

TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and CNS Coordinators

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Documentation of Social Security Numbers

EFFECTIVE DATE: April 1, 2003

CONTACT PERSON: Bureau of Local District Support
Upstate (518) 474-8216 NYC (212) 268-6855

This is to inform social services districts of an administrative change to the documentation requirement for Social Security Numbers (SSN) for Medicaid (MA) applicants/recipients (A/Rs).

Effective April 1, 2003, applicants for Medicaid, Child Health Plus A and Family Health Plus who are required to provide a SSN or proof of application for a SSN must continue to do so, but are no longer required to document the SSN. This means that applicants are required to tell the district what their SSN is, but they are not required to show proof of the SSN initially. The only time documentation is necessary is if the SSN cannot be verified or validated through usual processes as described below. Documentation of application for SSN continues to be required when appropriate.

Some aliens may not have a SSN. The Social Security Administration may issue SSNs to aliens if State Law requires a SSN as a condition of eligibility for public benefits. All applicants for Medicaid must provide a SSN or proof that they have applied for one or tried to apply for one. The only exceptions are pregnant women and undocumented individuals who apply for Emergency Medicaid.

Districts must continue to confirm that the SSN provided is correct. The Welfare Management System (WMS) uses two processes, verification and validation, that help districts to confirm the SSN. The following is a description of these processes.

Verification

Verification is the process in which an individual's SSN and demographics are matched to information contained in WMS. Verification is done when a case is in application status. Districts are alerted of any problems via a Resource File Integration (RFI) message.

Validation

Validation is the process in which WMS sends a SSN and certain other individual data to the Social Security Administration (SSA) for comparison. If the SSN and demographic data associated with an individual on WMS match the information on file with the SSA, that individual's SSN is validated as correct on WMS. Validation occurs after the case is opened or whenever a change in demographics occurs.

Letter to Request Documentation of Social Security Number

Medicaid A/Rs will no longer have to provide documentation of their SSN, except in those cases where either the verification or the validation process fails to confirm the SSN. A copy of the A/R's Social Security card is always acceptable. The district may accept a printed pay stub indicating the SSN, or W-2 Form as documentation. Attached are copies of letters that may be sent to A/Rs who provide SSNs that cannot be verified and/or validated and for whom documentation is then required. Districts choosing to use a different letter to request documentation of SSN must provide a copy of the proposed letter to their local district liaison for approval.

Upstate: The attached letters will be generated through the Client Notices System (CNS) by entering Reason Code (T06), paragraph number (S0007), for open cases, or Reason Code (T07), paragraph number (S0009), for registered applications. The letters advise the applicant/recipient to submit proof of the correct SSN(s). The letters are available through CNS for Upstate. They have no fair hearing language. These letters can be reproduced locally and sent manually, or may be sent via CNS. For additional information and instructions, please refer to WMS/CNS Coordinator Letter dated September 25, 2002.

New York City: Processes are being modified to reflect requests for documentation of SSN only when the SSN cannot be verified or validated.

MA-Only Closings

When a SSN has not been verified and/or validated and the recipient fails to provide the requested documentation of his/her SSN, his/her Medicaid case is discontinued or the individual adult on a multi-person case is deleted.

Upstate: Language for closing reason code V17: "Verification of SSN Failed, Incorrect/Fraudulent Social Security Number" has been revised. The notice paragraph (C0050), "SSN Failed Validation-Incorrect/Fraudulent SSN", now includes the following statement, "We sent you a letter asking you for proof of the correct Social Security number(s). You did not give us that proof or tell us you could not get it." For additional information and instructions, please refer to WMS/CNS Coordinator Letter dated September 25, 2002.

NYC: Language for closing reason code F17: "Incorrect/Fraudulent Social Security Number" was revised effective November 21, 2002. The notice paragraph (C0050), "SSN Failed Validation-Incorrect/Fraudulent SSN", now includes the following statement, "We sent you a letter asking you for proof of the correct Social Security number(s). You did not give us proof or tell us you could not get it."

MA-Only Denials

When a SSN has not been verified or validated and an applicant fails to provide the requested documentation of his/her SSN, his/her Medicaid application is denied.

Upstate: A new CNS denial code V17 equivalent to closing reason code V17 is now available. Language for this new denial reason code V17, paragraph (D0137), stating that a letter was sent, will be produced through CNS. For additional information and instructions, please refer to WMS/CNS Coordinator Letter dated September 25, 2002.

NYC: A new denial reason code equivalent to closing reason code F17 is being developed. The equivalent denial language for NYC will be incorporated into manual notices generated by the Human Resources Administration.

TA/MA Cases

For Upstate and in New York City, current processes for Temporary Assistance case closings or deletions of individuals on cash assistance cases will continue. The individual must provide a SSN or proof that an application for a SSN has been made. In addition, the individual must cooperate with efforts to validate a SSN that has failed validation. The penalty for failure to comply is the deletion of the individual's needs from the TA household. When an adult fails to provide a SSN, proof of application for a SSN, or validation of a SSN for a child, the needs of both the adult and the child are deleted from the TA household's needs.

In addition, non-applying household members whose needs and income are considered in determining the amount of assistance granted to the household must furnish or apply for a SSN as a condition of eligibility for the entire household. The following codes have been reviewed:

Upstate: For Temporary Assistance (TA) denials, sanctions and closings for reason codes F17, "Failure to validate incorrect SSN", and F21, "Failure to provide SSN", Medicaid eligibility is re-determined appropriately. When a non-applying legally responsible relative refuses to provide a SSN, case level closing/denial "Fail to verify" codes V20, V21, V22, V23, V24 and V25 may be used.

NYC: Codes F17, "Failure to Validate Incorrect Social Security Number", and F20, "Failure to Provide SSN" are used for closing cases consisting of a household of one. Codes F17 and F20 are also used for undercare closings or sanctions of recipients when the TA case is a multiple person household. These reason codes and the current separate determination, undercare continuation and discontinuance processes continue to be appropriate. For G07, "Failed to Provide Verification" (of a Social Security card), Medicaid eligibility is re-determined (Rosenberg). When a non-applying legally responsible relative refuses to provide a SSN, case level closing/denial "Fail to verify" codes V20, V23, V24, V25, V26, W23, W24 and W25 may be used.

A change to current Medicaid CNS language (paragraph I0014) generated for TA codes F17 (Upstate and NYC) and F20 (NYC) has been made to note that action has been taken due to failure to provide a valid SSN rather than a valid social security card since districts may accept other documentation of SSN. This change supports the new Medicaid requirement to provide a valid number without requiring other documentation, such as a copy of the card in all cases.

TA/MA Cases Referred to MA for Separate Determination

When TA cases are referred to Medicaid for a separate determination, the local district should determine whether the SSN has been verified/validated. If the SSN has been verified or validated, or if the case record includes sufficient information to enable Medicaid to verify the SSN, the local district must proceed with the eligibility determination. If the SSN has not been verified or validated and the case record does not include sufficient information to enable Medicaid to verify the SSN, the local district must send the informational letter requesting documentation of the SSN. If documentation is not provided after the stated time limit, the local district must discontinue or deny the individual's Medicaid coverage using reason codes V17 (Upstate) or F17 (NYC) as described above.

Note: Children cannot be penalized for lack of cooperation of a parent, caretaker relative or representative.

CNS support Upstate has been available to generate the letter to request documentation and for the revised individual denial and closing language for reason codes T07/T06/V17 effective 9/30/02. See WMS Coordinator Letter dated 9/25/02.

Please direct any questions to your local district liaison.

CNS Paragraph

Paragraph Number S0007

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We have compared the Social Security number(s) that you provided with information from the Social Security Administration. Based on this comparison, we have determined that you did not give us the correct Social Security number(s) for:

Name
Name
Name

In general, Medical Assistance/Family Health Plus applicants/recipients age 21 years or older must provide their correct Social Security number and those of their dependent child(ren) in the household as an eligibility requirement for Medical Assistance/Family Health Plus.

Therefore, you must give us proof of the correct Social Security number(s) for the individual(s) listed above by (date) or Medical Assistance/Family Health Plus will be discontinued.

Examples of proof of the Social Security number include a copy of the Social Security card, a W-2 form or a printed pay stub including the Social Security number. If the individual(s) does not have a Social Security card or other proof of the correct Social Security number(s), the individual(s) must get proof from the Social Security Administration of the correct Social Security number(s). A copy of the proof is sufficient. Return this information to your worker at the local department of social services at the address listed at the top of this notice.

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Hemos comparado el (los) numero(s) del Seguro Social que usted nos proporciono con la informacion obtenida por la Administracion del Seguro Social. Basado en esta comparacion, hemos determinado que usted no nos dio correctamente el (los) numero(s) de Seguro Social de:

Nombre
Nombre
Nombre

En general, los solicitantes/beneficiarios de Asistencia Medica/Family Health Plus de 21 anos de edad o mas, deben proporcionar su numero de Seguro Social correcto y de aquello(s) de su(s) nino(s) dependiente(s) en su hogar, como requisito de elegibilidad para Asistencia Medica/Family Health Plus.

Por consiguiente, usted debe proporcionarnos una prueba del/de los numero(s)

correcto(s) de Seguro Social del/de los individuo(s) listado(s) arriba para (fecha), o se le descontinuara Asistencia Medica/Family Health Plus.

Los ejemplos de prueba del numero de Seguro Social incluyen una copia de la tarjeta de Seguro Social, un impreso W-2 o un talon de pago impreso incluyendo el numero de Seguro Social. Si el/los individuo(s) no tiene(n) una tarjeta de Seguro Social o otra prueba del/de los numero(s) correcto(s) de Seguro Social, el/los individuo(s) tendra(n) que obtenerla de la Administracion del Seguro Social. Una copia de la prueba es suficiente. Devuelva esta informacion a su trabajador(a) social al departamento local de servicios sociales, a la direccion escrita en la parte superior de este aviso.

CNS Paragraph Form

Paragraph Number S0009

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We have compared the Social Security number(s) that you provided with information from the Social Security Administration. Based on this comparison, we have determined that you did not give us the correct Social Security number(s) for:

Name

Name

Name

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correcto(s) de Seguro Social del/de los individuo(s) listado(s) arriba para (fecha), o se le denegara Asistencia Medica/Family Health Plus.

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