITY TEST PROCESS DATA</b>					
<b>Occurs 5 times of 5</b>					
2707	Number of Disability Test Process Data Fields	NDTPD	1	N	
2708	Test Process Indicator	TPI	1	A/N	
2709	Date Claim Filed	DCF	6	N	CCYYMM
2715	Disability Test Data occurs 2 through 5		28		
<b>105 HOSPITAL INSURANCE DATA</b>					
<b>Occurs 5 times of 10</b>					
2743	Number of Health Insurance Fields	NHI	2	N	
2745	HI Enrollment Month	HI-START	6	N	CCYYMM
2751	HI Termination Month	HI-TERM	6	N	CCYYMM
2757	HI Basis Type	HI-BASIS	1	A/N	
2758	HI Non Coverage Reason Type	HI-NONCOVRSN	1	A/N	
2759	Hospital Insurance occurs 2 through 5		56		
<b>109 SUPPLEMENTAL MEDICAL INSURANCE</b>					
<b>Occurs 5 times of 20</b>					
2815	Number of Supplementary Medical insurance Fields	NSMI	2	N	
2817	SMI Enrollment Effective Month	SMI-START	6	N	CCYYMM
2823	SMI Termination Month	SMI-TERM	6	N	CCYYMM
2829	SMI Basis Type	SMI-BASIS	1	A/N	
2830	SMI NON Coverage Reason Type	SMI-NONCOVRSN	1	A/N	
2831	Supplemental Med. Insurance occurs 2 through 5		56		
<b>025 DRAMS PRIOR PERIOD OF DISABILITY</b>					
<b>Occurs 4 times of 4</b>					
2887	Number of DRAM Data Fields	NDRAM	1	N	
2888	Prior DIB Start Date	PDST-REL	6	N	CCYYMM
2894	Prior DIB End Date	PDED-REL	6	N	CCYYMM
2900	Prior DIB Source	PDSOURCE	1	A/N	
2901	DRAMS occurs 2 through 4		39		

**121 CITIZENSHIP DATA****Most Recent Occurrence of 3**

2940	Number of Citizenship Fields	NCTZN	1	N	
2941	Citizenship Start Date	CTZN-START	8	N	CCYYMMDD
2949	Citizenship Stop Date	CTZN-STOP	8	N	CCYYMMDD
2957	Citizenship Country Name	CTZN-COUNTRY	2	A/N	
2959	Citizenship Proof Indicator	CTZN-USPROOF	1	A/N	

**122 LAWFUL PRESENCE DATA****Most Recent Occurrence of 10**

2960	Number of Lawful Presence Data Fields	NLWPR	2	N	
2962	Lawful Presence Effective Date	LWPR-START	8	N	CCYYMMDD
2970	Lawful Presence Stop Date	LWPR-STOP	8	N	CCYYMMDD
2978	Lawful Presence Proof Indicator	LWPR-PROOF	1	A/N	
2979	LWPR Status	LWPR-STATUS	1	A/N	

**168 TRIAL WORK PERIOD FRAUD DATA**

2980	No. of Trial Work Period Fraud Data Groups	NTWPF	1	N	
------	--	-------	---	---	--

**032 WC/PDB OFFSET DATA****Most Recent Occurrence of 120**

2981	Number of WCPD Data Group Occurrences Fields	NWCPD	3	A/N	
2984	Type of Offsetable Public Disability Benefits	WCPD-PDB-TYPE	2	A/N	
2986	Type of Offsetable Workers' Compensation Benefits	WCPD-WC-TYPE	2	A/N	

**051 ATTORNEY PAYMENT DATA****Most Recent Occurrence of 10**

2988	NAREP	NAREP	2	N	
2990	Appointed Representation Total Past Due Benefits (UNPACKED)	AREP-DUE-BENE	9	N	\$\$\$\$\$\$CC
2999	Appointed Representation Fee Agreement Amount (UNPACKED)	AREP-AGMT-AMT	7	N	\$\$\$\$\$CC
3006	Appointed Fee Agreement Type	AREP-FEE-TYPE	1	A/N	

**148 CONTINUING DIB INVESTIGATION DATA****Occurs 5 times of 5**

3007	Number of CDIB Data fields	NCDIB	1	N	
3008	CDR Suspension Effective Date	CDIB-SUSPEFF	6	N	CCYYMM

3014	CDR Suspension Stop Date <b>(UNPACKED)</b>	CDIB-SUSPSTOP	6	N	CCYYMM
3020	CDR Suspension Reason	CDIB-SUSPRSN	1	A/N	
3021	CDR Resumption Request Input Date	CDIB-RESUMREQ	6	N	CCYYMM
3027	CDR Data occurs 2 through 5		76		
<b>088 DISABILITY DATA</b>					
<b>Occurs 6 times of 12</b>					
3103	Diagnosis Code	DIG	10	A/N	
3113	Secondary Diagnosis Code	SDIG	10	A/N	
3123	Date of Entitlement to DIB for Medicare	DOED	6	N	CCYYMM
3129	True Date of Entitlement to DIB <b>(UNPACKED)</b>	T2-DOED	6	N	CCYYMM
3135	Disability Data occurs 2 through 6		160		
<b>FIXED BENEFIT DATA</b>					
<b>Occurs 2 times of 20</b>					
3295	Number of Historic Type of Claim	NHTOC	2	N	
3297	Type of Claim	TOC	1	A/N	
3298	Type of Claim Start Date <b>(UNPACKED)</b>	TOC-START	6	N	CCYYMM
3304	Historic TOC occurs 2		7		
<b>PAYMENT MAILING ADDRESS DATA</b>					
3311	Address State and County Code	ADDR-SCC	5	A/N	
3316	Address Foreign Geographic Code	ADDR-FGN-GEO-CODE	5	A/N	
3321	Address ZIP Code	ADDR-ZIP	9	A/N	
3330	Address Consular Office Code	ADDR-CON-CODE	3	N	
<b>BENEFICIARY MAILING ADDRESS DATA</b>					
3333	Beneficiary Mailing State and County Code	BADR-SCC	5	A/N	
3338	Beneficiary Mailing Address Foreign Geographic Code	BADR-FGN-GEO-CODE	5	A/N	
3343	Beneficiary Mailing Address Zip Code	BADR-ZIP	9	A/N	
3352	Beneficiary Mailing Address Country Consular Office Code	BADR-CON-CODE	3	N	

3355	Number of Historic SSDI Fields	SSDI-NHIST	3	N	
3358	Attainment_Date		8	N	CCYYMMDD
3366	FILLER		135		
3500	RECORD LENGTH				

\* **Record Length = 3500 characters**

**Sequence = CAN / DOB / SEX / BIC / LAF**

**Multi occurrence fields are in most current to oldest sequence.**

Date of File Selection	SEL-DATE	Date of data on file
Primary Insurance Amount (MBC's PIA)	PIA	Governing PIA amount
Beneficiary's Own Account No.	BOAN	If BIC = A, fill with CAN
Beneficiary Date of Death	BDOD	If BDOD = blank and BIC = A, fill with DODP
First Payment Cycle Current Operating Month	FPCCOM	Earliest date in either PCCOM or HPCCOM
First Payment Cycle Change Reason	FPCCR	Reason code in either PCCR or HPCCR associated with the earliest PCCOM or HPCCOM date
ZIPcode	* ZIP	If ZIP blank, use RZIP if present
Family Maximum	* FMAX	FMAX = FMAX + \$10,000 if TOM = X, Y or Z

\* = Not directly derived from MBR

F = Field name change - this record

M = Modified field - this record

N = New field - this record

S = Size change - this record

**BLUE = New or Modified field - this record**

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**APPENDIX H:**

**FILE LAYOUT OF THE PHUS**

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<u>Start Position</u>	<u>End Position</u>	<u>Field Size</u>	<u>Program Mnemonic</u>	<u>Field Description</u>
1	9	9	CAN	Claim Account Number
10	11	2	BIC	Beneficiary ID Code
12	20	9	SSN-LINK	n/a SSN
21	29	9	LNK_BOAN	LINK_BOAN (Only for CWHS/OEP/CBO)
30	30	1	FILLER	FILLER
31	32	2	YEAR	Panel Year
33	38	6	EXTRACT-DATE	Date Record extracted from master files (MMCCYY)
39	2978	2940	DIRECT-PAY	MONTHLY BENEFITS PAID (01/84 – 12/18) (EACH ENTRY 7 POSITIONS - \$\$\$\$\$\$, there are 420 entries.) (Signed Pos or Neg.)
2979	5078	2100	MEDICARE	MONTHLY HI-SMI CHARGES (01/84 – 12/18) (EACH ENTRY 5 POSITIONS - \$\$\$\$\$, there are 420 entries.) (Signed Pos or Neg.)

**DIRECT PAY\*\*\***

ADD – Duplicate Checks (010), Recurring Payment(014), pos. Death Adjustments (024), CSP SAC X TO (029), Check not held (030), PMA Check (042), PCMA Check (043), RCMA Check (044), SAC X FROM (052), DO Payment (057), RRB Ret Check Reissue (084), RRB Payment (087), CO DUP CHK (253, 254, 255).

SUBTRACT – Wrong Check Held (031), PCMA Hold (047), RCMA Hold (048), CPS Non Receipt (170), PMA Benefit Payment Offset (BPO) (142), CMA BPO (143), Recurring PMT BPO (144).

**MEDICARE -**

ADD – Premium Deductions/Refunds (020), HI SMI Amount (HSA) in 014, 043 and 044, Part-D Medicare Drug Premium (220), PART-C Medicare Premium (120, 160) , Part B Equitable Relief Arrearage (231)

SUBTRACT – Negative Premium Refund Actions (039), HSA in 047 and 048, Part-D Medicare Premium Refund (239), Part-C Medicare Premium Refund (139, 179), Part B equitable relief Reversal (232)

\*\*\*Recurring Payment event 014 is built using the MBP. Direct Pay does not include Medicare amounts.

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**APPENDIX I:**

**FILE LAYOUT OF THE EN PAYMENTS FILES**

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Field Name	Description	Data Type	Format
EN Name	Name of the Provider	Character	
DUNS	Data Universal Number	Character	
Pay Type	Payment option selected by the provider.	Character	
Pay Num	Phase number, Ticket Payment Type and sequential payment number that was paid to the provider.	Character	
Beneficiary Name	First and Last Name of the Beneficiary	Character	
SSN	Beneficiary's Social Security Number	Character	
Month/Yr	Month/Year of the event that triggered the payment to the Provider	SAS Date	CCYYMMDD
Payment Amount	Amount of the payment made to the Provider	Dollar	\$9,999.99
Pay Date	Date the payment was processed	Date	MM/DD/CCYY
Pay Num for Sort	Phase number, Ticket Payment Type and sequential payment number that was paid to the provider.	Character	

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**APPENDIX J:**

**FILE LAYOUT OF THE MEF: MASTER EARNINGS FILE**

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Start Pos	End Pos	Size	Name	Description
1	1	1	TYPE	Type 2 = State and Local Wages Type 3 = Self Employment Type 4 = Tips Type 1 = none of the above
2	10	9	SSN	Social Security Number
11	14	4	YEAR	Tax Year (CCYY)
15	23	9	EIN	Employer Identification Number
24	35	12	WAGE_TIPS_IRS	Wages, tips and other compensation W2-Box #1 (Total Compensation) \$\$\$cc
36	47	12	WAGE_TIPS_RR	Railroad wages W2-Box #1 \$\$\$cc
48	59	12	WAGE_TIPS_NF	Wages, other than railroad, non-covered for Soc Secor Medicare W2-Box #1 \$\$\$cc
60	71	12	WAGE_TIPS_SS	Total of WAGE_SS and TIPS_SS W2-Box #3 and Box #7 \$\$\$cc
72	83	12	WAGE_SS	Social Security taxable wages W2-Box #3 \$\$\$cc
84	95	12	TIPS_SS	Social Security taxable tips W2-Box #7 \$\$\$cc
96	107	12	WAGE_TIPS_MED	Medicare taxable wages and tips W2-Box #5 \$\$\$cc
108	119	12	TIPS_MED	Medicare taxable tips \$\$\$cc
120	131	12	SEI_SS	Social Security taxable self-employment income, as posted (SSSEIP) \$\$\$cc
132	143	12	SEI_MED	Medicare taxable self-employment income, as posted (MTSEIP) \$\$\$cc
144	155	12	PENSION	Pensions (IRS Form W-2P) \$\$\$cc
156	167	12	PAYMENT_457	Plan 457 and Non Plan 457 distributions \$\$\$cc
168	179	12	SWP_457	Non Plan 457 Special Wage Payments \$\$\$cc
180	191	12	DEF_DSTB	Deferred Compensation Distributions W2-Box #11 \$\$\$cc
192	203	12	DEF_CNTR	Deferred Compensation contributions W2-Box #12 Prior to 2004 all elective deferrals were summarized into this grouping. In 2004 new employment types were created for the different plans (401, 403, 408, 457, 501). \$\$\$cc
204	215	12	PLAN_401	W2 non FICA & Def Comp contributions to 401 (k) \$\$\$cc
216	227	12	PLAN_403	W2 non FICA & Def Comp contributions to 403 (b) \$\$\$cc
228	239	12	PLAN_408	W2 non FICA & Def Comp contributions to 408 (k) \$\$\$cc
240	251	12	PLAN_457	W2 non FICA & Def Comp contributions to 457 (b) \$\$\$cc
252	263	12	PLAN_501	W2 non FICA & Def Comp contributions to 501(c)(18) (d) \$\$\$cc
264	275	12	HSA_CNTR	Health Savings Account (HSA) W2-Box #12 \$\$\$cc

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## **APPENDIX K:**

### **FILE LAYOUT OF THE VRRMS FILES**

Note: The VRRMS source file layout changed in March 2017, as described in Volume 2. Both of the layouts are presented in what follows.

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**APPENDIX K.1:**  
**VRRMS LAYOUT, PRE-MARCH 2017**

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<b>Table</b>	<b>Column</b>	<b>Description</b>
CLAIM_COSTS	C_SSN	SSN
	C_CNTRL_CNTR	Number of VR Period (an indicator that claims for reimbursement for multiple VR periods have occurred)
	C_DETL_CNTR	Number of times a claim for the same SSN and VR Period has been made and entered into system
	CC_TYPE	Type of cost claimed
	CC_CLAIMED	Amount claimed by VRA
	CC_ACCEPT	Costs accepted to be reimbursable prior to determining if trust fund costs were exceeded and if prior payments needed to be considered
	CC_ALLOWED	Costs determined due to VRA for a claim after determining if trust fund costs were exceeded and if prior payments need to be considered
CLAIM_DETAIL	C_SSN	SSN
	C_CNTRL_CNTR	Number of VR Period (an indicator that claims for reimbursement for multiple VR periods have occurred)
	C_DETL_CNTR	Number of times a claim for the same SSN and VR Period has been made and entered into system
	V_ALT_CODE	VRA code
	C_PCODE	Payment Code for Allowed, Denied, of Technically Revised Claims
	C_CLM_ENTERED	Date claim entered into system
	C_1ST_NAME	First Name
	C_MID_INIT	Middle Initial
	C_LAST_NAME	Last Name
	C_SEX	Gender
	C_BIRTHDAY	Date of Birth
	C_VR_REMARK	Indicator that the VRA has made additional comments on the claim
	C_VRA_ENTER	Date the claimant entered VR
	C_RPB_RECVD	Date claim received by SSA/OESP
	C_DISP_DTE	Date claim dispatched
	C_XREF_SSN	The cross reference SSN of the beneficiary
	C_CONTRIB_F	Indicator that identifies whether the VR services contributed to the continuous period of SGA in cases when the end of the continuous period of SGA is more than a year after the VR Closure Date

Table	Column	Description
	C_MED_SVC_F	Indicates whether the VRA claims to have provided medical services to the client
	C_PRG_CLMD	The Program that is reimbursing the VRA (DI, SSI, CON)
	C_EXT_EVL_F	Indicator that identifies whether the VRA solely provided services during an extended evaluation
	C_BL_DIB_DEC_F	Indicator that SSA considers whether the Title II disability of a claim is due to blindness
	C_VR_BLIND_F	Indicator that identifies whether or not the client was blind (may not be the reason for their disability, however)
	C_SSI_FL A	SSI Federal Living Arrangement
	C_MED_RECOV_CESS	The reason SSA monthly benefits have ceased
	C_MDIBP_F	Indicator that identifies multiple disability periods
	C_MR_EXP_F	Indicates whether a medical recovery was expected in the case of a medical cessation
	C_BIC	The beneficiary identification code
	C_FO_CODE	The client's Field Office Code
	C_WC_DEDUCT	Amount of worker's compensation offset that is used in the Savings to the Trust Fund formula
	C_GROSS_PPD_B	Gross Pay Period Begin Date, which is the beginning pay period or 10/1/1981, whichever is later
	C_GROSS_PPD_E	Gross Pay Period End Date, which is the End of Entitlement Date if the claim is a Refusal or 301 claim, otherwise it is the End of Entitlement Date or the last month of SGA, whichever is earlier
	C_NET_PPD_B	Net Pay Period Begin Date, which is the Gross Pay Period Begin Date or the VR Entered Date, whichever is later
	C_NET_PPD_E	Net Pay Period End Date, which is the Gross Pay Period End Date or the VR Closure Date, whichever is earlier
	C_TRK_PPD_B	First day of month following net pay period end date
	C_TRK_PPD_E	Equal to gross pay period end date
	C_TRK_MNTHS	Number of months that work activity was tracked by the VRA
	C_MBR_PIA	The Primary Insurance Amount for a Title II individual derived from the Master Beneficiary Record
	C_EMP_BEGAN	Date Employment Began
	C_VR_CLOSED	Date of final VR Closure
	C_TF_COSTS	Computed trust fund costs if beneficiary were not rehabilitated and, therefore, continued to receive monthly payments
	C_TF_SAVINGS	Calculated savings to the trust fund

Table	Column	Description
	C_BEGIN_PPD	The Title II onset date (first of month following onset date if onset date not the first of the month) or Title XVI date of eligibility, whichever is earlier
	C_ENTIT_END	The date entitlement to disability to monthly payments ends
	C_SGA_START	The first day of the first month of client's continuous period of SGA
	C_SGA_END	The last day of the last month of client's continuous period of SGA
	C_SGA_DEC_CDE	A code that indicates that SGA was successfully completed for a claim
	C_SGA_BASIS_CDE	Basis for SGA Decision Code
	C_EXCLUD_MOS	The non-pay months
	C_INELIG_TRK	Number of ineligible months during the tracking pay period
	C_INELIG_INCLD	Indicates whether there were non-pay months
	C_TOC	Type of Claim
	C_INELIG_NET	Number of ineligible months during the net pay period
	C_POST_EMP_BEG_IN_DATE	Date VRA began postemployment services
	C_POST_EMP_END_DATE	Date postemployment services ended
	C_POST_EMP_NO_OF_MONTH	Number of months of postemployment services
	C_PRIOR_PMT_OT_H_PD	Prior payments made for claims from the same SSN but different period of VR
	C_PRIOR_PMT_THI_S_PD	Prior payments made for claims from the same SSN and same period of VR
	C_IPE_DT	Individualized Plan for Employment Date
PROGRAM_COSTS	C_SSN	SSN
	C_CNTR_CNTR	Number of VR Period (an indicator that claims for reimbursement for multiple VR periods have occurred)
	C_DETL_CNTR	Number of times a claim for the same SSN and VR Period has been made and entered into system
	PC_PROGRAM	Type of SSA Trust Fund (DI, SSI)
	PC_BENEFITS	Amount of Program Monthly Payments
	PC_ALLOWED	Program Costs Allowed

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**APPENDIX K.2:**  
**VRRMS LAYOUT, MARCH 2017 ONWARD**

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## For Schema U: VR Tables 4/18/2016

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### L: PCWOSS VRPMACCD, VR Payment Action Code Reference Table

This table is used to decode the VR Payment Code used within VRMMS.

VR\_PMT\_ACTN\_CD, VR Payment Code [C\_PCODE, Char 3, not nullable, no default, primary key] A three position code describing the action taken on the submitted VR claim.

VR\_ACTN\_CTGY\_CD, VR Payment Code Type [C\_PCODE\_TYPE, Char 1, not nullable, no default, constraint- must be F for Favorable, P for Partially Favorable, or U for Unfavorable, or N {not applicable?::Q}] Identifies a general category into which the VR Payment Code falls.

VR\_PMT\_ACTN\_DESC, VR Payment Code Description [C\_PCODE\_DESC, VarChar 550, not nullable, no default] English decode of the VR Payment Code.

VR\_PMT\_ACTN\_CSD, VR Payment Code Short Description [Char 60, not nullable, no default].

Reference table meta-data to be included: VLD\_SW (default Y), EFF\_STDT, EFF\_ENDT, LU\_PIN, LU\_TS (default DB timestamp).

Samples:

100	U	This claim has been disallowed. Review of the termination date was performed as requested. The review found that the termination date is correct.
110	U	This claim has been disallowed. Review of the payment period was performed as requested. The review found that the payment period is correct.
190	U	This claim has been disallowed. Refer to attachment to this notice for further explanation.
200	U	This claim has been disallowed. The individual's work activity could not be verified or established.
250	U	This claim has been disallowed. The individual performed SGA in 9 out of 12 months, but stopped work in 2 or 3 of the 12 months because of his or her medical impairment.

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### **M: PCWOSS VROCCATC, Vocational Rehabilitation R Occupational Categories (Major category) Reference Table**

Describes a major category of occupations that applies to an SSA disability beneficiary receiving VR services.

VROCC\_CTGY\_CD, Occupational Major Category:: [Char 1, not nullable, no default, primary key]

VROCC\_CTGY\_DESC, Occupational Major Category Description: [Char 60, not nullable, no default]

Examples:

0,PROFESSIONAL, TECHNICAL & MANAGERIAL OCCUPATIONS

2,CLERICAL AND SALES OCCUPATIONS

3,SERVICE OCCUPATIONS

4,AGRICULTURAL, FISHERY, FORESTRY AND RELATED OCCUPATIONS

5,PROCESSING OCCUPATIONS

6, MACHINE TRADES OCCUPATIONS

8,STRUCTURAL WORK OCCUPATIONS

9,MISCELLANEOUS OCCUPATIONS

These reference table metadata apply: VLD\_SW (Y or N, default Y), LU\_PIN, LU\_TS (default DB timestamp).

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### **M: PCWOSS VROCCSCD for Vocational Rehabilitation Subcategory Reference Table**

Describes a minor category of occupations that applies to an SSA disability beneficiary receiving VR services.

VROCC\_SBCTGY\_CD, Occupational Category: (OCC\_CAT in VRRMS): [Char 2, not nullable, no default, primary key]

VROCC\_CTGY\_CD, Occupational Major Category: [Char 1, not nullable, no default, foreign key constraint: should be in VROCCATC]

VROCC\_SBCTGY\_DESC, Occupational Category Description: (OCC\_CAT\_DESC in VRRMS): [Char 100, not nullable, no default]

Examples:

02,0,OCCUPATIONS IN MATHEMATICS and PHYSICAL SCIENCES

03,0,COMPUTER-RELATED OCCUPATIONS

04,0,OCCUPATIONS IN LIFE SCIENCES  
 05,0,OCCUPATIONS IN SOCIAL SCIENCES  
 07,0,OCCUPATIONS IN MEDICINE & HEALTH  
 09,0,OCCUPATIONS IN EDUCATION

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), LU\_PIN, LU\_TS (default DB timestamp).

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**M: PCWOSS VROCCD, Vocational Rehabilitation Occupational Code Reference Table**

Describes a specific occupation that applies to an SSA disability beneficiary receiving VR services.

VROCC\_CD, Occupational Code: (OCC\_CODE in VRRMS): [Char 2, not nullable, no default, primary key]

VROCC\_SBCTGY\_CD, Occupational Category: (OCC\_CAT in VRRMS): [Char 2, not nullable, no default, foreign key constraint: should be in VROCCSCD]

VROCC\_CTGY\_CD, Occupational Major Category: [Char 1, not nullable, no default, foreign key constraint: should be in VROCCATC]

VROCC\_DESC, Occupational Code Description: (OCC\_CODE\_DESC in VRRMS): [Char 120, not nullable, no default]

Examples:

025,02,0,Meteorology  
 029,02,0,Mathematics and Physical Sciences/ N.E.C.  
 030,03,0,Systems Analysis and Programming  
 031,03,0,Data Communications and Networks  
 032,03,0,Computer System User Support  
 033,03,0,Computer Systems Technical Support  
 039,03,0,Computer-related Occupations/ N.E.C.  
 040,04,0,Agricultural Sciences  
 041,04,0,Biological Sciences

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), EFF\_STDT, EFF\_ENDT (nullable), INSRT\_PIN, INSRT\_TS (default DB timestamp), LU\_PIN, LU\_TS (default DB timestamp).

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**M: PCWOSS VROCALOC, Vocational Rehabilitation Allocations data table**

This table maintains for each fiscal year for T 2 and T16 separately how much funding has been allocated for VR for that title, and how much funding has actually been spent. Two new rows are added each FY, but every VR payment or adjustment results in an update to the “Spent” amount.

Primary key is Fiscal Year + ENTLT\_CD

FY, Fiscal Year: [Char 4, not nullable, no default] The fiscal year for which the allocation has been made.

ENTLT\_CD, Entitlement Code (already named in PCWOSS.ENTLTCD): [Char 2, not nullable, no default, must be “2 “ or “16”]

ALLOCD\_AMT, Allocated (A\_ALLOC in VRRMS): [Dec 11,2, not nullable, no default] The fiscal year allocation for either T2 or T16 for VR payments.

APRVD\_AMT, Spent (A\_SPEND in VRRMS): [Dec 11,2, not nullable, system default (0)] The amount approved whether or not sent to SSOARS.

APRVD\_UNPD\_AMT, Pending: [Dec 11,2, not nullable, system default (0)] The amount approved but not yet sent to SSOARS. This is a breakout of Spent.

These standard metadata apply: LU\_PIN, LU\_TS (default DB timestamp).

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**M: PCWOSS VRCLMCST, Vocational Rehabilitation Claim Cost Type Reference Table**

Describes a category of occupations that applies to an SSA disability beneficiary receiving VR services.

VR\_CLM\_CST\_TYP\_CD, Claim Cost Type (CC\_TYPE in VRRMS): [Char 3, not nullable, no default, primary key]

VR\_CLM\_CST\_TPDESC, Claim Cost Type Description [Char 30, not nullable, no default]

ACP,Administrative Costs

DIR,Direct Costs

TRK,Tracking Costs

OTH,Other Costs

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), LU\_PIN, LU\_TS (default DB timestamp).

**M: PCWOSS VRRBTTC, VR SGA Type of Claim Reference Table**

Identifies the type of claim that has been submitted to SSA for VR reimbursement.

VR\_RMBRST\_TYP\_CD, VR Type of Claim: (VRRMS C\_TYPE in CLAIM\_CONTROL) [Char 2, not nullable, no default, primary key] The type of claim code used in VRRMS.

VR\_RMBRST\_TPDESC, Type of Claim Description: [Char 20, not nullable, no default] Provides a description for the VR Type of Claim.

Examples:

B : Allowance

BJ: Allowance, second period

E : 301

EJ: 301, second period

F : Reconsideration

BK: Adjustment

BB: Resubmittal

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), EFF\_STDT, EFF\_ENDT (nullable), LU\_PIN, LU\_TS (default DB timestamp).

## **M: PCWOSS VRPTARCD, Vocational Rehabilitation Payment Adjustment Reason Reference Table**

Identifies a specific reason why SSA is altering on denying a claim for a VR payment, for a specific expense item in a VR claim.

VR\_PMTARSN\_CD, VR Payment Adjustment Code: (VRRMS C\_RSN\_NUM) [Char 1, not nullable, no default] Indicates the reason why the amount requested for a VR payment has been adjusted.

VR\_PMTARSN\_DESC, VR Payment Adjustment Description: (VRRMS C\_RSN\_DESC) [Char 70, not nullable, no default] Description for the Payment Adjustment Code.

Examples:

- 1,Failed to respond to our request for information
- 2,Documentation does not support reimbursement request
- 3,We found duplicate billings
- 4,Direct costs were found outside the payment period
- 5,Overcharge was due to mathematical error
- 6,Charge is considered a third party payment
- 7,Charge is considered ACP since State personnel provided services
- 8,Undercharge was due to mathematical error

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), EFF\_STDT, EFF\_ENDT (nullable), LU\_PIN, LU\_TS (default DB timestamp).

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### **M: PCWOSS VRALOFAC, Vocational Rehabilitation Allocation Factors Reference Table**

This table identifies overhead costs to be added to the direct costs claimed by a state vocational rehabilitation agency. Factors are adjusted at the start of each FY for each VR agency.

Primary key is VR Code + year.

ST\_VR\_ABBR\_CD, State VRA Abbreviation: [Char 4, not nullable, no default, foreign key constraint: must be in VRSTABDA]

FY, Fiscal Year: [Char 4, not nullable, no default] Fiscal Year.

ADMINV\_CSTFCTR\_AMT, Administrative Cost Factor: (V\_ACP\_FACT in VRRMS): [Dec 8,2; not nullable, no default] Permitted additional average monthly claim amount attributable to administration and counseling/placement for months through VR closure.

TRKG\_CSTFCTR\_AMT, Tracking Cost Factor: (V\_TRK\_FACT in VRRMS): [Dec 8,2; not nullable, no default] Permitted additional monthly VR claim amount attributable to tracking beneficiary after VR closure, not to exceed nine months.

CST\_ALLOCN\_MTHD\_CD, VR Allocation Method: [Char 1, not nullable, no default, constraint: must be A or B] identifies whether the method A or the method B cost allocation method was chosen by the SVR.

These standard metadata apply: INSRT\_PIN, INSRT\_TS (default DB timestamp), LU\_PIN, LU\_TS (default DB timestamp).

Q Add: VLD\_SW, Verified [Char 1, not nullable, default N, must be Y or N] Identifies whether the amount in this row have been verified. The row cannot be used until the amounts are verified.

Q Add: AMT\_VRFD\_PIN, Verified PIN [Char 6, not nullable, no default] The PIN of the person successfully verifying the contents of this row.

Q Add: AMT\_VRFD\_TS, Verified Timestamp [Timestamp, nullable, default null] The time the contents of this row were successfully verified.

### **T: Create history table HVRALOFC (will be updated by DB2 Triggers).**

In the history table add these additional history only fields: DELD\_SW (must be Y or N, default N), AUDT\_TS (not nullable, system default) and AUDT\_PIN (not nullable, default spaces).

There are no constraints of any kind on the history table other than on DELD\_SW.

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### **M: PCWOSS VRSGACCD, Vocational Rehabilitation SGA Continuous Period Reference Table**

This code identifies the type of continuous period of SGA used to allow a VR claim. For a VR to be entitled to reimbursement the SSA beneficiary must have performed continuous SGA for one of the period identified in this table.

VR\_SGA\_CPRD\_TYPCD, SGA period type [Char 2, not nullable, no default, primary key]

VR\_SGA\_CPRD\_TPDESC, SGA period type description [Char 100, not nullable, no default]

Examples:

09: 9 months of consecutive months of SGA

10: 9 months of SGA within 10 consecutive months, break for any reason

12: 9 months of SGA within 12 consecutive months, breaks for non-medical reasons outside beneficiary control

Only these standard metadata apply: VLD\_SW (default Y, must be Y or N), LU\_PIN, LU\_TS (default DB timestamp).

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### **M: PCWOSS VRRHBSCD, Vocational Rehabilitation Status Reference Table**

These codes are two position codes nationally used by VR agencies to describe the current status of a particular VR claim.

VR\_STUS\_CD, VR status code [Char 2, not nullable, no default, primary key]

VR\_STUS\_DESC, VR status code description [Char 80, not nullable, no default]

Examples:

00: Referral

02: Applicant (Signed application)

04: Waiting List (Order of Selection)

06: Extended Evaluation

08: Closed before Certified Eligible

10: Plan Development Begun (Certified eligible)

12: Plan Development Completed (No services yet provided)

14: Counseling and Guidance (Plan started)

16: Physical and/or Mental Restoration (Plan started)

18: Training (Plan started)

20: Ready for Employment

22: In Employment

- 24: Services Interrupted
- 26: Successful Case Closure (Rehabilitated)
- 28: Closed Not Rehabilitated after Plan started, some services provided
- 30: Closed Not Rehabilitated before Plan started, no services provided
- 32: Postemployment Services (maintain/regain employment after successful closure)
- 38: Closed from Waiting List (Order of Selection)

Only these standard metadata apply: VLD\_SW (default Y, must be Y or N), LU\_PIN, LU\_TS (default DB timestamp).

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**M: PCWOSS VROCSSCD, Vocational Rehabilitation Supplemental Service Reference Table**

These codes are three position codes nationally used by VR agencies to supplement the current status of a particular VR claim.

VR\_SUPPL\_SRV\_CD, VR supplemental status code [Char 3, not nullable, no default, primary key]

VR\_STUS\_CD, VR status code [Char 2, not nullable, no default, foreign key constraint: must be in VRRHBSCD]

VR\_SUPPL\_SRV\_DESC, VR supplemental status code description [Char 90, not nullable, no default]

Examples:

- 086, 08, Closed during/after trial work/extended evaluation and before certified eligible
- 160, 16, Limbs
- 161, 16, Braces
- 162, 16, Hearing Aids
- 163, 16, Eye Glasses
- 164, 16, Wheelchairs, Walkers Crutches
- 165, 16, Dentures
- 166, 16, Other Assistive Devices
- 167, 16, Medical Services
- 180, 18, State Supported University
- 181, 18, Private In-State University or College
- 182, 18, Community or Area Technical College
- 183, 18, Out-of-State University or College
- 184, 18, Area Vocational-Technical College
- 185, 18, Proprietary School approved by the agency
- 186, 18, Other Training (Supported Employment)

187, 18, Rehabilitation Facility Approved by Agency (EOS)  
 188, 18, Rehabilitation Facility Approved by Agency (Skill Training)  
 189, 18, OJT- On-the-job Training  
 241, 24, Medical (Physical)- Interrupted under Medical Advice  
 242, 24, Medical (Mental)- Reoccurrence of psychiatric condition in remission, drug and alcohol abuse  
 243, 24, Personal Problems- Inability to adapt, inappropriate behavior, family problems  
 244, 24, Academic- Poor grades or inability to do course work  
 245, 24, Financial- Client does not have adequate funds to continue training  
 246, 24, Attendance- Poor or irregular attendance resulting in termination for other reasons  
 247, 24, Employment- Client is employed  
 248, 24, Unable to locate or contact client  
 249, 24, Other Reason – Lack of transportation, client moved or died, etc.

Only these standard metadata apply: VLD\_SW (default Y, must be Y or N), LU\_PIN, LU\_TS (default DB timestamp).

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### **M: PCWOSS VREXPCCD, Vocational Rehabilitation Expense Category Reference Table**

Expenses submitted by VR agencies to SSA for reimbursement are assigned to a particular expense category and type.

VR\_EXP\_CTGY\_CD, VR expense category: [Char 2, not nullable, no default, primary key]

VR\_EXP\_CTGY\_DESC, VR expense category description: [Char 50, not nullable, no default]

VR\_EXP\_CTGY\_TXT, VR expense category explanation: [VarChar 500, nullable, default null]

Examples:

01,Intake and Assessment  
 02,Counseling and Guidance  
 03,Physical and Mental Restoration  
 04,Training  
 05,Maintenance  
 06,Travel  
 07,Services to Family Members  
 08,Services for the Deaf and/or Blind  
 09,Rehabilitation Technology  
 10,Placement  
 11,Work-related Materials  
 12,Post Employment Services  
 13,Occupational Support

14,Rehabilitation Technology  
 15,Other Goods and Services

Only these standard metadata apply: VLD\_SW (default Y, must be Y or N), LU\_PIN, LU\_TS (default DB timestamp).

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**M: PCWOSS VREXPICD, Vocational Rehabilitation Expense Item Reference Table**

Expenses submitted by VR agencies to SSA for reimbursement are assigned to a particular expense category and type.

VR\_EXMP\_ITM\_CD, VR expense item: [Char 3, not nullable, no default, primary key]

VR\_EXP\_CTGY\_CD, VR expense category: [Char 2, not nullable, no default, foreign key constraint: must be in VREXPCCD]

VR\_EXP\_ITM\_DESC, VR expense item description: [Char 50, not nullable, no default]

VR\_EXP\_ITXT, VR expense item explanation: [VarChar 1000, nullable, default null]

Examples:

011,01,Diagnosis/Assessment /Evaluation  
 021,02,Purchased counseling/guidance services  
 031,03,Corrective surgery or therapy treatment  
 032,03,Hospitalization in connection with corrective surgery or therapy treatment  
 033,03,Professional clinic fees  
 034,03,Prescriptions for medications  
 035,03,Treatment for substance addiction to alcohol or drugs  
 036,03,Other restorative services not covered above

All standard reference table metadata apply: VLD\_SW (Y or N, default Y), EFF\_STDT, EFF\_ENDT (nullable), INSRT\_PIN, INSRT\_TS (default DB timestamp), LU\_PIN, LU\_TS (default DB timestamp).

Q Add: CMPRBL\_EXCP\_SW, Similar/Comparable Exception: [Char 1, not nullable, no default, must be Y or N] Indicates whether or not this direct cost is excluded from denial on account of similar/comparable benefits available from another source.

Q Add: RSA\_SRV\_CD, RSA Service Code [Char 3, not nullable, default spaces, in a later release and foreign key constraint will be added to RSASRVCD] The Rehabilitation Services Agency equivalent code for this expense item.

T: Add: **VR\_SRV\_CSD, VR Service Code Short Description** [Char 20, not nullable, no default] a 20 character short description for the VR service that was rendered moved from VRSRVCD.

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**N: PCWOSS VRACALOC, VR Actuarial Cost Allocation Reference table**

This table is used to support a formula to determine lifetime savings when processing a Vocational Rehabilitation Cost Reimbursement request. The “A” factor is the amount of administrative savings over the life-time of a disability claim. The “B” factor is a factor multiplied by the gross benefit amount, such as a PIA, to determine the current value of expected lifetime savings. Separate “A” and “B” factors are provided by the office of the actuary by gender for each age until full retirement.

Primary key is Age + Gender.

AGE\_NUM, Age [SmallInt, not nullable, no default, constraint  $\geq 16$ ] The age of the SSA beneficiary as of the end of the SGA period used to make a VR cost reimbursement award.

SEX\_CD, Gender [Char 1, not nullable, no default, constraint: must be “M” or “F”] The gender of the SSA beneficiary for a VR cost reimbursement reward is being processed.

ADMINV\_CSTFCTR\_NUM, “A” Factor [Integer, not nullable, no default] The lifetime administrative costs for a person this age and gender.

BNFT\_CSTFCTR\_NUM, “B” Factor [Decimal 7,2, not nullable, no default] The factor which when multiplied by the benefit amount determines lifetime benefits for a person this age and gender.

Standard metadata: LU\_PIN (no default] and LU\_TS (system default)]

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**N: PCWOSS VRPRSTCD, Vocational Rehabilitation Process Step Reference Table**

Provides the description for various existing Vocational Rehabilitation process steps.

VR\_PRC\_STEP\_CD, VR Process step: [Char 2, not nullable, no default, primary key]

VR\_PRC\_STEP\_DESC, VR Process Step Description: [Char 50, not nullable, no default]

Reference table metadata: VLD\_SW (default Y), EFF\_STDT (not nullable, no default), EFF\_ENDT (nullable, default null), LU\_PIN (no default), LU\_TS (system default).

Sample values:

P7 - wage information received.  
 P8 - over 30,000 claim for Manager approval  
 P9 – 289 notice returned to RRT  
 P0 - C3,C7,C8 notice returned to RRT  
 PA - \$30,000 returned for correction  
 PB - Claim to trainer for review  
 PC – approved by trainer – okay to process

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### Q: PCWOSS RSASRVCD, RSA Service Code Reference Table

This table lists the Rehabilitation Services Agency codes assigned to individual direct service costs for a VR claim.

RSA\_SRV\_CD, RSA Service Code [Char 3, not nullable, no default, primary key]

RSA\_SRV\_DESC, RSA Service Code Description [Char 50, not nullable, no default]

CMPRBL\_EXCP\_SW, Similar/Comparable Exception: [Char 1, not nullable, no default, must be Y or N] Indicates whether or not this direct cost is excluded from denial on account of similar/comparable benefits available from another source.

RSA\_SRV\_LONG\_DESC, RSA Service Code Long Description [VarChar 1000, not nullable, system default (empty)]

T: Add: **VR\_EXP\_CTGY\_CD, VR Expense Category Code** [Char 2, not nullable, no default, foreign key constraint: must be in VREXPCCD, Vocational Rehabilitation Expense Category Reference] VR Expense Category reference for the VR direct service category code RSA\_SRV\_CD that is present in the table RSASRVCD.

Reference table metadata: VLD\_SW (default Y), EFF\_STDT, EFF\_ENDT (default null),  
 INSRT\_PIN, INSRT\_TS (system default timestamp)

Examples of categories are:

051 Assessment  
 056 Diagnosis and Treatment of Impairments  
 061 Vocational Rehabilitation Counseling and Guidance  
 066 Graduate College or University Training  
 071 Four-Year College or University Training  
 076 Junior or Community College Training  
 081 Occupational or Vocational Training  
 086 On-the-job Training  
 091 Apprenticeship Training

096 Basic Academic Remedial or Literacy Training  
 101 Job Readiness Training  
 106 Disability-Related Skills Training  
 111 Miscellaneous Training  
 116 Job Search Assistance  
 121 Job Placement Assistance  
 126 On-the-job Supports – Short Term  
 131 On-the-job Supports – Supported Employment  
 136 Transportation  
 141 Maintenance  
 146 Rehabilitation Technology  
 151 Reader Services  
 156 Interpreter Services  
 161 Personal Attendant Services  
 166 Technical Assistance Services  
 171 Information and Referral Services  
 176 Benefits Counseling  
 181 Customized Employment Services  
 186 Other Services

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### **R: PCWOSS QREVFQVR, VR Agency QA and PVR Random Sampling Selection Data Table**

This table is used to record what percent of a VR's claims should be randomly sampled for QA purposes, what percent are subject to Prepayment Validation Review (PVR), and manages the actual random selection process for both. A QA review looks at the entire case and is selected when a VR examiner finally adjudicates a case. This table governs random selection based on the VR being paid. A separate table governs random selection based upon the VR Examiner clearing the case. Either may result in a VR case selection for QA purposes. A VR case can be selected for PVR review as soon as all other basic payment eligibility requirements have been met, typically at a point earlier than the in-line QA review. A PVR review requires the submitting state VR to submit documentation for all direct costs, while a QA review looks at all aspects of a case. A PVR review always occurs without consideration to sampling when: (1) More than one SVR is claiming reimbursement for overlapping payment and VR periods; and (2) This is a supplemental claim and the prior initial claim or any prior supplemental claims were already subject to PVR.

ST\_VR\_ABBR\_CD [Char 4, not nullable, no default, primary key, foreign key constraint: must be in VRSTABDA]

QASMP\_INTVL\_NUM, VR QA Sampling Interval (Quality Assurance Sample Interval Number) [Integer, not nullable, default 1, constraint: must be from 1 through 100] One VR claim is selected for QA review purposes for every VR QA Sampling Interval number of VR claims. For example, if the random sampling interval were 4, then 1 out of every four

consecutive VR claims processed would be randomly selected. 0 indicates no claims will be sampled, 1 indicates every claim will be sampled. 100 would indicate that one out of every 100 claims would be sampled. The VR QA Sampling Interval also determines the sample window size. A sample window would be a consecutive number of VR claims from which one claim would be selected at random. Once a sample is selected from within the sample window another sample is not selected until the next window is opened. The sample windows are fixed in size, but once a new sample window is entered which case within the window is selected is subject to a new random sample selection. For example, if the VR QA Sampling Interval was 4, then for each sequence of 4 VR claims one and only one would be selected at random for QA purposes, randomly divided between the 1st, 2nd, 3rd and 4th cases encountered in successive sample windows. For each sample window one and only one claim would be selected for the QA sample, but which claim within the window might be selected is a separate random selection for each subsequent sample window.

Whenever VR QA Sampling Interval is updated, all other dependent variables are reset as if the VR QA sampling window were being created for the first time: VR QA Sampling Window Position reset to 1, a new Next VR QA Sample Selection Location randomly picked within the new VR QA sample window size, and VR QA Sample Selected is set to “N” unless the first location within the sample window is selected (The new Next VR QA Sample Selection Location was = 1), in which case VR QA Sample Selected is set to “Y”.

QASMP\_POSN\_NUM, VR QA Sampling Window Position (Quality Assurance Sample Position Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including QASMP\_INTVL\_NUM] Indicates the position within the current VR QA sampling window. This value is incremented by 1 for each VR claim, unless VR QA Sampling Window Position  $\geq$  VR Sampling Interval in which case VR Sampling Window Position is reset to 1 and not incremented by 1. Whenever the VR QA Sampling Window Position is set to 1 (whether initialized or reset), a new Next QA Sample Selection Location is determined, and VR QA Sample Selected is reset to N unless the first claim in the new sample window was selected, in which case the VR QA Sample Selected will be set to Y.

NXQA\_SLTN\_LOC\_NUM, Next VR QA Sample Selection Location (Next Quality Assurance Selection Location Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including QASMP\_INTVL\_NUM] Indicates the next case that will be selected from a random sample within the current VR QA sampling window. When the VR QA Sampling Window Position value is incremented and the new value for the sampling position is equal the Next VR QA Sample Selection Location, that case will be the case selected for the random sample from within the current sample window. The value for Next VR QA Sample Selection is Location set as follows: At program initiation SecureRandom is used once to create a unique random number (type long) to use as a seed value the random number generator. SecureRandom is not used again until the program is reinitialized. The seed number is used to initialize a subclassed java.util.random whose algorithm is provided elsewhere. Whenever a new sampling window is entered (VR QA Sampling Windows Position is set to 1), a new value is requested from random using nextInt(value) where value = VR QA Sampling Interval. One is added to the result and this becomes the new VR QA Sample Selection

Location, identifying which case in the new sample window will be selected for the random sample.

QASMP\_SLTN\_SW, VR QA Sample Selected (Quality Assurance Sample Selection Switch) [Char 1, not nullable, default N, must be Y or N] Indicates whether or not a sample has yet been selected within the current sampling window. The value for “VR QA Sample Selected” is set to “N” when a new sample window is entered, and is set to “Y” once a sample is selected within the window. Once a sample has been selected in one sampling window, another claim is not selected until a new sampling window is entered. A new sampling window is entered only when VR QA Sampling Window Position is set to 1. If VR QA Sample Selected = “Y”, the only activity required is to increment VR QA Sampling Window Position by 1 unless VR QA Sampling Window Position already = VR QA Sampling Interval. In that later case the VR QA Sampling Window Position is reset to 1, and a new Next VR QA Sample Selection Location is determined. If the new Next VR QA Sample Selection Location also = 1, then VR QA Sample Selected is set “Y”, else VR QA Sample Selected is set “N”.

QASMP\_EXMR\_SW, Use Examiner QA for VR QA (Quality Assurance Sample Examiner Switch) [Char 1, not nullable, default N, must be Y or N] If this switch is true and if the current VR case is not selected for sampling using VR QA criteria, then if the current case is sampled for Examiner QA purposes that sample can also be counted for VR QA purposes as long as the VR Examiner Sampling Interval is the same as or greater than the VR QA Sampling Interval. If the Examiner selection is used for VR QA purposes if it meets these criteria, then VR QA Sample Selected would be set Y. If Use Examiner QA for VR QA is N, then only a VR QA random selections is used to satisfy a VR QA sample requirement.

PRPVALRS\_INTVL\_NUM, VR PVR Sampling Interval (Prepayment Validation Review Sample Interval Number) [Integer, not nullable, default 1, constraint: must be from 1 through 100] Similar to VR QA Sampling Interval except for PVR purposes rather than QA purpose. One VR claim is selected for PVR purposes for every VR PVR Sampling Interval number of VR claims.

PRPVALRS\_POSN\_NUM, VR PVR Sampling Window Position (Prepayment Validation Review Sample Position Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including PRPVALRS\_INTVL\_NUM] Similar to VR QA Sampling Window Position except for PVR purposes rather than QA purposes. Indicates the position within the current VR PVR sampling window.

NPRPVALRSL\_LOC\_NUM, Next VR PVR Sample Selection Location (Next Prepayment Validation Review Selection Location Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including PRPVALRS\_INTVL\_NUM] Similar to Next VR QA Selection Location Number except for PVR purposes rather than QA purposes. Indicates the next case that will be selected from a random sample within the current VR PVR sampling window.

PRPVALRS\_SLTN\_SW, VR PVR Sample Selected (Prepayment Validation Review Sample Selection Switch) [Char 1, not nullable, default N, must be Y or N] Similar to QA Sample

Selection Switch except for PVR purposes rather than QA purposes. Indicates whether or not a sample has already been selected within the current VR PVR sampling window.

PRPVALRS\_EXMR\_SW, Use VR QA for Examiner QA (Prepayment Validation Review Sample Examiner Switch) [Char 1, not nullable, default N, must be Y or N] If this switch is true and if the current VR case is not selected for sampling using Examiner QA criteria, then if the current case is sampled for VR QA purposes that sample can also be counted for Examiner QA purposes, as long as the VR Examiner Sampling Interval is the same as or greater than the QA Sample Interval Number. If the Examiner selection is used for VR QA purposes if it meets these criteria, then QA Sample Selection Switch would be set Y. If QA Sample Examiner Switch is N, then only a VR QA random selections is used to satisfy a VR QA sample requirement.

LU\_PIN [Char 6, not nullable, no default] LU\_PIN is updated only when QA Sample Interval Number or PVR Sample Interval Number is changed.

LU\_TS [Timestamp, not nullable, system default timestamp] LU\_TS is updated only when QA Sample Interval Number or PVR Sample Interval Number is changed.

A history table HQREVFVR will be created and be maintained only through the use of a trigger. A change will be posted to the history table only if (a) a row is deleted or (b) if in the row the QA Sample Interval Number or PVR Sample Interval Number is updated. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default "N") and DELD\_BY\_PIN. There are no constraints of any kind on the history table other than on DELD\_SW.

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### **R: PCWOSS QRSMFVR, VR Examiner QA Random Sampling Selection Data Table**

This table is used to record what percent of a VR examiner's claims should be randomly sampled, and manages the actual random selection process.

PIN, Personal Identification Number [Char 6, not nullable, no default, primary key, foreign key constraint: must be in PCWOSS.USR/PIN]

QASMP\_INTVL\_NUM, VR Examiner Sampling Interval (Quality Assurance Sample Interval Number) [Integer, not nullable, default 1, constraint: must be from 1 through 100] One VR claim is selected for review purposes for every VR Examiner Sampling Interval number of VR claims. For example, if the random sampling interval were 4, then 1 out of every four consecutive VR claims processed by the VR examiner would be randomly selected. 0 indicates no claims will be sampled, 1 indicates every claim will be sampled. 100 would indicate that one out of every 100 claims would be sampled. The VR Examiner Sampling Interval also determines the sample window size. A sample window would be a consecutive number of VR claims from which one claim would be selected at random. Once a sample is selected from within the sample window another sample is not selected until the next window is opened. The sample windows are fixed in size, but once a new sample window is entered which case within the window is selected is subject to a new random sample selection. For example, if the VR Examiner

Sampling Interval were 4, then for each sequence of 4 VR claims one and only one would be selected at random for VR Examiner QA purposes, evenly divided between the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> samples. For each sample window one and only one claim would be selected for the VR examiner QA sample, but which claim within the window might be selected is a separate random selection for each successive sample window.

Whenever VR Examiner Sampling Interval is updated, all other dependent variables are reset as if the VR Examiner sampling window were being created for the first time: VR Examiner Sampling Window Position reset to 1, a new Next VR Examiner Sample Selection Location randomly picked within the new VR Examiner sample window size, and VR Examiner Sample Selected = “N” unless the first location within the sample window is selected (Next VR Examiner Sample Selection Location was = 1), in which case VR Examiner Sample Selected = “Y”.

QASMP\_POSN\_NUM, VR Examiner Sampling Window Position (Quality Assurance Sample Position Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including QASMP\_INTVL\_NUM] Indicates the position within the current sampling window. This value is incremented by 1 for each VR claim, unless VR Examiner Sampling Window Position  $\geq$  VR Examiner Sampling Interval in which case VR Examiner Sampling Window Position is reset to 1 and not incremented by 1. Whenever the VR Examiner Sampling Window Position is set to 1 (whether initialized or reset), the Next VR Examiner Sample Selection Location is determined, and VR Examiner Sample Selected is reset to N unless the first claim in the new sample window was selected, in which case the VR Examiner Sample Selected will be set to Y.

NXQA\_SLTN\_LOC\_NUM, Next VR Examiner Sample Selection Location (Next Quality Assurance Selection Location Number) [Integer, not nullable, default 1, constraint: must be a value from and including 0 through and including QASMP\_INTVL\_NUM] Indicates the next case that will be selected from a random sample within the current sampling window. When the VR Examiner Sampling Window Position value is incremented and the new value for the sampling position is equal the Next VR Examiner Sample Selection Location, that case will be the case selected for the random sample for the current sampling window. The value for Next VR Examiner Sample Selection Location is set as follows: At program initiation SecureRandom is used once to create a unique random number (type long) to use as a seed value the random number generator. SecureRandom is not used again until the program is reinitialized. The seed number is used to initialize a subclassed java.util.random whose algorithm is provided elsewhere. Whenever a new sampling window is entered (VR Examiner Sampling Window Position is set to 1), a new value is requested from random using nextInt(value) where value is VR Examiner Sampling Interval. One is added to the result and this becomes the new VR Examiner Sample Selection Location, identifying which case in the new sample window will be selected for the random sample.

QASMP\_SLTN\_SW, VR Examiner Sample Selected (Quality Assurance Sample Selection Switch) [Char 1, not nullable, default N, must be Y or N] Indicates whether or not a sample has yet been selected within the current window. The value for “VR Examiner Sample Selected” is set to “N” when a new sample window is opened, and is set to “Y” once a sample is selected

within the window. Once a sample has been selected in one sampling window, another claim is not selected until a new sampling window is entered. A new sampling window is entered only when VR Examiner Sampling Window Position is set to 1. If VR Examiner Sample Selected = "Y", the only activity required is to increment VR Examiner Sampling Window Position by 1 unless VR Examiner Sampling Window Position already = VR Examiner Sampling Interval. In that later case the VR Examiner Sampling Window Position is reset to 1, and a new Next Examiner Sample Selection Location is determined. If the new Next Examiner Sample Selection Location also = 1, then VR Examiner Sample Selected is set "Y", else VR Examiner Sample Selected is set "N".

If a claim is selected as a sample on grounds other than random sample for a VR examiner, if the claim was adjudicated by that examiner it will be counted as the sample case for that examiner's then current sample window.

QA\_EXMR\_USE\_CD, Use VR QA for Examiner QA (Quality Assurance Examiner Use Code) [Char 1, not nullable, default S, must be N, S or Y] When a case is not selected for a sample for Examiner QA purposes, but the case is selected for VR QA purposes, the case may still be used for Examiner QA purposes depending on the value of this code:

N: If not specifically selected for Examiner QA, do not include a simultaneous VR QA selection.

S: If not specifically selected for Examiner QA but simultaneously selected for VR QA, include the VR QA case as an Examiner case as well as long as the VR QA Sampling Interval is equal to or longer than the VR Examiner Sampling Interval.

Y: Consider the case selected for Examiner QA if also selected for VR QA.

If a VR QA selection causes the case to also be considered for Examiner QA purposes, then set VR Examiner Sample Selected = Y.

LU\_PIN [Char 6, not nullable, no default] LU\_PIN is updated only when QA Sample Interval Number or PVR Sample Interval Number is changed.

LU\_TS [Timestamp, not nullable, system default timestamp] LU\_TS is updated only when QA Sample Interval Number or PVR Sample Interval Number is changed.

A history table HQRSPFVR will be created and be maintained only through the use of a trigger. A change will be posted to the history table only if a row is deleted or if in the row the QA Sample Interval Number is updated. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default "N") and DEL\_BY\_PIN. There are no constraints of any kind on the history table other than on DELD\_SW.

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### **R: PCWOSS QREABSVR, SVR Assignment by Examiner Table**

Used to assign claims to a particular Examiner based on the SVRs assigned to the Examiner.

Primary key: ST\_VR\_ABBR\_CD + PIN

ST\_VR\_ABBR\_CD, State Vocational Rehabilitation Abbreviation Code [Char 4, not nullable, no default, foreign key constraint into VRSTABDA] The abbreviation for the state that will be assigned to this Examiner.

PIN: [Char 6, not nullable, no default, foreign key constraint: must exist as PIN in PCWOSS.USR] The PIN of a VR Examiner to whom this State VR should be assigned.

T: Add: **LAST\_CSASGNT\_TS**, Last Case Assignment Timestamp [timestamp, nullable, default null] The most recent assignment of a case to this examiner identified in PIN to the state identified in ST\_VR\_ABBR\_CD.

LU\_PIN, LU\_TS (system default timestamp)

**T: Create history table HQREABSV (will be updated by DB2 Triggers).**

In the history table add these additional history only fields: DELD\_SW (must be Y or N, default N), AUDT\_TS (not nullable, system default) and AUDT\_PIN (not nullable, default spaces).

There are no constraints of any kind on the history table other than on DELD\_SW.

### **R: PCWOSS QREABSSN, SSN Assignment by Examiner Table**

Used to assign claims to a particular Examiner based on the terminal digits assigned to the Examiner.

TRML\_DGT\_STRT\_NUM, Terminal Digits Range Begins (Terminal Digit Start Number): [Char 2, not nullable, no default, primary key, must be a value from “00” through “99”] The begin of a terminal digit assignment for a particular examiner. Multiple ranges can be assigned to the same examiner.

TRML\_DGT\_END\_NUM, Terminal Digits Range Ends (Terminal Digit End Number): [Char 2, not nullable, no default, must be a value from “00” through “99”, cannot be less than TRML\_DGT\_STRT\_NUM in same row] The end of a terminal digit assignment for a particular examiner.

PIN: [Char 6, not nullable, no default, foreign key constraint: must exist as PIN in PCWOSS.USR] The PIN of a VR Examiner to whom these terminal digits should be assigned.

LU\_PIN, LU\_TS (system default timestamp)

**T: Create history table HQREABSN (will be updated by DB2 Triggers).**

In the history table add these additional history only fields: DELD\_SW (must be Y or N, default N), AUDT\_TS (not nullable, system default) and AUDT\_PIN (not nullable, default spaces).

There are no constraints of any kind on the history table other than on DELD\_SW.

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### **R: PCWOSS VRACTCAT, VR Payment Action Category Code Reference Table**

(currently used in PCWOSS.VRPMACCD)

**VR\_ACTN\_CTGY\_CD** [Char 1, not nullable, no default, primary key] A once position code which described the general effect of the associated VR Payment Action Code and is one of the following:

F: Favorable

U: Unfavorable

P: Partially favorable

N: No decision made

**VR\_ACTN\_CTGY\_DESC**, VR Action Category Code Description [Char 30, not nullable, no default]

**LU\_PIN**, **LU\_TS** (system default timestamp)

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### **S: PCWOSS VRHCLAIM, Main VRRMS Claim Table**

{XML} indicates data elements for which a DTD will also be created for single case data import through either VRRMS or the EN Portal.

#### **Submittal data from SSA-199 and SVR other SVR provided meta-data:**

**Primary key:** COSSN + VR\_CLM\_SNUM

**COSSN** [Char 9, not nullable, no default] Required, the own SSN of the SSA beneficiary for whom VR services were rendered. This value may be corrected by SSA. Data first entered in this field is duplicated to SVR COSSN where it remains unchanged. On SSA-199.

**VR\_CLM\_SNUM, Claim UID** [Integer, not nullable, no default] A systems assigned UID unique to this individual VR claim submittal for this COSSN. This value will be reassigned if the initially reported beneficiary's own SSN was incorrect.

**VR\_COSSN, SVR COSSN** {XML} [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered, as submitted by the SVR. This value is for documentation purposes and is not changed even in the case of an erroneous COSSN submitted by the EN. Not otherwise used other than to keep track of the COSSN at the time of submission.

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**ST\_VR\_ABBR\_CD** {XML} [Char 4, not nullable, no default, **alternate key**, foreign key constraint: must be in VRSTABDA] Required, the SVR making this VR claim. This value may be corrected by SSA. In the EN Portal this value is assigned based on the UserID. In iTOPSS it is selected by the SSA Examiner. On SSA-199.

**VR\_OFC\_IDFR, SVR Office Identifier** {XML} [VarChar 50, not nullable, system default (empty)] Optional SVR internal office or location identifier. When SSA requests information from or provides information to the SVR this item will be returned if it is present. Not otherwise used. Normally only provided at the EN Portal.

**VR\_CID, SVR Client ID** {XML} [VarChar 50, not nullable, system default (empty)] Optional internal client reference number the SVR uses for this beneficiary. When SSA requests information from or provides information to the SVR this item will be returned if it is present. Not otherwise used. Normally only provided at the EN Portal.

**VR\_CASE\_IDFR, SVR Internal Case Identifier** {XML} [VarChar 50, not nullable, system default (empty)] Optional internal SVR case identifier for this particular SVR case. When SSA requests information from or provides information to the SVR this item will be returned if it is present. Not otherwise used. Normally only provided at the EN Portal.

**VR\_CLM\_REF\_TXT, SVR Claim Reference Information** {XML} [VarChar 100, not nullable, system default (empty)] Optional information the SVR may wish to include to reference this particular claim filed with SSA. This could be a claim number or any similar item. When SSA requests information from or provides information to the SVR this item will be returned if it is present. Not otherwise used. Normally only provided at the EN Portal.

**VR\_INVC\_NUM, SVR Invoice Number** [{XML} VarChar 100, not nullable, system default (empty)] An optional SVR provided invoice number. When SSA provides information to the SVR about payments, this number will be provided to the SVR along with the SVR Claim Reference Information. Not otherwise used. Normally only provided at the EN Portal.

**VR\_CNTCT\_NM, SVR Contact Name** {XML} [VarChar 60, not nullable, system default (empty)] Required, the name of an SVR contact who can answer questions about this claim. Can be updated by SSA.

T: Change: VR\_CNTCT\_NM default to system default (empty).

**VR\_CNTCT\_PHN\_TXT, SVR Contact Telephone** {XML} [VarChar 30, not nullable, system default (empty)] Required, the telephone number of an SVR contact for any questions concerning this claim. The field can include an extension, hours of availability, or any other useful contact information. Can be updated by SSA.

T: Change: VR\_CNTCT\_PHN\_TXT default to system default (empty).

**VR\_AUTHN\_SGNR\_NM, SVR Authorizing Official Signature** {XML} [VarChar 60, not nullable, no default] The mandatory name of the SVR official who is certifying that the

information submitted is accurate and complete, and who is in an officially recognized capacity is submitting this claim for reimbursement from SSA. Not otherwise used. On SSA-199.

**VR\_AUTHN\_TITLE\_TXT, SVR Authorizing Official Title** {XML} [VarChar 60, not nullable, no default] The mandatory official title of the SVR Authorizing Official. Not otherwise used. On SSA-199.

**VR\_AUTHN\_DT, SVR Authorization Date** {XML} [Date, not nullable, no default] The mandatory date on which the SVR Authorizing Official authorized this claim. Not otherwise used. On SSA-199.

**VR\_SENT\_DT, SVR Date sent to SSA** {XML} [Date, not nullable, no default] The date the SVR reports sending the VR claim to SSA. Not otherwise used except for statistical purposes.

**SRV\_TYP\_CD, Service Code Type** {XML} [Char 1, not nullable, default “R”, must be “S” or “R”] Indicates whether direct cost codes using in submitting direct costs are RSA cost codes or SSA cost codes.

R: RSA codes

S: SSA codes

**VR\_RMKS\_TXT, SVR Remarks** {XML} [VarChar 4046, not nullable, system default (empty)] Optional additional remarks provided by the SVR. Not updated by SSA and may be used for supplemental claim information. On SSA-199.

**VR\_DLSGA\_RMKS\_TXT, SVR Remarks for delayed SGA** {XML} [VarChar 4046, not nullable, system default (empty)] Required and system enforced where the SSA determined “First Month of Continuous SGA” is more than one year after the “Date of Final VR Closure”. In this case the SVR must furnish a description of the services provided and an explanation of how the individual’s continuous period of SGA could not have occurred without the VR services provided, initiated or coordinated by the VR. SSA can cut and paste an explanation to this field after-the-fact. Part of remarks on SSA-199.

**From SSA-199, SVR provided claim data:**

**CLNT\_FNM, Client First Name** [Char 15, not nullable, no default] Required, can be updated by SSA. Copied to SVR Client First Name where it remains unchanged. Item 1 on SSA-199.

**CLNT\_MNM, Client Middle Name** [Char 15, not nullable, default spaces] Optional, can be updated by SSA. Item 1 on SSA-199.

**CLNT\_LNM, Client Last Name** [Char 20, not nullable, no default] Required, can be updated by SSA. Copied to SVR Client First Name where it remains unchanged. Item 1 on SSA-199.

**CLNT\_SFNM, Client Suffix** [Char 4, not nullable, default spaces] Optional, can be updated by SSA. Item 1 on SSA-199.

Client name tests: Any letter (upper or lower case), numbers, spaces, dashes, single quotes. Must begin with a letter, cannot have two or more dashes in a row, cannot have two or more single quotes in a row, last letter that is not a space cannot be a dash or a single quote.

**VR\_CLNT\_FNM, SVR Client First Name** [Char 15, not nullable, no default] The client first name as initially provide by the SVR as “Client First Name”, and not updated by SSA or otherwise used except for possible display or audit purposes.

**VR\_CLNT\_LNM, SVR Client Last Name** [Char 20, not nullable, no default] The client last name as initially provide by the SVR as “Client Last Name”, and not updated by SSA or otherwise used except for possible display or audit purposes.

**VR\_CLMBSS\_CD, SVR Claim Basis** {XML} [Char 1, not nullable, no default, must be in new reference table VRCLMBAS] Required, indicates the basis for which this VR claim is being made as initially reported by the SVR, and not further updated by SSA. On SSA-199. One of:

- S: Continuous Period of SGA
- 3: Medical Recovery during VR (301)

**VRCLMPHZ\_CD, SVR Claim Phase** {XML} [Char 1, not nullable, no default, must be in new reference table VRCLMPHA] Required, indicates the request phase for this particular VR claim as initially reported by the SVR, and not further updated by SSA. On SSA-199. One of:

- 1: Initial Claim
- 2: Resubmittal (Prior claim denied, basis for the denial no longer exist)
- 3: Supplemental (Prior claim allowed, additional expenses or other expenses being claimed)
- 4: Subsequent Period (New period of VR on same SSA period of disability entitlement)
- 5: Reconsideration (Prior claim denied, SVR disagrees)

**VR\_T16\_SW, SVR SSI Involved:** {XML} [Char 1, not nullable, default N, must be Y or N] Required, the VR indicator whether or not the client was eligible for SSI during the payment period. This field only records the VR statement and is not otherwise used except for possible display purposes. Item 2 on SSA-199.

**VR\_T2\_CLM\_NUM, SVR CLMSSN, T2 Claim Number** {XML} [Char 9, not nullable, default spaces] If the beneficiary receives T2 benefits, the T2 claim account number. This field only records the VR statement and is not otherwise used except for possible display purposes. Item 2 on SSA-199.

**VR\_T2\_BIC, SVR CLMBIC, T2 Claim BIC** {XML} [Char 3, not nullable, default spaces] Required only if CLMSSN is present, the BIC associated with that CLMSSN. This field only records the VR statement and is not otherwise used except for possible display purposes. Item 2 on SSA-199.

**VR\_STYBLNDS\_SW, SVR Statutorily Blind** {XML} [Char 1, not nullable, default N, must be Y or N] Required, the VR indicator whether or not the client is statutorily blind. This field only records the VR statement and is not otherwise used except for possible display purposes. Item 4 on SSA-199.

**VR\_CLNT\_ENTRY\_DT, Date Client Entered VR** {XML} [Date, not nullable, no default] Required, the date the client entered the VR by signing an application for services or by receiving intake and assessment services. If a day is not available then "01" will be used. Not updated by SSA except to correct an SVR reporting error. Item 5a on SSA-199.

**IPE\_SGN\_DT, Date Signed IPE** {XML} [Date, not nullable, no default] Required, the date the client and VR agency signed the Individual Plan for Employment (IPE). Not updated by SSA except to correct an SVR reporting error. Item 5b on SSA-199.

**CLNT\_EMPT\_STDT, Date Employment Began** {XML} [Date, nullable, default null] The date the client began to work. Required for SGA cases but not 301 cases. Not updated by SSA except to correct an SVR reporting error. Item 6 on SSA-199.

**VR\_FNL\_CLOSUR\_DT, Date of Final VR Closure** {XML} [Date, not nullable, no default] Required, the date the VR determines the client's participation in the VR program has ended, which should not be later than the ninth continuous month of SGA. If a day is not available the last day of the month will be used. Not updated by SSA except to correct an SVR reporting error. Item 7 on SSA-199.

[Item 8 on SSA-199: Tracking Months claimed, if any, are included in the new Months Used for SGA Purposes Table]

**MED\_SRVS\_PRVDD\_IND, Medical Services Provided** {XML} [Char 1, not nullable, default U, must be U, Y or N] Indicates whether or not medical services were provided, initiated or coordinated under the IWP. Value must be Y or N for an SGA case, can be Y, N or U for 301 case. Not updated by SSA except to correct an SVR reporting error. Item 9 on SSA-199.

**VROCC\_CD, Beneficiary Occupation** {XML} [Char 3, not nullable, no default, foreign key constraint: must exist as VROCC\_CD in PCWOSS.VROCCCD] Required, the VR Occupational Code for the beneficiary. Not updated by SSA except to correct an SVR reporting error. Item 16 on SSA-199.

Examples:

025 Meteorology

029 Mathematics and Physical Sciences/ N.E.C.

030 Systems Analysis and Programming

031 Data Communications and Networks

032 Computer System User Support

033 Computer Systems Technical Support

039 Computer-related Occupations/ N.E.C.

040 Agricultural Sciences

041 Biological Sciences

{Item 10 on SSA-199, “Extended evaluation services”, is no longer used.}

**DIRCT\_CCAMT, Direct Costs Claimed** {XML} [Decimal 9,2, not nullable, no default, cannot be negative] Required, the total of actual direct costs claimed by the SVR and for which reimbursement is being requested. This amount is used for claim documentation only and is not used for payment purposes or updated by SSA. Item 11 on SSA-199.

**ACPL\_CCAMT, ACP Costs Claimed During VR** {XML} [Decimal 9,2, not nullable, no default, cannot be negative] Required, Administrative, Counseling and Placement (ACP) costs claimed by the SVR. This is usually a flat rate payable for each month from the “Date Client Entered VR” through the SVR provided “Date of Final VR Closure”. This amount is used for claim documentation only and is not used for payment purposes or updated by SSA. Item 12 on SSA-199.

**AVRCLSR\_TRKG\_CCAMT, Tracking Costs Claimed After VR** {XML} [Decimal 9,2, not nullable, no default, cannot be negative] Required, Administrative costs (only) for tracking a VR case after closure by the SVR. Always 0 for 301 cases. This is a flat rate payable for each month of continuous SGA. This amount is used for claim documentation only and is not used for payment purposes or updated by SSA. Item 13 on SSA-199.

**OTH\_CCAMT, Other Costs Claimed** {XML} [Decimal 9,2, not nullable, no default, cannot be negative] Required, the total of other actual direct costs claimed by the SVR and normally incurred after the VR provided “Date of Final VR Closure” and through the last month of benefit payment (also called the post-employment period). This amount is used for claim documentation only and is not used for payment purposes or updated by SSA. Item 14 on SSA-199.

**TOT\_CCAMT, Total Costs Claimed** {XML} [Decimal 9,2, not nullable, no default, must be > 0] Required, total costs claimed by the SVR as the sum of Direct Costs Claimed, ACP Costs Claimed During VR, Tracking Costs Claims After VR and Other Costs Claimed. This amount is used for claim documentation only and is not used for payment purposes or updated by SSA. Item 15 on SSA-199.

[Item 17 (reverse): Direct and other costs claimed, if any, are entered in the new Direct Costs Claimed Table]

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**SSA generated meta-data:**

**CLM\_IMPRTD\_SW, Conversion case switch** [Char 1, not nullable, default N, must be Y or N] Indicates that this case was converted from the Oracle database for the previous version of VRRMS.

**CLM\_PEND\_SW, Pending case switch** [Char 1, not nullable, default N, must be Y or N, **alternate index**] Indicates whether this is still requires action or the case is complete.

**WRKCS\_UID** [Integer, nullable, default null] The iTOPSS work case UID assigned to this case. Conversion cases will have this UID set to null. When a work case UID is assigned it is never changed, even if the SSN or other primary key information is corrected.

**DISB\_CLM\_ITER\_NUM, Disability claim iteration number** [SmallInt, nullable, default null] Identifies a unique period of SSA disability benefit entitlement. VR claims filed for different periods of unique SSA disability benefit entitlement are each subject to their own SSA disability lifetime benefit maximum calculations. VR claims filed for the same period of unique SSA disability benefit entitlement are combined for the purpose of being subject to the same SSA disability lifetime benefit maximum calculation.

**VR\_PRD\_ITER\_NUM, VR period iteration number** [SmallInt, nullable, default null] Identifies a unique period of separate provision of VR services for a single period of SSA disability benefit entitlement. Each such separate period has its own separate benefit contribution period, but all VR claims filed for the same period of unique SSA disability benefit entitlement are combined for the purpose of being subject to the same SSA disability lifetime benefit maximum calculation.

**VR\_ITER\_NUM, Claim iteration number** [SmallInt, nullable, default null] Indicates the iteration of claim filed for the same VR period. Each filing for the same VR period, whether initial, resubmittal, reconsideration or supplemental receives its own claim iteration number. Any such claim iteration with a favorable determination is combined with all favorable claim iterations for the same VR period for determining the unified VR benefit payable for that one VR period iteration.

**SSA\_RCPDT, SSA Receipt Date** [Date, not nullable, default current system date] Required, the date on which SSA received this claim. If SSA enters this case into an SSA system this is the date the claim was physically received and not the date the case was entered into VRRMS. INSRT\_TS is the actual case creation date. The SSA Receipt Date and INSRT\_TS will be the same for all VR claims provided at the EN Portal.

T: Change: SSA\_RCPDT default to current system date.

**TKTASM\_CD, Service Channel**[Char 1, not nullable, default “U”, must be a value in PCWOSS.TKTASM\_CD] required, indicates the method by which the VR case was established. Examples are: E = EN Portal Direct Key, F = EN file via SSA EN Portal, G = EN file via iTOPSS, I = iTOPSS Direct Key, U = Unknown. This value is not keyed but is system derived based upon the means of data entry.

**CLMBSS\_CD, Claim Basis** [Char 1, not nullable, no default, must be in new reference table VRCLMBAS] Required, indicates the basis for which this VR claim is being made. This value is seeded by “SVR Claim Basis” and is the Claim Basis used for the duration of this case. One of:

S: Continuous Period of SGA  
 3: Medical Recovery during VR (301)

**CLMPHZ\_CD, Claim Phase** [Char 1, not nullable, no default, must be in new reference table VRCLMPHA] Required, indicates the request phase for this particular VR claim. This value is seeded by “SVR Claim Phase” and is the Claim Phase used for the duration of this case. One of  
 1: Initial Claim  
 2: Resubmittal (Prior claim denied, basis for the denial no longer exist)  
 3: Supplemental (Prior claim allowed, additional expenses or other expenses being claimed)  
 4: Subsequent Period (New period of VR on same SSA period of disability entitlement)  
 5: Reconsideration (Prior claim denied, SVR disagrees)

**VR\_PMT\_ACTN\_CD, VR Payment Action Code** [Char 3, not nullable, default “000”, must exist in PCWOSS.VRPMACCD] Required, the three position decision code which reflects SSA’s disposition of this VR claim. “000” indicates that no decision of any kind has ever been made for this case. “VVV” is a special case which indicates that a prior decision has been voided and undone and the case must be adjudicated again.

**DCN\_PIN, Disposition PIN** [Char 6, not nullable, default spaces] The PIN of the person who disposed of this VR claim by setting an allowable VR\_PMT\_ACT\_CTGY\_CD other than “000”. This PIN is provided by the system. This disposition might not result in an immediate decision if the claim was selected for QA, or the claim was an award that exceeded a certain dollar threshold and required a manager’s approval.

**DCN\_TS, Disposition Timestamp** [Timestamp, nullable, default null] The timestamp on which the last decision was made for this VR Claim. This timestamp is provided by the system.

**PMT\_PIN, Payment PIN** [Char 6, not nullable, default spaces] The PIN of the person who last forwarded this claim to the VRRMS payment file. When there are issues with SSOARS or QA or award reviews the disposition and payment information may differ. This PIN is provided by the system.

**PMT\_TS, Payment Timestamp** [Timestamp, nullable, default null] The timestamp on which this allowed claim was sent to the VRRMS payment file. This timestamp is provided by the system.

**PMT\_SEQ\_NUM, Payment Sequence Number** [SmallInt, nullable, default null] The system assigned payment sequence number for the most recent payment request sent to the VRRMS payment file for this claim.

**VR301\_ALWC\_DCN\_DT, 301 Allowance Decision Date:** [Date, nullable, default null] The date on which ODO made a determination that this beneficiary was properly in the VR 301 program. A 301 claim cannot be paid without this date (Claim Basis = “3”). A 301 claim can be denied without this date. This date can be entered manually, and may be the result of a systems lookup with the ODO 301 control system.

**VR301\_NTCDT, 301 Notice Date:** [Date, nullable, default null] The date on which SSA sent a written notice to the SVR to file a VR claim using 301 as the basis for the claim. This date is used to determine if a 301 claim was filed timely. A 301 notice is not sent for every 301 case. An entry can be made only for a 301 case (Claim Basis = “3”). This date can be entered manually, and may be the result of a systems lookup with the ODO 301 control system. A 301 is considered filed late if a 301 Notice was sent, and the claimed is filed more than 90 days after the later of the 301 Notice Date or the end of the month of SVR provided “Date of Final VR Closure”

**DRYDT, Diary Date** [Date, nullable, default null] The date for which this VR claim has been diared by an SSA Examiner. A claim cannot be adjudicated unless Diary Date is null. Diaries are set only for the purpose of requesting additional information from the SVR submitting the claim.

**LATE\_FLG\_ISU\_CD, Late Filing Issue:** [Char 1, not nullable, default “N”, must be a value in new reference table LTFLLGISU] System provided based upon the conditions listed. If the listed Filing Reason <> “N”, then “Good Cause for Late Filing” must be completed.

N: Late Filing not an issue

1: Good Cause needed: 301 claim, 301 notice sent, claim filed more than 90 days after later of notice sent date or end of month of date of final VR closure

2: Good Cause needed: 301 claim, 301 notice not sent, claim filed more than 12 whole months after date of final VR closure

3: Good Cause needed: SGA claim, claim filed more than 12 whole months after last month of continuous SGA

**LATE\_FLG\_DETNT\_TXT, Good Cause for Late Filing Finding** [VarChar 4046, not nullable, system default (empty)] If “Late Filing Issue” <> “N”, then some text is required here before a payment can be made. No entry is required if the claim is denied. Not available for input if “Late Filing Situation” = “N”. Good Cause for late filing cannot be established unless there is some entry in this field. This may justify either a finding that good cause is met, or that good cause is not met. A VR claim is file late if: (1) it is a 301 claim, a 301 Notice was sent, and the claimed is filed more than 90 days after the later of the 301 Notice Date or the end of the month of SVR provided “Date of Final VR Closure”, or (2) it is a 301 claim, a 301 Notice was not sent, and the claim is filed more than 12 whole calendar months after the SVR provided “Date of Final VR Closure”, or (3) it is an SGA claim filed more than 12 whole calendar months after the SSA determined “Last Month of Continuous SGA”.

**LATE\_FLG\_DETNT\_IND, Good Cause for Late Filing Determination:** [Char 1, not nullable, system default (space)] Indicates whether or not good cause for late filing has been established, and is available for input only if “Late Filing Situation” <> “N”. If “Late Filing Issue” <> “N”, an entry in Late Filing Determination is required for any payment, but is not required for a denial. “Y” cannot be entered unless some text has already been entered in “Good Cause for Late Filing Determination”. A case with an N must be denied, but not necessarily for late filing. A case with a Y can be paid but can still be denied but not for late filing.

Space: Late Filing is not an issue, or Late Filing is an issue but no Good Cause determination has been made

N: Late filing an issue and Good Cause not established, claim cannot be paid

Y: Late filing an issue and Good Cause established

**PVR\_SLTN\_DT, PVR Selection Date** [Date, nullable, default null] The date on which this case was selected for Pre-validation Review (PVR). PVR selection is a systems activity. This date will be null if the claim was not selected for PVR.

**QA\_SLTN\_DT, QA selection date** [Date, nullable, default null] The date on which this case was selected for QA review. QA selection is a systems activity. This date will be null if the claim was not selected for QA.

**QA\_SLCTRS\_CD, QA selection reason** [Char 1, not nullable, system default (space), must be in a new reference table Must be in new reference table QASLCTRS] The system generated basis for the QA selection for this case, one of:

Space: Not selected for QA.

V: System selection based on VR

E: System selection based on Examiner

F: System selection based on Examiner also satisfying VR selection

M: Manual selection

**QA\_LAST\_ACTN\_CD, Last QA Return Status** [Char 1, not nullable, system default (space), must be in new reference table QALSTACT] Summarizes the routing that resulted from the completion of the most recent QA review action, if any. Must be selected by the reviewer to close out the review action.

Space: No QA involvement

A: Adjudicated by reviewer, no defects

B: Adjudicated by reviewer, defects found

N: Returned by reviewer without defects

D: Returned by reviewer with defects for cure and clearance

R: Returned by reviewer with defects for cure and re-review

**QA\_UID:** [Integer, nullable, default null, referential integrity to PCWOSS.QAEVNT] An optional QA work case in PCWOSS.QAEVNT which documents the QA activity for this claim.

**MAPRVL\_REQD\_SW, Manager approval required switch** [Char 1, not nullable, default N, must be Y or N] Indicates that this case is a large award requiring management approval. This is a step in addition to any QA activity and occurs after any QA activity is complete.

**MGR\_LAST\_ACTN\_PIN, Manager PIN** [Char 6, not nullable, default spaces] The PIN of the manager reviewing this claim when the dollar amount of the award reaches a certain threshold. This PIN is provided by the system.

**MGR\_LAST\_ACTN\_TS, Manager Timestamp** [Timestamp, nullable, default null] The timestamp when the manager reviewed this claim because an award reached a certain dollar threshold. This timestamp is provided by the system.

**MGRQA\_LAST\_ACTN\_CD, Last Manager Decision** [Char 1, not nullable, system default (space), must be in new QA return reference table QALSTACT] Identifies the outcome of the most recent Manager Approval.

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**Entitlement Information:**

**Summary Disability Entitlement Data:**

**ENTLT\_CD, Entitlement Code:** [Char 2, not nullable, default spaces, one of “2”, “C”, “16”, spaces (space after 2 and C)] Indicates the overall entitlement established for the SSA beneficiary for this VR claim. This code is used to determine what accounting information will be sent to SSOARS for charging this VR payment. The code may be either system derived or manually entered. An award cannot be made unless the value is one of: “2”, “C” or “16”.

**TRSTFND\_CD, Trust Fund Code:** [Char 1, not nullable, default space, one of “R” or “D” or space] Required if “Entitlement Code” is “2” or “C”. The trust fund to which any VR payments for T2 purposes should be charged, either RSI or DI. This code is used to determine what accounting information will be sent to SSOARS for charging this VR payment. The code may be either system derived or manually entered.

**CRNT\_ENTLT\_DT, DOEC Date of Current Entitlement:** [Date, nullable, default null] The date of entitlement to disability used for this VR claim to distinguish this period of entitlement to disability from other periods of entitlement to disability. This is used to prevent duplicate payments and to ensure that all Prior Payout amounts have been considered when relevant to the current VR claim. If the ENTLT\_CD is “2” or “C” this is normally a T2 entitlement date.

**DOB** [Date, nullable default null] Required prior to payment amount determination. PDCF.CLNT/T2\_DOB if ENTLT\_CD is “C” or “2”, else PDCF.CLNT/T16\_DOB. Appropriate DEC query DOBs can also be used.. System provided but can be over-keyed.

**SEX\_CD, Gender** [Char 1, not nullable, default space, must be one of space, M, F, or U] Must be M or F prior to payment amount determination. Use appropriate DEC queries. System provided but can be over-keyed.

**STYBLNDS\_SW, Statutory Blindness Switch** [Char 1, not nullable, default N, must be Y or N] Indicates whether or not the beneficiary is statutorily blind and therefore subject to the different blind SGA amounts. “SVR Statutorily Blind” as entered by the VR is propagated to this field, but changes are made by SSA only to this field and not the field initially provided by the SVR. May also be system provided.

**INSRT\_PIN, INSRT\_TS** (system default timestamp), **LU\_PIN, LU\_TS** (system default timestamp)

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**Payment Period Determination:** (also referred to as the “Gross Payment Period”) The SSA Examiner is expected to select and set each of the following variables. Some may be prefilled with system obtained information but Examiner validation is required. All are required to be present for payment.

**PMT\_PRD\_CLMSSN, Payment Period Claim Account Number:** [Char 9, not nullable, default spaces] The T2 or T16 claim number used by SSA to determine the VR Payment Period. Even if multiple entitlement is involved, only one account is selected to determine the Payment Period, usually but not necessarily the one account with the longest period of entitlement when overlapped with the period of VR. This must be one of the up to three prior claim numbers associated with this claim.

**PMT\_PRD\_CLM\_BIC, Payment Period Claim Account BIC:** [Char 3, not nullable, default spaces] If the Payment period Claim Account Number is T2, the T2 BIC used by SSA to determine the VR Payment Period. This must be the BIC that has already been associated earlier with the account selected for the Payment Period Claim Account Number:

**PMT\_PRD\_STDT, Payment Period Begin Date:** [Date, nullable, default null] Identifies the date selected by SSA as the starting date for the payment period. The Payment Period Begin Date and Basis for Payment Period Begin Date must match the DOO/DOEC already provided for Disability Entitlement Details for the Payment Period Claim Account Number.

**PMT\_PRD\_SDTB\_CD, Basis for Payment Period Begin Date:** [Char 1, not nullable, default space, must be in a new reference table PPSTDTBS] Identifies the basis for the selection of the Payment Period Begin Date, one of:

Space: Not selected yet

2: T2 first day of waiting period (If DAC  $\neq$  F or X, then the 1<sup>st</sup> of the month after the DOO, unless DOO is the 1<sup>st</sup> day of the month in which case the DOO is used as-is, not to be used for EXR cases)

F: T2 first day of eligibility, no waiting period (If DAC = F or X, DOEC)

6: T16 first day of eligibility (S1-ELG-RD-D6)

**PMT\_PRD\_ENDT, Payment Period End Date:** [Date, nullable, default null] Identifies the date selected by SSA as the ending date for the payment period. The Payment Period End Date and Basis for Payment Period End Date must match the DOST already provided for Disability Entitlement Details for the Payment Period Claim Account Number.

**PMT\_PRD\_EDTB\_CD, Basis for Payment Period End Date:** [Char 1, not nullable, default space, should be in a new reference table PPENDTBS] Identifies the basis for the selection of the Payment Period End Date, the earlier of a benefit termination date or the last day of the “Last Month of Continuous SGA”, one of:

Space: Not selected yet

2: T2 Last day of last month of entitlement (month before DOST)

L: Last day of the “Last Month of Continuous SGA” (SGA cases only)

6: T16 Last day of last month of entitlement (the month before the termination month)

**Period of Continuous SGA (applies only to SGA cases):**

Months of SGA are identified in the “Months Used for SGA” table. Also known as the “Gross Payment Period.”

**CONTS\_SGA\_MNTH1\_DT, First Month of Continuous SGA:** [Date, nullable, default null]

The first month of the required continuous period of SGA established by SSA. The day of the month is not material and is always “01”. The entire period of continuous SGA cannot exceed 12 months. Applies only to SGA cases. This date may be systems computed but can be over keyed by the Examiner. Edit criteria are: Payment Period must already be established, the number of months from the First Month through the Last Month cannot exceed twelve calendar months including both the first and last months, and there must be nine months of SGA already identified in the “Months Used for SGA” table got the period defined by First Month through last Month.

**CONTS\_SGA\_LAST\_MDT, Last Month of Continuous SGA:** [Date, nullable, default null]

The last month of the required continuous period of SGA established by SSA that occurs during the Payment Period. The day of the month is not material and is always “01”. Applies only to SGA cases. The entire period of continuous SGA must include 9 months of SGA that cannot be spread over a more than 12 calendar month contiguous period. See “First Month” for edit criteria. In addition Last Month must be later than First Month, and Last Month must be a past month. A claim based on a continuous period of SGA is supposed to be filed within the 12 months after the Last Month of Continuous SGA.

**VR\_SGA\_CPRD\_TYP\_CD**, SGA Period Type: [Char 2, not nullable, default spaces, foreign key constraint: must exist in PCWOSS.VRSGACCD] Indicates the basis for the establishment of this period of continuous SGA. Applies only to SGA cases. System derived basedf on the selection of First and Last Month of continuous SGA. Must be one of:

Spaces: Not determined (to be added to the reference table)

NN: Period of continuous SGA could not be established. (If an SGA case this must be a denial.) (to be added to the reference table)

09: 9 consecutive months of SGA (update to reference table needed)

10: 9 months of SGA within 10 consecutive months, break for any reason

12: 9 months of SGA within 12 consecutive months, break reasons unrelated to impairment and outside beneficiary control

If this field is set to a value other than “12” then the following field is automatically cleared.

**SGABRK\_OSBCTL\_IND, Break Outside Beneficiary Control Determination** [Char 1, not nullable, default space, must be space, Y or N] When the 9 months of SGA occurred over 12 consecutive months this field indicates whether or not the Examiner found that the breaks were unrelated to the impairment and outside of the beneficiary control. If

VR\_SGA\_CPRD\_TYP\_CD is “12” then this field must be “Y” in order for a claim to be awarded. This field is available for input only if VR\_SGA\_CPRD\_TYP\_CD.

**SGA\_EVALDTN\_CD, VR Closure to First SGA Period Determination:** [Char 1, not nullable, default space, must be a value in a new reference table SGAEVDCD] The VR claim must result in the beginning of a continuous period of SGA within 12 months of VR closure, otherwise an explanation is required for a longer delay. Applies only to SGA cases. If “1” applies it will be set by the system and cannot be changed. If “1” does not apply, the Determination will be a space and before a payment can be made the Examiner must choose a selection other than space or “1”. An award can be made only if the value is “T”, “V”, “M” or “N”. If “D” is selected the claim cannot be awarded. If the value is “T”, “V”, “M” or “N” there must be something in the field “SVR Remarks for Delayed SGA”.

Must be one of:

Space : Finding not yet made or not applicable

1: Began within one year of SVR provided “Date of Final VR Closure” (system derived, cannot be selected by user)

T: More than one year but preceded by transitional work activity

V: Not preceded by transitional work activity but continuous period could not have occurred without VR services.

M: Medical recovery before end of continuous period and VR medical services contributed to medical recovery (SSA-199 question 9 “Medical Services provided” under an IWRP must have been answered “Yes”.)

N: Medical recovery before end of continuous period but recovery not expected by SSA and VR medical services did not contribute to medical recovery (Either no CDR scheduled or a MINE CDR scheduled).

D: No justification found for more than one year gap from VR Closure to first month of continuous SGA (claim must be a denial).

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### **Period of VR**

Both dates must be available before an award can be made. Also known as the “Net Payment Period”.

**VR\_PRD\_STDT, VR Period Begin Date:** [Date, nullable, default null] System derived from the later of the SVR provided “Date Client Entered VR” or the SSA determined “Payment Period Begin Date”. Cannot be determined without both of these dates being available.

**VR\_PRD\_ENDT, VR Period End Date:** [Date, nullable, default null] System derived from the earlier of the SVR provided “Date of Final VR Closure” or the SSA determined “Payment Period End Date”. If a 301 case both of these dates must be available before the VR End Date can be determined. Payment period end date by definition is also never later than the “Last month of continuous SGA”. If an SGA case this third date must also be available before VR End Date can be determined.

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### **Post-employment Period**

Both dates must be available before an award can be made.

**POST\_EMPT\_PRD\_ENDT, Post-employment Period End Date:** [Date, nullable, default null] Systems derived. If the “Payment Period End Date” > “VR Period End Date”, then this value is the “Payment Period End Date”, else this value is null. Both “Payment Period End Date” and “VR Period End Date” must be available for the “Post-employment Period End Date” to be computed.

**POST\_EMPT\_PRD\_STDT, Post-employment Period Begin Date:** [Date, nullable, default null] Systems derived as follows: If the “Post-employment Period End Date” is null then this value is also null, else this value is the day after the “VR Period End Date”.

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**Calculation of Savings to SSA:**

Total VR payments for the current period of disability entitlement cannot exceed the expected payout of SSA disability benefits for the SSA beneficiary. VR payments are capped once the total VR payments for the current period of disability exceed the projected lifetime benefit payments for the SSA beneficiary plus administrative costs.

**SVCALC\_PIA, Savings PIA Used Amount:** [Dec 7,2, nullable, default null] Required before payment if “Entitlement Code” is “C ” or “2 ”, not available for entry if “Entitlement Code” = “16”. The PIA used in calculating savings to SSA on account of benefit termination due to a successful VR claim. The amount paid for VR claims for any period of VR cannot exceed the estimated savings to SSA. This amount may be provided by VRRMS but can be overwritten by the Examiner. For SGA claims, the PIA used is the PIA in effect for the Last Month of Continuous SGA. For 301 claims, the PIA used is the PIA in effect at SVR provided “Date of Final VR Closure”.

**SVCALCWCMP\_OFS\_AMT, Savings Workers’ Comp Used Amount:** [Dec 7,2, nullable, default null] Optional, available for entry if “Entitlement Code” = “C ” or “2 ”, not available if Entitlement Code = “16”. If entered cannot exceed “Savings PIA Used Amount”. The workers’ compensation offset amount used in calculating savings to SSA on account of benefit termination due to a successful VR claim. Workers’ compensation offset is used to reduce the PIA. The amount paid for VR claims for any period of VR cannot exceed the estimated savings to SSA. This amount may be provided by VRRMS but can be overwritten by the Examiner. For SGA claims, the Workers’ Comp amount used is the amount in effect for the Last Month of Continuous SGA. For 301 claims, the Workers’ Comp amount used is the amount in effect at SVR provided “Date of Final VR Closure”.

**SVCALC\_T16\_FEDBAMT, SSI FBA Used Amount:** [Dec 7,2, nullable, default null] Required before payment if “Entitlement Code” is “C ” or “16”. The SSI federal benefit amount used in calculating savings to SSA on account of benefit termination due to a successful VR claim. The amount paid for VR claims for any period of VR cannot exceed the estimated savings to SSA. This amount may be provided by VRRMS but can be overwritten by the Examiner. For SGA claims, the SSI FBA amount used is the federal payment amount actually

being paid for the Last Month of Continuous SGA. For 301 claims, the SSI FBA used is the SSI FBA in effect at the SVR provided “Date of Final VR Closure”.

**SSA\_TOT\_SAVGS\_AMT, Total SSA Savings Amount:** [Dec 9,2, nullable, default null]

The systems calculated amount of savings to SSA on account of benefit termination due to a successful VR claim based on this VR claim. Any SVR payment will be reduced if necessary by the amount that the allowed costs exceed the calculated Total SSA Savings Amount. Age as AGE\_NUM and gender as SEX\_CD are used to retrieve from PCWOSS.VRALOFAC the “A” factor ADMINV\_CSTFCTR\_NUM and the “B” factor BDNFT\_CSTFCTR\_NUM. Total SSA Savings Amount is computed as “A” Factor + ((Savings PIA Used Amount – Savings Workers’ Comp Used Amount + SSA FBA used amount) x “B” Factor). For SGA claims, the age and benefit amounts used in calculating savings to SSA are those in effect for the month of the “Last Month of Continuous SGA”. For 301 claims, the age and benefit amounts used are those in effect at SVR provided “Date of Final VR Closure”. If the T2 is involved and the only claim BICs involved are “C”, then half of the PIA is used in this computation rather than the entire PIA.

**PRIOR\_VRCLMPO\_AMT, Prior Payout:** [Dec 9,2, nullable, default null, cannot be < 0]

The amount already paid for prior VR claims of any type, if any, for the same period of SSA disability entitlement, usually but not exclusively initial and supplemental claims. “Prior Payout” reduces the current savings to SSA. If there has been any prior VR payment on the beneficiary’s current period of disability, both the current expected and prior established payments are totaled to ensure they do not exceed the Total SSA Savings amount. If they do, then the current payment is reduced by the excess of all payments over the Total SSA Savings Amount currently being calculated. This amount may be systems derived but can be over keyed.

**Calculation of VR Payment Amount:**

This calculation is performed only if an award is possible and all data necessary to support an award is present.

**ACPL\_CAAMT, ACP Costs Allowed:** [Dec 8,2, not nullable, system default (0)] The systems calculated total amount of Administrative, Counseling and Placement (ACP) costs that might be allowed. ACP costs are allowed for all months of the “Period of VR” In addition, ACP costs are also paid for any month after the end of the ACP period in which an “Other Cost” for post-employment services is allowed. A fixed monthly amount is paid for each month of the ACP period or month where “Other Costs” are paid. The amount is set for each individual SVR and is updated each fiscal year. Using ST\_VR\_ABBR\_CD and FY, ADMINV\_CSTFCTR\_AMT is retrieved from PCWOSS.VRALOFAC for each separate fiscal year and summed as necessary for the total ACP COSTS Allowed. VLD\_SW in VRALOFAC must be “Y” for the ST\_VR\_ABBR\_CD and FY being searched. If VLD\_SW <> Y, ACP Costs Allowed cannot be calculated until the new year has been entered and validated.

**DIRCT\_CAAMT, Direct Costs Allowed:** [Dec 8,2, not nullable, ~~system default (0)~~] The systems calculated total amount of actual Direct Costs that might be allowed. The system will sum allowed Direct Costs from the Direct Cost Table where the allowable Direct Costs are wholly incurred during the “Period of VR”. Direct costs that begin with the Period of VR but which end within the post-entitlement period will be treated as post-entitlement “Other” costs.

T: Change: DIRCT\_CCAMT to be not nullable with no default.

**OTH\_CAAMT, Other Costs Allowed:** [Dec 8,2, not nullable, system default (0)] The systems calculated total amount of the Other Costs that might be allowed. These are also called post-entitlement costs. These are allowable Direct Costs from the Direct Cost Table incurred wholly within the post-entitlement period or which began in the Period of VR and ended in the post-entitlement period.

**TRKG\_CAAMT, Tracking Costs Allowed:** [Dec 8,2, not nullable, system default (0)] The systems calculated total amount of the Tracking Costs that might be allowed. Tracking costs are allowable only for SGA claims and not for 301 claims. Tracking costs are incurred for months that occur from the month after the end of the “Period of VR” through the “Last Month of Continuous SGA”, the duration of the post-employment period. It is possible that no months qualify. Tracking Costs cannot be paid for any month where ACP costs are also paid, and since ACP costs are also paid for any month where other costs are allowed for post-employment, no month where other costs are allowed can be considered a Tracking Cost Month. Tracking Costs must also be claimed by the VR on the SSA-199 or equivalent. No more than 9 months of tracking costs can be paid, and the number of months of tracking costs is reduced by 1 for every month in the post-employment period for which an ACP payment is made. Tracking Costs are a fixed monthly amount paid for each reimbursable Tracking Cost month. The amount is set for each individual SVR and is updated each fiscal year. Using ST\_VR\_ABBR\_CD and FY, TRKG\_CSTFCTR\_AMT is retrieved from PCWOSS.VRALOFAC for each separate fiscal year and summed as necessary for the total Tracking Costs Allowed. VLD\_SW in VRALOFAC must be “Y” for the ST\_VR\_ABBR\_CD and FY being searched. If VLD\_SW <> Y, ACP Costs Allowed cannot be calculated until the new year has been entered and validated.

**TFSRDUC\_AMT, Trust Fund Savings Reduction** [Dec 8,2, not nullable, system default (0)] The systems calculated amount that this claim must be reduced so that the total payout on this period of disability does not exceed the expected savings to SSA. Usually this value is zero and results in no reduction, but it is possible that the reduction is so large that it reduces the “Total Payable” amount to zero.

(1) Calculate ACP Costs Allowed + Direct Costs Allowed + Other Costs Allowed + Tracking Costs Allowed + Prior Payout – Total SSA Savings.

(2) Any result from (1) greater than zero becomes the “Trust Fund Savings Reduction”, else the Trust Fund Savings Reduction is zero.

**TOT\_PAYBL\_AMT, Total Payable** [Dec 9,2, not nullable, system default (0)] The systems calculated amount of the final payment amount for this VR claim instance, if allowed, computed as: ACP Costs Allowed + Direct Costs Allowed + Other Costs Allowed + Tracking Costs

Allowed – Trust Fund Savings Reduction. If the result is less than zero, then zero is used instead.

T: Add: **PMT\_PRD\_SLTN\_TS**, Payment Period Selection Timestamp (Date and time the payment period was selected) [timestamp, nullable, default null] The last time that the VR claim examiner selected dates for the benefit claim period.

T: Add: **DIRCT\_CST\_GRP\_CD**, Direct Cost Group Code (RSA or SSA, VR expense category) [Char 1, not nullable, default “S”, must be “R” or “S”] Identifies whether the VR by default uses RSA or SSA codes in identifying a direct cost code.

T: Add: **SSACT\_PRTCPN\_CD**, Social Security Act Title Participation Code (SSA Benefit involvement) [Char 1, not nullable, no default, must be 1, 2 or 3] The SSA benefit participation as identified by the SVR when submitting their VR claim. Must be a valid SSA benefit participation code of: 1: T2 only, 2: Concurrent, or 3: T16 only.

U: Add: **PVR\_RQSTD\_SW**, Preliminary Validation Review Requested Switch [CHAR 1, not nullable, default N, must be Y or N] The PVR Requested Switch will be used to indicate whether the get-PVR-Selection global service has been called for a given claim. (The global service function should only be called once during the life of the claim.)

U: Add: **PRNT\_VR\_CLM\_SNUM**, Parent Vocational Rehabilitation Claim Sequence Number [INTEGER, nullable, default NULL] The parent VR claim sequence number field will be used to indicate the parent’s claim sequence number of a supplemental claim. This is necessary to link supplemental claims to their parent claim.

U: Add: **NTC\_SENT\_DT**, Notice Sent Date [Date, nullable, default NULL] Needs to store the date when any notes were sent. When Notice Sent Date is null {no notice ever sent}, then global function Send-Award-Notice executed using passed COSSN and VR\_CLM\_SNUM, and VRPAYMNT/WRKCS\_UID if not null.

U: Add: **SECT301NSNT\_SW**, Disability Benefits for Work Program Participation Notice Not Sent Switch (Switch to indicate that a 301 notice was not sent) [Char 1, not nullable, default N, must be Y or N]. Used to positively indicate that although the current claim is a 301 claim that no 301 notice was ever sent.

U: Add: **PREV\_PMT\_ACTN\_CD**, Previous Payment Action Code (Old payment action code) [Char 3, not nullable, default spaces] When a payment has been cancelled, the existing VR payment action code VR\_PMT\_ACTN\_CD will be moved to this new field, and VR\_PMT\_ACTN\_CD reset to “000” to indicate that the claim has been reopened.

U: Add: **CLM\_LAST\_REOPD\_DT**, Claim Last Reopened Date (Date claim last reopened) [Date, nullable, default null] The date this claim was last reopened after a payment cancellation.

U: Add: **RSBCSNTC\_LSENT\_DT, Resubmit Costs Notice Last Sent Date (Date Resubmit Costs Notice was last sent)** [Date, nullable, default null] The date the last time this notice was sent.

U: Add: **LSGANTC\_LSENT\_DT, Late Substantial Gainful Activity Notice Last Sent Date (Date Late SGA Notice was last sent)** [Date, nullable, default null] The date the last time this notice was sent.

U: Add: **LFLNTC\_LSENT\_DT, Late Filing Notice Last Sent Date (Date Late Filing Notice was last sent)** [Date, nullable, default null] The date the last time this notice was sent.

U: Add: **EXSGAPNTC\_LSENT\_DT, Extended Substantial Gainful Activity Period Notice Last Sent Date (Date Long SGA Period Notice was last sent)** [Date, nullable, default null] The date the last time this notice was sent.

U: Add: **CPRDSGA\_EXPLN\_TXT, Continuous Period of Substantial Gainful Activity Explanation Text (Explanation for 12 month period of SGA)** [VarChar 4046, not nullable, system default (empty)] The determination and explanation why 9 months of SGA in a 12 month period was accepted, or why 9 months of SGA in a 12months period was not accepted providing one possible basis for denial of this VR claim.

T: Add these metadata fields to both data and history tables: **VLD\_SW** (default Y), **EFF\_STDT** (nullable, default null), **EFF\_ENDT** (nullable, default null).

A **history table** HVHCLAIM will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: **AUDT\_TS**, **DELD\_SW** (default "N") and **DELD\_BY\_PIN**. There are no constraint of any kind on the history table other than on **DELD\_SW**.

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### S: PCWOSS VRCLMBAS, VR Claim Basis Reference Table

**VR\_CLMBSS\_CD, VR Claim Basis** [Char 1, not nullable, no default, **primary key**] Indicates the basis for this VR claim, and is one of:

S: Continuous Period of SGA

3: Medical Recovery during VR (301)

**VR\_CLMBSS\_DESC, VR Claim Basis Description** [Char 40, not nullable, no default]

**LU\_PIN, LU\_TS** (System default TS)

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### S: PCWOSS VRCLMPHA, VR Claim Phase Reference Table

**VRCLMPHZ\_CD, VR Claim Phase** [Char 1, not nullable, no default, **primary key**] Indicates the request phase for this particular VR claim., and is one of:

- 1: Initial Claim
- 2: Resubmittal (Prior claim denied, basis for the denial no longer exist)
- 3: Supplemental (Prior claim allowed, additional expenses or other expenses being claimed)
- 4: Subsequent Period (New period of VR on same SSA period of disability entitlement)
- 5: Reconsideration (Prior claim denied, SVR disagrees)

**VR\_CLMPHZ\_DESC, VR Claim Phase Description** [Char 20, not nullable, no default]

**VR\_CLMPHZ\_LONG\_DESC, VR Claim Phase Extended Description** [VarChar 4046, not nullable, system default (empty)]

**LU\_PIN, LU\_TS** (System default TS)

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### **S: PCWOSS LTFLGISU, Late Filing Issue Reference Table**

**LATE\_FLG\_ISU\_CD, Late Filing Issue** [Char 1, not nullable, no default, **primary key**]

**LATE\_FLG\_ISU\_DESC, Late Filing Issue** [VarChar 150, not nullable, no default]

N: Late Filing not an issue

- 1: Good Cause needed: 301 claim, 301 notice sent, claim filed more than 90 days after later of notice sent date or end of month of date of final VR closure
- 2: Good Cause needed: 301 claim, 301 notice not sent, claim filed more than 12 whole months after date of final VR closure
- 3: Good Cause needed: SGA claim, claim filed more than 12 whole months after last month of continuous SGA

**LU\_PIN, LU\_TS** (System default TS)

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### **S: PCWOSS QASLCTRS, QA Selection Reason Reference Table**

**QA\_SLCTRS\_CD, QA Selection Reason** [Char 1, not nullable, no default, **primary key**]

Summarizes the routing that resulted from the most recent QA review, if any.

Space: **Not yet evaluated for QA**

V: System selection based on VR

F: System selection based on Examiner also satisfying VR selection

E: System selection based on Examiner

M: Manual selection

**U: New: N: Not selected for QA**

**QA\_SLCTRS\_DESC, QA Selection Reason** [Char 40, not nullable, no default]

**VLD\_SW** (default Y), **LU\_PIN**, **LU\_TS** (System default TS)

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**S: PCWOSS QALSTACT, Last VR QA Return Status Reference Table**

**QA\_LAST\_ACTN\_CD, Last QA Return Status** [Char 1, not nullable, no default, **primary key**] Summarizes the routing that resulted from the most recent QA review, if any.

Space: No QA Return yet

A: Adjudicated by reviewer and not returned, no defects

B: Adjudicated by reviewer and not returned, defects found

N: Returned by reviewer without defects

D: Returned by reviewer with defects for cure and clearance

R: Returned by reviewer with defects for cure and return for re-review

**QA\_LAST\_ACTN\_DESC, Last QA Return Status Description** [Char 70, not nullable, no default]

**VLD\_SW** (default Y), **LU\_PIN**, **LU\_TS** (System default TS)

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**S: PCWOSS SGAMNTRK, Months Used for SGA Purposes Data Table**

Identifies months used in establishing the continuous period of SGA, and identifies tracking months which might be payable. Item 8 on the SSA-199.

**Primary key:** COSSN + VR\_CLM\_SNUM + SGA\_MDT

**Relational constraint:** COSSN + VR\_CLM\_SNUM must exist in the main VR Claim table VRHCLAIM.

**COSSN** [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered.

**VR\_CLM\_SNUM, Claim UID** [Integer, not nullable, no default, foreign key constraint will be added at a later date] A systems assigned UID unique to this individual VR claim submittal for this COSSN.

**SGA\_MDT, Month** [Date, not nullable, no default] Required, identifies a single month, day of month not material but should be the first,

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**VR\_MNTH\_CLMD\_SW, Claimed by VR as a Tracking Month Switch** [Char 1, not nullable, must be Y or N, default N] Indicates whether or not this month is claimed by the SVR for Tracking Period purposes for Tracking Cost payment purposes. Item 8 on the SSA-199. Not altered by SSA.

**SSA\_MNTH\_USED\_SW, Used by SSA as Payable Tracking Month Switch** [Char 1, not nullable, must be Y or N, default N] Indicates whether or not this month was used by SSA for Tracking Cost payment purposes. A month cannot be both a Tracking Month and an ACP month at the same time. The month must have been claimed by the VR as a Tracking Month in order to be paid by SSA as a tracking month.

**SSA\_ACPLMH\_USED\_SW, Used by SSA as payable ACP Month Switch** [Char 1, not nullable, must be Y or N, default N] Indicates whether or not this month was used by SSA for ACP Cost payment purposes. A month cannot be both a Tracking Month and an ACP month at the same time.

**SGA\_MNTH\_SW, SGA Month Switch:** [Char 1, not nullable, must be Y or N, default N] Indicates whether or not this month is an SGA month.

**SGA\_MNTH\_WICPRD\_SW, SGA Month Within Continuous Period** [Char 1, not nullable, must be Y or N, default N] Indicates whether or not this month was used by SSA as an SGA month a part of the continuous period of SGA.

**ERNGS\_RANGE\_CD, Earnings Range Code** [Char 1, not nullable, default space] A Ticket to Work earnings range code as identified in PDCF.ERNRNGCD. This code is initially supplied by the Get-Earnings-Information web service.

**ERNGS\_SRC\_CD, Earnings Source Code** [Char 1, not nullable, default space] The source of information used for the Earnings Range Code as identified in PCWOSS.ERNGS\_SRC\_CD. This code is initially supplied by the Get-Earnings-Information web service.

**U: New: PMT\_BSS\_CD, Payment Basis Code (Payment basis this claim)** [Char 1, not nullable, default N, must be one of N, A, T or D] Indicates the basis for the payment for this month for the current claim.

N: Not paid this claim as Other ACP or Tracking. For initial claims could still be paid regular ACP which is not a function of this table.

A: Paid this claim as Other ACP.

T: Paid this claim as Tracking.

D: Paid this claim the difference between Tracking and ACP.

**INSRT\_PIN, INSRT\_TS** (System default TS), **LU\_PIN, LU\_TS** (System default TS)

A **history table** HSGMNTRK will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default "N") and

DELD\_BY\_PIN. There are no constraint of any kind on the history table other than on DELD\_SW.

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### **S: PCWOSS SGAEVDCD, Closure to First SGA Finding Reference Table**

**SGA\_EVALDTN\_CD, VR Closure to First SGA Period Evaluation** [Char 1, not nullable, no default] The VR claim must result in the beginning of a continuous period of SGA within 12 months of VR closure, otherwise an explanation is required for a longer delay. Applies only to SGA cases. Must be one of:

Space : Finding not yet made

1: Began within one year of SVR provided “Date of Final VR Closure”

T: More than one year but preceded by transitional work activity

V: Not preceded by transitional work activity but continuous period could not have occurred without VR services.

M: Medically recovered before end of continuous period but VR medical services contributed to medical recovery

N: Medically recovered before end of continuous period but recovery not expected by SSA and VR medical services did not contribute to medical recovery

D: No justification found for more than one year gap from VR Closure to first month of continuous SGA (Denial)

**SGA\_EVALDTN\_DESC, VR Closure to First SGA Period Evaluation Description** [Char 250, not nullable, no default]

VLD\_SW (default Y), LU\_PIN, LU\_TS (System default TS)

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### **S: PCWOSS PPSTDTBS, Basis for Payment Period Begin Date Reference Table**

**PMT\_PRD\_SDTB\_CD, Basis for Payment Period Begin Date:** [Char 1, not nullable, no default, **primary key**] Identifies the basis for the selection of the Payment Period Begin Date, one of:

Space: Not selected

2: T2 first day of waiting period (If DAC <> F or X, then DOO) (ignoring special case of the 1<sup>st</sup>) (does not apply to EXR cases)

F: First day of T2 eligibility, no waiting period (If DAC = F or X, DOEC)

6: T16 first day of eligibility (S1-ELG\_RD-D6)

**PMT\_PRD\_SDTB\_DESC, Basis for Payment Period Begin Date Description:** [Char 60, not nullable, no default]

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**ENTLT\_CD** [Char 2, not nullable, no default, must be “2 ” or “16”] Describes what title can use this basis code.

**VLD\_SW** (default Y), **LU\_PIN**, **LU\_TS** (System default TS)

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**S: PCWOSS PPENDTBS, Basis for Payment Period End Date Reference Table**

**PMT\_PRD\_EDTB\_CD, Basis for Payment Period End Date:** [Char 1, not nullable, no default] Identifies the basis for the selection of the Payment period End Date, one of:

Space: Not selected

2: T2 Last day of last month of entitlement (month before DOST)

L: Last day of the “Last Month of Continuous SGA”

6: T16 Last day of last month of entitlement

**PMT\_PRD\_EDTB\_DESC, Basis for Payment Period End Date Description:** [Char 60, not nullable, no default]

**ENTLT\_CD** [Char 2, not nullable, no default, must be “2 “ of “16”] Describes what title can use this basis code.

**VLD\_SW** (default Y), **LU\_PIN**, **LU\_TS** (System default TS)

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**S: PCWOSS VRDRCTCL, Direct Costs Claimed Data Table**

This table contains one row for each direct cost claimed for each VR case, and whether and how SSA accepted that cost. Information in this table is used only in the case of an award.

**Primary key:** COSSN + VR\_CLM\_SNUM + VR\_EXP\_ITM\_SEQ\_NUM

**Foreign key constraint:** COSSN + VR\_CLM\_SNUM must exist in VR claim table VRHCLAIM.

**COSSN** [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered.

**VR\_CLM\_SNUM, Claim UID** [Integer, not nullable, no default] A systems assigned UID unique to this individual VR claim submittal for this COSSN.

**VR\_EXP\_ITM\_SEQ\_NUM, Direct Expense Item UID** [SmallInt, not nullable, no default] A systems assigned UID corresponding to an individual direct expense item submission line item number for this claim submission. A separate UID is assigned to each separately identified direct expense for the current VR claim.

**IVRCLM\_SUBMN\_SW, Initial Submission Switch** [Char 1, not nullable, default Y, must be Y or N] Indicates whether or not this cost was a part of the SVR's initial claim submission. This switch is not modified by SSA once entered.

**DOROC\_CD, Direct or Other cost:** {XML} [Char 1, not nullable, default D, must be D or O] Required, indicates whether the cost being claimed is a "Direct" cost or an "Other" cost, each of which have separate qualifying period criteria. "Other Costs" are also known as post-employment costs. If the claim is allowed, this flag may be altered depending on whether it is allowed as an "Other Cost" with the service dates wholly contained within the Period of VR, or whether it is an Other date where the "Month of Service End Date" is in the post-employment period.

**SRV\_PRD\_STDT, Month of Service Start Date** {XML} [Date, not nullable, no default] Required, the month in which the direct service was rendered. If the service was rendered over several months then this is the first month in which the service was rendered, and the next field is the last month in which the service was rendered.

**SRV\_PRD\_ENDT, Month of Service End Date** {XML} [Date, not nullable, no default] Required, if the direct service was rendered over several months, this is the last month in which the service was rendered. If the direct service was rendered only within one month, then the Month of Service Start and End dates will be in the same month. If an interactive user enters only a Start Date, the End Date will be systems propagated to be the same as the Start Date. The "Month of Service End Date" cannot be earlier than the "Month of Service Start Date".

**VR\_EXP\_ITM\_CD, {XML} VR Direct cost expense item,** [Char 3, not nullable, no default, ~~foreign key constraint: must exist as VR\_EXP\_ITM\_CD in PCWOSS.VREXPICD~~] Required, this code identifies the nature and purpose of the claimed expense.

**SRV\_EXP\_AMT, Service Expense** {XML} [Decimal 8,2; not nullable, no default, must be > 0] Required, the amount of the direct expense for which the VR is seeking reimbursement.

**VR\_EXP\_REF\_TXT, SVR reference information** {XML} [VarChar 50, not nullable, system default (empty)] Optional information the SVR may wish to include to reference this expense in the SVR's own records. This could be a State VR voucher number, payment date, case number, or any other similar information useful to the SVR in documenting their claim and in retrieving their own records if requested by SSA. This field is normally only provided at the EN Portal.

**VR\_EXP\_ITXT, Expense Description** {XML} [VarChar 500, not nullable, system default (empty)] An optional description, note or message the VR wishes to make concerning this one expense item. This field is normally only provided at the EN Portal.

**DRCSTUS\_CD, Direct Cost Status Code** [Char 2, not nullable, default "C", code must exist in the Direct Cost Status Code reference table DRCTUSCD] Required. This code indicates the current disposition of the claimed direct expense item. For allowed cases, only rows with a status code of "A" are paid. For allowance case, all rows must have a status code of either "A

” or “Dx” before an allowance is permitted. When claims are first entered, the Status Code of “C” is automatically provided for all entries.

Possible Direct Cost Status Code values are:

C: Expense claimed but not reviewed

A: Expense allowed as claimed

Dx: Expense disallowed (see below)

V: Verification of expense requested/additional information requested

P: PVR requires verification of this expense

R: Expense information resubmitted by VR but not reviewed

W: Expense withdrawn by VR

Disallowance reason:

D0: No specific reason given

D1: Direct cost outside of VR period and post-employment period.

D3: Requested proof of payment for expense missing/inadequate

D4: Service was not paid for by the State VR agency

D5: Service was provided by a State VR Agency employee

D6: Similar or comparable service available from another source

D7: Service not a listed service

D8: Service not provided under an IPE or similar document

D9: Service not purchased and used specifically for the disabled individual

DA: Service not reasonable and necessary

DB: Service not the lowest reasonable cost

DC: Service did not contribute to employment at the SGA level

DD: Duplicate, already included

DE: Duplicate, previously paid.

DZ: Other reason not specified.

**EXP\_ITM\_VRFD\_SW, Expense verified** [Char 1, not nullable, default N, must be Y or N]

Required, indicates whether or not this direct expense item has been verified. Verification is only required if the case is selected for PVR, but may be optionally noted for any service.

**DEV\_NOTES\_TXT, Development Note** [VarChar 1000, not nullable, default empty] Optional

SSA developmental note required in evaluated this direct cost item.

**NOTE\_TO\_VR\_TXT, Note to SVR** [VarChar 1000, not nullable, default empty] Optional text

or note concerning this item that should be viewable by the SVR in the EN Portal or on a notice for either developmental purposes or explanation for reason for adjudication.

**INSRT\_PIN, INSRT\_TS** (system default timestamp), **LU\_PIN, LU\_TS** (system default timestamp).

A **history table** HVDRCTCL will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default “N”) and

DELD\_BY\_PIN. There are no constraint of any kind on the history table other than on DELD\_SW.

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**S: PCWOSS DRCTUSCD, Direct Cost Status Code Reference Table**

**DRCSTUS\_CD , Direct Cost Status Code** [Char 2, not nullable, no default, **primary key**]

**DRCSTUS\_DESC , Direct Cost Status Code Description** [Char 80, not nullable, no default]

**HELP\_TXT , Direct Costs Status Code Help** [VarChar 4046, not nullable, system default (empty)] Provides additional information concerning this status code to the VR Examiner.

Reference table metadata: **VLD\_SW** (default Y), **EFF\_STDT**, **EFF\_ENDT**, **LU\_PIN**, **LU\_TS** (system default TS).

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**S: PCWOSS VRCASACT, VR Case Activity Data Table**

Each access of a VR case results in a row being written to the VR case activity table.

**Primary key:** COSSN + VR\_CLM\_SNUM + INSRT\_TS

**Foreign key constraint:** COSSN + VR\_CLM\_SNUM must exist in claim table VRHCLAIM.

**Alternate index:** INSRT\_PIN + INSRT\_TS + COSSN + VR\_CLM\_SNUM

**COSSN** [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered.

**VR\_CLM\_SNUM , Claim UID** [Integer, not nullable, no default] A systems assigned UID unique to this individual VR claim submittal for this COSSN.

**VR\_CASE\_ACTVT\_CD, VR Activity Code** [Char 4, not nullable, no default, foreign key constraint: must be in the VR Case Activity Reference Table VRCASATC]

**SUPPL\_DATA\_TXT, Supplemental Data** [VarChar 200, not nullable, system default (empty)] Optional additional explanatory material concerning this event.

**INSRT\_PIN** [Char 6, not nullable, no default] The PIN of the user associated with this activity. This can also include the “E” PIN of an EN portal user.

**INSRT\_TS** [Timestamp, not nullable, system default timestamp] The date and time associated with this event.

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**S: PCWOSS VRCASATC, VR Case Activity Reference Table**

**VR\_CASE\_ACTVT\_CD, VR Activity Code** [Char 4, not nullable, no default, primary key]

**VR\_CASE\_ACTVT\_DESC, VR Activity Code Description** [Char 50, not nullable, no default] Provides a description for the VR Activity Code.

**LU\_PIN** (no default), **LU\_TS** (system default TS)

Sample codes:

Intake-

INKI: Keyed in iTOPSS

INKP: Keyed by VR at Portal

INPD: PDF

INXP: XML at Portal

INXI: XML in iTOPSS

INXW: XML via Internet web service

Development-

PVRR: PVR request

PVRA: PVR response

SVRR: Other SVR information request

SVRA: Other SVR information response

Update

UPDA: Data updated by SSA

EVAL: Trial evaluation run

Decision-

DCUN: Unfavorable

DCFA: Favorable, unchanged

DCFJ: Favorable, with adjustments

QA-

QAVR: VR QA selection

QAEX: Examiner QA selection

QARA: Reviewer approved

QARR: Returned by Reviewer for correction

QARE: Returned by Examiner to review and resubmit

QAMG: Manager approval on large payment case

View:

VEWS: SSA staff viewed this case  
 VEWV: VR staff viewed this case at the Portal

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### S: PCWOSS VRCASNOT, VR Case Note Data Table

Notes for a specific VR claim.

**Primary key:** COSSN + VR\_CLM\_SNUM + INSRT\_TS

**COSSN** [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered,

**VR\_CLM\_SNUM, Claim UID** [Integer, not nullable, no default, foreign key constraint will be added at a later date] A systems assigned UID unique to this individual VR claim submittal for this COSSN.

**VR\_CASE\_NOTES\_TXT, VR Case Note Text** [VarChar 4024, not nullable, no default]

**EXPDT, Expiration Date** [Date, nullable, default null] The date after which this not is subject to deletion.

**U: Add: MGR\_ONLY\_DSSW, Manager Only Display Switch (Private switch)** [Char 1, not nullable, default N, must be Y or N] Indicates whether or not this alert is visible only to VR Managers.

**INSRT\_PIN** (no default), **INSRT\_TS** (system default TS), **LU\_PIN** (no default), **LU\_TS** (system default TS)

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### S: PCWOSS VRALRNOT, VR Alert Data Table

Alerts or note for a specific state VR.

**Primary key:** ST\_VR\_ABBR\_CD + INSRT\_TS

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default, **primary key**, foreign key constraint: must be in VRSTABDA]

**VR\_ALERT\_TXT, VR Alert Text** [VarChar 4024, not nullable, no default]

**EXPDT, Expiration Date** [Date, nullable, default null] The date after which this not is subject to deletion.

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**U: Add: MGR\_ONLY\_DSSW, Manager Only Display Switch (Private switch)** [Char 1, not nullable, default N, must be Y or N] Indicates whether or not this alert is visible only to VR Managers.

**INSRT\_PIN** (no default), **INSRT\_TS** (system default TS), **LU\_PIN** (no default), **LU\_TS** (system default TS)

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### **S: PCWOSS VRPAYMNT, VR Payment Data Table**

Manages all payments for the VR process except for advance payments. When a claim is awarded, payment information is moved to this table for effectuation. If a payment is cancelled before payment is effectuated by the US Treasury, then the payment is voided and the award is cancelled. The claim would need to be adjudicated again in order to effectuate payment. If the date in PCWOSS.ENET/VR\_PMTLRLSD\_DT is a future date, payments will be held and not released to SSOARS until VR\_PMTLRLSD\_DT is no longer a future date.

**Primary key:** COSSN + VR\_CLM\_SNUM + PMT\_SEQ\_NUM

**Relational constraint:** COSSN + VR\_CLM\_SNUM + PMT\_SEQ\_NUM must exist in the VRRMS main claim table VRHCLAIM.

**Compound alternate key:** ST\_VR\_ABBR\_CD + COSSN + VR\_CLM\_SNUM + PMT\_SEQ\_NUM.

(Other alternate keys exist)

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default, foreign key constraint: must be in VRSTABDA] The State VR agency to whom the payment is being made.

**COSSN** [Char 9, not nullable, no default] The own SSN of the SSA beneficiary for whom VR services were rendered.

**VR\_CLM\_SNUM, Claim UID** [Integer, not nullable, no default] A systems assigned UID unique to this individual VR claim submittal for this COSSN.

**PMT\_SEQ\_NUM, Payment Sequence Number** [SmallInt, not nullable, default 1, constraint: must be a value from 1 through 99] A system assigned value so that ST\_VR\_ABBR\_CD + COSSN + VR\_CLM\_SNUM + PMT\_SEQ\_NUM is unique, including in the history table for the payment table HVPAYMNT.

**DUNS** [Char 9, not nullable, no default, **alternate key**, foreign key constraint: must be in VRSTABDA] The DUNS of the SVR due this payment. If the payment is being held the DUNS can change until the claim is released to SSOARS.

**EIN** [Char 9, not nullable, no default] The EIN associated with the payment DUNS. If the payment is being held the EIN can change until the claim is released to SSOARS.

**ACCTG\_TXN\_INVC\_NUM** [VarChar 45, nullable, default null, **alternate key, unique if not null**] The SSA invoice number used by VRRMS in communicating with SSOARS. (Null permitted to accommodate historical cases.)

**TOT\_DUE\_AMT, Total Amount Due:** [Decimal 9,2, not nullable, no default, constraint: must be > 0] The total amount approved for this claim. This amount may be reduced to recoup an overpayment.

**WRKCS\_UID:** Integer, nullable, default null, **alternate key**] The workcase on which this payment was authorized. (Null permitted since not all claims will be associated with a work case, including historical cases.)

**TOT\_PAID\_AMT, Total Amount Paid:** [Decimal 9,2, not nullable, no default, constraint: cannot be < 0] The amount payable on this claim after all overpayments were recovered. Overpayments are not recouped until the claim is sent to SSOARS, so for held claims Total Amount Paid will be the same as Total Amount Due until the claim is released to SSOARS.

Calculating Total Amount Paid: The last step before submitting payment to SSOARS is to read the Payment Adjustment Table to see if there is a collectible amount for this EN (Running Total for the most recent row is > 0). If there is, then an “E” event for “Recoupment” is posted to the Payment Adjustment Table for the amount of Running Total not to exceed the Total Amount Due. Reading and adjustment to the Payment Adjustment table are a serialized read. The Total Amount Paid is then the Total Amount Due less the amount of the “E” adjustment. If the Total Amount Paid is > 0, then that amount is prepared as the amount to be certified to SSOARS. SSOARS voucher amount. If the Total Amount Paid = 0, then the payment is not certified to SSOARS but is closed out with a Payment Status cod of “Z” for “Zero Payment Due”.

**ENTLT\_CD, Entitlement code:** [Char 2, not nullable, default spaces, constraint: must be one of: spaces, “C”, “16” or “2 ”. The beneficiary benefit entitlement code, used to determine how the Total Amount Paid should be charged to SSA accounts. Spaces are permitted for historical cases.

**TRSTFND\_CD:** [Char 1, not nullable, default space, one of “R” or “D” or space] The trust fund to which any VR payments for T2 purposes should be charged, either RSI or DI, used to determine how the Total Amount Paid should be charged to SSA accounts.

**VR\_INVC\_NUM, SVR Invoice Number** [VarChar 45, not nullable, system default (empty)] An optional SVR provided invoice number which is available to the SVR as a part of SVR payment inquiries.

**VR\_PSTUS\_CD, VR Payment Status Code** [Char 1, not nullable, no default, **alternate key**, must be in VR payment status code reference table VRPAYSTA] A code that identifies the current status of the payment for this claim, one of:  
H: Held pending SVR release (allowed, but payments are being held for this SVR and will not be paid until payments are released for this SVR)

R: Request sent to SSOARS (either from hold status or directly to SSOARS)

E: SSOARS release failed due to error (allowed, was held, failed to be accepted by SSOARS on account of error once released. This is considered a cancelled payment, and the claim must be re-authorized.)

W: SSOARS release failed due to web service issue, or SAM issue or BFY issue. (allowed, was held, failed to be accepted by SSOARS for reason given, claim is can be automatically resubmitted to SSOARS.)

S: Accepted by SSOARS (accepted by SSOARS, may still be pending in SSOARS or may have been sent to Treasury)

T: Pending in Treasury

C: Cancelled before payment (cancelled by VRRMS user while still held, or while still pending in SSOARS)

P: Paid (by the US Treasury)

R: Total amount recouped (Overpayment completely offset the Total Amount Due, the claim is never further evaluated unless voided)

**PSTUS\_TS, Status Timestamp** [Timestamp, not nullable, no default] One of the following dates:

- If Status Code “Held pending SVR release” then the timestamp of final allowance when the claim was forwarded to the payment queue but is not to be paid until all held payments are released for the SVR.
- If Status Code “Request sent to SSOARS” then the timestamp the service request was sent to SSOARS. Every payment made regardless of whether it was held or was immediately submitted to SSOARS is first recorded with this status code before being sent to SSOARS.
- If Status Code “SSOARS release failure due to error” or “SSOARS release failed due to web service issue” then the timestamp when the submission to SSOARS was identified as a failure. The failure can be for any reason, such as SSOARS returned an error, or there was a timeout or other service failure.
- If Status Code “Pending in SSOARS” then the timestamp the service request was sent to SSOARS, unchanged if the prior Status Code was “R”.
- If Status Code “Cancelled before Payment” then the timestamp when the cancellation was confirmed. If the case was being held, then this is the timestamp the VR Payment Status Code was changed to “C”. If the case was pending in SSOARS, then the timestamp when the cancellation was accepted by SSOARS. If the claim was pending in SSOARS, the Status Code is not changed to “C” and the Status Timestamp updated until the cancellation has been confirmed by SSOARS.
- If Status Code “Pending in Treasury”, the Status Timestamp is not changed.
- If Status Code “Paid” then the date the US Treasury has reported that funds will be in the VR’s bank account. This can be a future date.
- If Status Code “Total amount recouped”, then the Status Timestamp is updated to when that determination was made.

**SSOARS\_VCHR\_NUM, SSOARS voucher number** [VarChar 45, not nullable, system default (empty)] The SSOARS voucher number when the payment request was accepted by SSOARS.

**VOIDD\_PMT\_CD, Voided** [Char 1, not nullable, default N, must be Y or N or C] A payment is voided only if a payment was paid, and indicating the payment was incorrect and should be withheld from future payments. If the entire payment was withheld to recoup an overpayment, it is immediately considered paid, otherwise if some amount is payable, it is technically not paid until confirmed by SSOARS as paid by the US Treasury. If any part of the payment was due another payment should be issued. If the payment was not due, any amount paid or any amount not paid to recoup an overpayment requires an adjustment.

Y: Payment was made that should not have been made. VR Payment Status Code is “P” or “R”. Use of “Y” requires a manual determination that the payment should be voided. The Payment Acton Code for the VR claim is also changed to “VVV” and the claim is again pending and must be cloned and readjudicated.

C: Payment request was cancelled or removed before payment was made. The payment must be reauthorized in order to be resubmitted. Voided will be set by the system to “C” whenever VR Payment Status Code is set to “E” (SSOARS reject due to error) or “C” (Cancelled by user before payment.). The Payment Acton Code for the VR claim is also changed to “VVV” and the claim is again pending and must be cloned and readjudicated.

N: Payment was correctly made. Voided will be set by the system to “N” when VR Payment Status Code is set to “P” or “R”.

Space: Payment is pending.

If the payment is voided with “Y”, one to two transactions will be automatically be posted by the system to the Payment Adjustment Event Table. If the Total Amount Paid is > 0, then the Total Amount Paid will be posted with an event code of “C” for “Create Overpayment”. If the Total Amount Paid and the Total Amount Due are not the same, then the difference will be posted with an event code of “F” for “Recoupment Voided”. Any updates to the Payment Adjustment Event table are serialized.

If the payment is voided with “C”, and the Total Amount Paid and the Total Amount Due are not the same, then the difference will be posted to the Payment Adjustment Event Table with an event code of “F” for “Recoupment Voided”. Any updates to the Payment Adjustment Event table are serialized.

**PMT\_ADJT\_TS, Payment adjustment timestamp** [Timestamp, nullable, default null] If this payment is related to a payment adjustment, the VR\_ST\_ABBR\_CD plus this Payment adjustment timestamp will point to one or two rows that will exist in the Payment Adjustment Event Table.

T: Add: **RSI\_DI\_ACCT\_PCT**, Retirement Survivors Disability Insurance Account Percentage Rate (RSDI percentage) [Dec 6,3; nullable, default null] For claims for concurrent T2/T16 disability beneficiaries, the percentage amount of the total award to be charged to an RSI or DI account.

T: Add: **RSI\_ACCT\_AMT**, Retirement Survivors Insurance Account Amount (RSI account amount) [Dec 9,2; nullable, default null] For fund accounting, the amount of this claim to be charged to the RSI trust fund.

T: Add: **DI\_ACCT\_AMT**, Disability Insurance Account Amount (DI account amount) [Dec 9,2; nullable, default null] For fund accounting, the amount of this claim to be charged to the DI trust fund.

T: Add: **T16\_ACCT\_AMT**, Supplemental Security Income Account Amount (SSI account amount) [Dec 9,2; nullable, default null] For fund accounting, the amount of this claim to be charged to the SSI general account.

U: Add: **PMT\_APPD\_FY, Payment Applied Fiscal Year (Fiscal year charged)** [Char 4, not nullable, system default (spaces)]. The fiscal year to which this VR payment is charged.

**INSRT\_PIN, INSRT\_TS** (system default timestamp), **LU\_PIN, LU\_TS** (system default timestamp).

A **history table HVPAYMNT** will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: **AUDT\_TS, DELD\_SW** (default "N") and **DELD\_BY\_PIN**. There are no constraint of any kind on the history table other than on **DELD\_SW**.

---

### S: PCWOSS VRPAYSTA, VR Payment Status Code Reference Table

**VR\_PSTUS\_CD, VR Payment Status Code** [Char 1, not nullable, no default, **primary key**] A code that identifies the current status of the payment for this claim, one of:

H: Held pending SVR release

R: Request sent to SSOARS

E: SSOARS release filed due to error

W: SSOARS release failed due to service, SAM or BFY issue.

S: Pending in SSOARS

T: Pending in Treasury

C: Cancelled before payment

P: Paid

R: Total amount recouped

**VR\_PSTUS\_DESC, VR Payment Status Code Description** [Char 30, not nullable, no default]

**VR\_PSTUS\_LONG\_DESC, VR Payment Status Code Long Description** [VarChar 4046, not nullable, system default (empty)]

**LU\_PIN, LU\_TS** (system default timestamp).

---

### S: PCWOSS VRADPMEV, VR Payment Adjustment Event Data Table

This table is used to manage incorrect payments in the VR program. Rows once inserted are never updated. Corrections are made by adding new rows with offsetting amounts. When Typically the most recent row for an SVR is read and a new row added. This process should be a serialized transaction. This will occur when posting a new row to this table or when a payment is made.

**Primary key:** ST\_VR\_ABBR\_CD + PMT\_ADJT\_TS + ADJT\_PMT\_EVNT\_CD

**Alternate key:** COSSN + VR\_CLM\_SNUM + PMT\_SEQ\_NUM

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default, foreign key constraint: must be in VRSTABDA] The state VR agency to whom this payment adjustment action is charged.

**PMT\_ADJT\_TS, Payment Adjustment Timestamp** [Timestamp, not nullable, no default] The insert timestamp for this row.

**ADJT\_PMT\_EVNT\_CD** [Char 1, not nullable, no default, foreign key constraint: must exist in existing PCWOSS.ADJT\_PMT\_EVNT\_CD] The reason for this payment adjustment action. The reason selected determines the effect of the adjustment, which can be positive, negative, neutral or an overlay. The current list consist of:

- C Create Overpayment (increases total overpayment)
- D Reverse/Correct Overpayment (reduces total overpayment)
- E Overpayment Recouped (reduces total overpayment)
- F Recoupment Voided (increases total overpayment)
- G Refund Received (reduces total overpayment)
- H Refund Voided (increases total overpayment)
- U Underpayment Issued (added to a negative overpayment, presumably to return to zero)
- X Net overpayment carried forward (overlays total overpayment)
- Z No effect/for documentation only (no effect on total overpayment)

This additional item will be added for VR purposes only and does not apply to Ticket:

- A Advance payment (applies to VR reimbursement cases only)

Developer note: ADJ\_EFFT\_CD in the ADJT\_PMT\_EVNT\_CD reference table controls the application of ADJT\_AMT based upon the ADJT\_PMT\_EVNT\_CD. ADJT\_EFFT\_CD is one of:

- P: Positive, adds to the total overpayment
- N: Negative, reduces the total overpayment
- R: Replace, overlaying the current total overpayment
- Z: No effect on the current total overpayment

Use ADJ\_EFFT\_CD to determine how to handle ADJT\_AMT, and do not embed the effect on the total overpayment amount in your application.

**ADJT\_AMT** [Decimal 11,2, not nullable, no default, cannot be < 0] The amount of this payment adjustment. This amount is not signed. The effect of this amount (positive, negative,

overpay, comment) is determined by the ADJ\_EFFT\_CD associated with ADJT\_PMT\_EVNT\_CD.

**COSSN** [Char 9, nullable, default null]

**VR\_CLM\_SNUM, Claim UID** [Integer, nullable, default null]

**PMT\_SEQ\_NUM** [SmallInt, nullable, default null]

If COSSN, VR\_CLM\_SNUM and PMT\_SEQ\_NUM are all present they along with VR\_ST\_ABBR\_CD should together exist as the primary key for a row in the VR Payment table VRPAYMNT. Since they are not always present this cannot be a foreign key constraint.

**XREF\_TS, Cross Reference Timestamp** [Timestamp, nullable, default null] In conjunction with the ST\_VR\_ABBR\_CD allows a cross reference to a prior overpayment action. For example, an action to reverse/correct an overpayment should refer back to the row where the overpayment was created. If a Cross Reference Timestamp is shown here, VR\_ST\_ABBR\_CD + Cross Reference Timestamp should already exist in this table.

**WRKCS\_UID** [Integer, nullable, default null] The workcase which authorized the payment that is now or which was considered an overpayment. There may not be any work case associated with the overpayment event.

**VR\_PMT\_ASGNDRSN\_CD** [Char 1, not nullable, system default (space)] An optional reason describing why an overpayment was created. Codes will be developed at a later date based upon user input.

**RUNTOT\_AMT, Running Total** [Decimal 11,2, not nullable, no default, can be negative] Used for accounting and trouble shooting. If ADJT\_PMT\_EVNT\_CD is:  
Z: Running Total is the same as the running total in the most recent row in this table for this SVR.

X: Running total is the same as ADJT\_AMT in this row.

Any other code, then the running total is the most recent row in this table for this SVR is adjusted by ADJT\_AMT in this row as required by the ADJT\_PMT\_EVNT\_CD.

**ADJT\_RSN\_TXT** [VarChar 1000, not nullable, system default (empty)] An optional description concerning the reason for the action being taken. This text if present will be visible to the SVR.

**INOTE\_TXT, Internal note** [VarChar 1000, not nullable, system default (empty)] An optional internal note visible to SSA only concerning this overpayment action.

**INSRT\_PIN** [Char 6, not nullable, no default]

-----

**S: PCWOSS VRADVATH, SVR Advance Authorization Data Table**

This table records the authorization of advances to an SVR.

**Primary key:** ST\_VR\_ABBR\_CD + INSRT\_TS

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default, foreign key constraint: must be in table VRSTABDA]

**ADV\_AMT, Advance Amount** [Dec 11,2, not nullable, no default, must be > 0]

**FRST\_ATHGSPVR\_PIN, First Authorizing Supervisor** [Char 6, not nullable, no default]

**FRST\_AUTHN\_TS, First Authorization Timestamp** [Timestamp, not nullable, system default timestamp]

**SEC\_ATHGSPVR\_PIN, Second Authorizing Supervisor** [Char 6, not nullable, default spaces]

**SEC\_AUTHN\_TS, Second Authorization Timestamp** [Timestamp, nullable, default null]

**PMT\_ADJT\_TS, Payment Adjustment Timestamp** [Timestamp, nullable, default null]  
When provided, in combination with ST\_VR\_ABBR\_CD and a ADJT\_PMT\_EVNT\_CD of "A" in the Payment Adjustment Table will cause the advance payment amount to be treated the same as an overpayment, with SVR payments being withheld until the advance is completely drawn down.

**NOTE\_TXT, Note** [VarChar 4046,not nullable, system default (empty)] Any note concerning the authorization of this advance.

**INSRT\_TS** (system default timestamp), **LU\_PIN, LU\_TS** (system default timestamp)

**T: Create history table HVRADVTH (will be updated by DB2 Triggers).**

In the history table add these additional history only fields: DELD\_SW (must be Y or N, default N), AUDT\_TS (not nullable, system default) and AUDT\_PIN (not nullable, default spaces).

There are no constraints of any kind on the history table other than on DELD\_SW.

**S: PCWOSS AVRCLMTR, XML transmitted to SSA to establish a VR claim Audit Table**

**Primary key:** ST\_VR\_ABBR\_CD + INSRT\_TS

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default]

**INSRT\_TS** [Timestamp, not nullable, system default timestamp]

**TKTASM\_CD**, Service Channel [Char 1, not nullable, default “U”, must be a value in PCWOSS.TKTASM\_CD] Indicates the method by which the VR case was established. Examples are: F = EN file via SSA EN Portal, G = EN file via iTOPSS, W = Internet Web Service (single).

**T: Remove CLM\_ACPTD\_SW, Claim accepted switch** [Char 1, not nullable, default Y, must be Y or N] Indicates whether or not the submitted XML was accepted and used to create a new VR claim instance.

**T: Add: CLM\_ACPTD\_CD, Claim Accepted Code (Claim accepted indicator)** [Char 1, not nullable, default N, must be Y, V or N] Y indicates the claim was validated and saved, V indicates the claim was validated but not saved since the submission was defined as a test only case, or N indicates one or more validation errors.

**COSSN** [Char 9, not nullable, default spaces] If a VR claim is created or if the XML cannot be processed but a COSSN can be extracted, the COSSN associated with the VR claim.

**VR\_CLM\_SNUM, Claim UID** [Integer, nullable, default null] If a VR claim is created the Claim UID established for that claim.

**VR\_XML\_FL** [CLOB 2Mb, not nullable, no default] The actual XML transmitted to establish the VR claim.

**T: Add: SRVRQ\_TXN\_TYP**, Service Request Transaction Type Code [Char 3, not nullable, no default] A three position value that identifies this type of transaction, and which should be in the PCWOSS SRVRQ\_TXN\_TYP table.

**T: Add: WRKCS\_UID**, Work Case Unique Identifier [Integer, nullable, default null] The work case ID that was associated with this transaction, if any.

**T: Add: RESP\_MSG\_TXT**, Response Message Text (Response Message) [VarChar 9000, not nullable, system default (empty)] The response that was returned to the person or process establishing the VR claim. If the request was interactive, then Response Message will be plain text or HTML. If the request was submitted as an XML file or a web service request, the Response Message will be the full XML response.

**T: Add: RESP\_CD**, Response Code (Response Type) [Char 1, not nullable, default “T”, must be one of T, X or H] Identifies the type of content in the Response Message as:

H: HTML

T: Text

X: XML

T: Add: **TEST\_SUBMN\_SW**, Test Submission Switch (Test-only switch) [Char 1, not nullable, default N, must be Y or N] Indicates if this message was submitted in test only mode, or if it was submitted as an actual claim.

**INSRT\_PIN** [Char 6, not nullable, no default]

T: Add Table metadata: **LU\_PIN** (not nullable, no default), and **LU\_TS** (not nullable, system default TS).

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### **S: PCWOSS VRSTABDA, State VR Abbreviation Data Table**

This table serves as a bridge table to PCWOSS.ENET so that state VR codes are abstracted from DUNS which can change. Other columns moved to this table include VR-only fields from ENET. These fields will be removed from ENET in a later release.

**ST\_VR\_ABBR\_CD** [Char 4, not nullable, no default, **primary index**]

**DUNS** [Char 9, not nullable, no default, foreign key constraint: must exist in ENET]

**VR\_BLND\_SRV\_SW** [Char 1, not nullable, default “N”, must be Y or N] Indicates if this SVR is for the blind.

**VR\_LGCY\_ST\_CD** [Char 3, not nullable, no default] SSA legacy three position State Vocational Rehabilitation Agency code.

**VR\_SRVS\_AGY\_CD** [Char 3, not nullable, no default] Rehabilitation Services Agency three position State Vocational Rehabilitation Agency code.

**VR\_PMTLRSD\_DT** [date, nullable, default null] A date which if present results in VR payments being held for release to SSAORS until the date is no longer a future date or the date is set to null.

**DIRCT\_CST\_GRP\_CD, Direct Cost Group Code (RSA or SSA, VR expense category)** [Char 1, not nullable, default “S”, must be “R” or “S”] Identifies whether the VR by default uses RSA or SSA codes in identifying a direct cost code.

T: Add: **VLD\_SW** [Char 1, not nullable, default ‘Y’]

T: Add: **EFF\_STDT** [Date, nullable, default null]

T: Add: **EFF\_ENDT** [Date, nullable, default null]

T: Add: Unique alternate index on DUNS to prevent duplicates in this table.

T: Add: **DIRCT\_CST\_GRP\_CD, Direct Cost Group Code (RSA or SSA, VR expense category)** [Char 1, not nullable, default “S”, must be “R” or “S”] Identifies whether the VR by default uses RSA or SSA codes in identifying a direct cost code.

T: Add these metadata fields to both data and history tables: VLD\_SW (default Y), EFF\_STDT (nullable, default null), EFF\_ENDT (nullable, default null).

LU\_PIN [Char 6, not nullable, no default]

LU\_TS [Timestamp, not nullable, system default timestamp]

A **history table** HVSTABDA will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default “N”) and DELD\_BY\_PIN. There are no constraint of any kind on the history table other than on DELD\_SW.

---

### S: PCWOSS SSAENTDA, SSA Benefit Entitlement Data Table

Records the various established entitlements used in evaluating this VR claim. At least one row must be present for any allowed VR claim. A claim can be denied without any SSA benefit data present.

**Primary key:** COSSN + VR\_CLM\_SNUM + CLMSSN + CLMBIC

**Alternate key:** CLMSSN + CLMBIC

**COSSN** [Char 9, not nullable, no default] Own SSN of the beneficiary.

**VR\_CLM\_SNUM, Claim UID** [Integer, nullable, default null] If a VR claim is created the Claim UID established for that claim.

**ENTLT\_CD:** [Char 2, not nullable, no default, must be “2”, or “16”] Indicates the disability benefit entitlement type for this row as either T2 or T16.

**CLMSSN:** [Char 9, not nullable, no default] A claim SSN For the SSA beneficiary. For a T2 wage earner’s own account. For an SSI account this should be the Housed Under Number (HUN).

**CLMBIC:** [Char 3, not nullable, no default] For a T2 claim this is the BIC. For a T16 claim this is the MFT.

**DISB\_ONST\_DT, DOO:** [Date, not nullable, no default] The date of onset associated with the account.

**CRNT\_ENTLT\_DT, DOEC:** [Date, not nullable, no default] The current date of entitlement for the account.

**SUSPN\_OR\_TRMDT, DOST:** [Date, nullable, default null] The date of termination for the account.

**RFST\_CD:** [Char 6, not nullable, system default (spaces)] The termination reason taken from the MBR or SSR.

**CLM\_TERMN\_CD, Claim Termination Flag** [Char 1, not nullable, system default (spaces) must be T, W or a space] Indicates the termination status for this claim.

W: Terminated on account of work and earnings

M: Terminated on account of medical improvement

T: Terminated but not on account of work and earnings or medical improvement

Space: Not terminated

**STYBLNDS\_SW, Statutory Blindness Switch** [Char 1, not nullable, default N, must be Y or N] Indicates whether or not the beneficiary is statutorily blind for this account.

**VR301\_ALWC\_DCN\_DT, 301 Allowance Decision Date:** [Date, nullable, default null] The date on which ODO made a determination that this beneficiary was properly in the VR 301 program based on this account number. A 301 claim cannot be paid without this date (Claim Basis = "3"). A 301 claim can be denied without this date. This date can be entered manually, and may be the result of a systems lookup with the ODO 301 control system.

**LAST\_TXN\_DT, Last transaction date** [Date, nullable, default null] The last transaction date for the MBR or SSR that was used for this account in processing this VR claim. For the MBR this is the Run Process Date RUN\_PRC\_DT, and for the SSR this is the Last Transaction Date LAST\_TXN\_DT.

**SSN\_SSR\_IDX\_RECID,** SSR logical record number [SmallInt, nullable, default null] For SSR entitlement only, the logical SSR record number for this COSSN

**SSR\_PRSN\_IDFR, SSR Person Number** [Char 1, not nullable, system default (spaces), must be a space, "1" or "3"] For SSR entitlement only, the person number for this CLMSSN.

**INSRT\_PIN** [Char 6, not nullable, no default]

**INSRT\_TS** [Timestamp, not nullable, system default timestamp]

**LU\_PIN** [Char 6, not nullable, no default]

**LU\_TS** [Timestamp, not nullable, system default timestamp]

A **history table** HSAENTDA will be created, and it will be maintained solely by use of triggers. Additional fields in the history table will be: AUDT\_TS, DELD\_SW (default "N") and DELD\_BY\_PIN. There are no constraint of any kind on the history table other than on DELD\_SW.

---

**T: PCWOSS.VRAWRKCS, new data table for VR workcases + history table HVRWRKCS**

This table tracks and manages pending VR claims.

**WRKCS\_UID**, Workcase Unique Identifier [Integer, not nullable, no default, primary key]

**ST\_VR\_ABBR\_CD**, State Vocational Rehabilitation Abbreviation Code [Char 4, not nullable, no default, must be in PCWOSS.VRSTABDA]

**COSSN**, Client's Own Social Security Number [Char 9, not nullable, no default]

**VR\_CLM\_SNUM**, Vocational Rehabilitation Claim Sequential Number [Integer, not nullable, no default]

-- Alternate index on COSSN + VR\_CLM\_SNUM

**VR\_CLM\_STUS\_CD**, Vocational Rehabilitation Claim Status Code (VR claim status) [Char 4, not nullable, no default, must be a value in the VR Claim Status reference table] Identifies the specific claim status for the VR claim.

**VR\_CLM\_STUS\_DT**, Vocational Rehabilitation Claim Status Date (VR Claim Status Date) [Date, not nullable, no default] Indicates the most recent date on which the VR Claim Status was changed.

**ASGND\_EXMR\_PIN**, Assigned Examiner Personal Identification Number (Assigned Examiner) [Char 6, not nullable, default spaces, alternate index] The PIN of the VR examiner assigned to this case, if any.

**EXMR\_ASGNT\_DT**, Examiner assignment date [Date, nullable, default null] The date the current examiner was assigned.

**ASGND\_QA\_REVR\_PIN**, Assigned Quality Assurance Reviewer Personal Identification Number (Assigned QA Specialist) [Char 6, not nullable, default spaces] The PIN of the QA Specialist assigned to this case, if any.

**QA\_REVR\_ASGNT\_DT**, Quality Assurance Reviewer Assignment Date (QA Specialist assigned date) [Date, nullable, default null] The date the current QA specialist was assigned to this case.

**ASGND\_MGR\_PIN**, Assigned Manager Personal Identification Number (Assigned management reviewer) [Char 6, not nullable, default spaces] The PIN of the manager assigned to review this case, if any.

**MGR\_ASGNT\_DT**, Manager Assignment Date (Management reviewer assigned date) [Date, nullable, default null] The date the current manager was assigned to this case.

**ASGND\_CUSR\_PIN**, Assigned Current User Personal Identification Number (Current queue owner) [Char 6, not nullable, default spaces] The PIN of the person to whom this work case is currently assigned, if anyone. This should be the assigned examiner, QA specialist or management reviewer.

**DRY\_SET\_DT**, Diary Set Date [Date, nullable, default null] The date the current diary was set, if any.

**DRY\_EXPRS\_DT**, Diary Expires Date [Date, nullable, default null] The date a current diary will expire, if any.

**DRY\_EXPLN\_TXT**, Diary Explanation Text (Diary explanation) [VarChar 2000, not nullable, system default (empty)] The reason the current diary is/was set.

**XCLMSSN**, Cross Reference Social Security Number (Cross reference SSN) [Char 9, not nullable, default spaces] If this VR claim was established under the wrong SSN, this is the correct SSN. If this VR claim was submitted under the wrong SSN, and this workcase is the correct SSN, this is the incorrect SSN.

Table meta-data: **INSRT\_PIN** (not nullable, no default), **INSRT\_TS** (not nullable, system default TS), **LU\_PIN** (not nullable, no default), **LU\_TS** (not nullable, system default TS).

History table **HVRWRKCS** is maintained by triggers and includes **DELD\_SW** (default N), **AUDT\_TS** (system default TS, added to the primary key of the production table), and **AUDT\_PIN** (no default).

---

**T: PCWOSS.VRCLSBER, new reference table for VR Claim submission error message**

Decodes error messages for VR claim submissions.

**CLM\_SUBMN\_ERR\_CD**, Claim Submission Error Code (Error code) [SmallInt, not nullable, no default, primary key] An arbitrary number identifying a particular error message.

**TRML\_IPUT\_MSG\_SW**, Terminal Input Message Switch (Terminal Message switch) [Char 1, not nullable, default N, must be Y or N] If a message is a terminal message then no further errors are considered. If a message is not a terminal message, then additional error tests will be performed even if the VR claim cannot be accepted.

**CASE\_CD**, Case Code (Case type code) [Char 1, not nullable, no default, must be one of C, S or B] Indicates the type of VR claim to which the error message applies, and must be one of:  
 C: Complete/full VR claims only  
 S: Supplemental VR claims only  
 B: Both Complete and Supplemental claims

**IACTV\_INEMSG\_TXT**, Interactive Input Error Message Text (Error message based on interactive input) [VarChar 200, not nullable, no default]

**XML\_ERR\_MSG\_TXT**, Extensible Markup Language Error Message Text (Error message based on XML submission) [VarChar 200, not nullable, no default]

**HELP\_TXT**, Help Text (Extended help) [VarChar 4000, not nullable, system default (empty)]

Examples:

- 1: SVR code svrCode missing or invalid.
- 2: SSN claimSSN missing or invalid.
- 3: No such person for this SSN claimSSN.

Table meta-data: LU\_PIN (not nullable, no default) and LU\_TS (not nullable, system default TS).

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**T: PCWOSS.VRCLSTUS, new reference table for VR Claim Status**

**VR\_CLM\_STUS\_CD**, Vocational Rehabilitation Claim Status Code (VR Claim Status) [Char 4, not nullable, no default]

**VR\_CLM\_STUS\_DESC**, Vocational Rehabilitation Claim Status Description (VR Claim Status Description) [Char 50, not nullable, no default]

**U: Add: VR\_CLM\_SSD**, Vocational Rehabilitation Claim Status Short Description [Char 20, not nullable, no default]

VLD\_SW [char 1, not nullable, default Y, must be Y or N]

LU\_PIN (not nullable, no default), LU\_TS (not nullable, system default TS)

Examples:

AEAS: Awaiting assignment to an examiner  
 AEAC: Awaiting initial examiner action  
 ASLF: Awaiting explanation for late filing  
 ASPV: Awaiting PVR  
 ASDC: Awaiting additional direct cost information  
 ASOT: Awaiting other SVR information  
 AEDI: Awaiting examiner disposition  
 AQAS: Awaiting assignment to QA  
 AQDI: Awaiting QA disposition  
 ASQA: Awaiting examiner response to QA  
 AMAS: Awaiting assignment to manager  
 AMDI: Awaiting manager disposition

ASMA: Awaiting response to manager  
 AEOT: Awaiting other examiner action  
 CLFA: Closed, favorable decision  
 CLUN: Closed, unfavorable decision  
 CLWS: Closed, wrong SSN  
 CLIN: Closed, not a valid claim

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**T: New reference table VRPAYARR for VR\_PMT\_ASGNDRSN\_CD in PCWOSS.VRADPMEV**

**VR\_PMT\_ASGNDRSN\_CD, VR Payment Assigned Reason Code** [Char 1, not nullable, no default, **Primary Key**] An optional reason describing why the VR adjustment or overpayment was created.

**ADJT\_RSN\_DESC, Adjustment Reason Description** [Char 80, not nullable, no default] Provides an English decoding of VR\_PMT\_ASGNDRSN\_CD.

Samples:

C: Payment was cancelled, not due

R: Payment was cancelled, adjusted payment will be reissued

Table metadata: VLD\_SW (default Y), EFF\_STDT (not nullable, no default), EFF\_ENDT (nullable, default null), LU\_PIN (no default), LU\_TS (system default TS).

---

**T: PCWOSS.VRPNDCLM, new data table to hold VR claims being entered but not yet complete**

Incomplete claims not yet validated will be stored here for recall into an interactive data entry session at either the Portal or iTOPSS. Rows in this table will be deleted when the claim is complete.

Primary key: ST\_VR\_ABBR\_CD + PEND\_CLM\_INSRT\_TS.

**ST\_VR\_ABBR\_CD, State Vocational Rehabilitation Abbreviation Code** [Char 4, not nullable, no default, must be in PCWOSS.VRSTABDA]

**PEND\_CLM\_DATA\_FL, Pending Claim Data File (Pending claim data)** [BLOB, 2Mb max, not nullable, no default] Pending claim information stored as a serialized Java object rather than as an XML representation.

**SRC\_CD, Source Code (Source)** [Char 1, not nullable, no default, must be “E” or “S”] Indicates the source of the pending VR claim, either “E” for an SVR at the EN Portal, or “S” for SSA staff using iTOPSS.

---

**CASE\_NOTES\_TXT**, Case Notes Text (Incomplete claim case note) [VarChar 2000, not nullable, system default (empty)] Any temporary note the user may wish to make about this incomplete claim. This note is not retained once the case is accepted.

Table metadata: **INSRT\_PIN** (not nullable, no default), **PEND\_CLM\_INSRT\_TS** (not nullable, system default TS), **LU\_PIN** (not nullable, no default), **LU\_TS** (not nullable, system default TS).

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### **U: PCWOSS.PMTBSSCD, Payment Basis Reference table**

U: Add: **PMT\_BSS\_CD**, **Payment Basis Code** [Char 1, not nullable, no default] Indicates the basis for the payment for this month for the current claim.

U: Add: **PMT\_BSS\_CDESC**, **Payment Basis Code Description** [VARCHAR 60, not nullable, no default] Indicates the basis for the payment for this month for the current claim.

#### **Standard reference table fields:**

**VLD\_SW** [Char 1, not nullable, default N, must be Y or N]

**LU\_PIN** [Char 6, not nullable, no default]

**LU\_TS** [TIMESTAMP, not nullable, system default]

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