



3.3.1 Introduction

This chapter describes, in general terms, the functions of the health insurance computer system, MIRTEL (Medicare Information Recorded, Transmitted, Edited and Logged), the HIM (Health Insurance Master) and instructions for preparing input.

3.3.2 MIRTEL

MIRTEL records and maintains health insurance information for all eligible QRRB's and deemed QRRB's both aged and disabled. Records are accreted to the MIRTEL file by manual input (G-810's), mechanical attainment selection and applications adjudicated by RASI. Information in the MIRTEL file is maintained by manual input, premium payment, validation with the CHICO file and information received from SSA in the screening process and state buy-in operation. MIRTEL generates screening records for jurisdictional clearance with SSA, records their reply, generates bills for the collection of SMI premiums or adjusts the monthly benefit to deduct premiums, and transmits record changes to the Health Insurance Master (HIM) in Baltimore.

3.3.3 Contents Of MIRTEL

The MIRTEL file contains a record for all eligible aged and disabled beneficiaries regardless of enrollment or annuity status. The record contains information about the beneficiary's current and prior enrollment status, state buy-in information and activity. Addresses will be maintained only for beneficiaries not entitled to annuity. Those records not containing an address will pick up the address from CHICO when it is required for an activity.

In addition to the record under the RRB claim number, pseudo numbers are set up as a special cross-reference type record. This cross reference record will be set up mechanically whenever a record is established with a pseudo number. The record will be mechanically dropped whenever the primary record is dropped. The cross reference record allows activity from SSA to come in under the pseudo number and be mechanically identified with the RR number and processed.

3.3.4 Microfilm Records

Two different microfilms are produced for the MIRTEL file.

- A. MIRF (MIRTEL Film) is a monthly film of all records on MIRTEL. Included are both active and inactive records. See Exhibit 2 for instructions.



- B. MMAC (Microfilm of MIRTEL Activity) is a weekly record of all activity processed in the MIRTEL file. In addition to the activity the record is shown both before and after being updated. See Exhibit 3 for details.

3.3.5 MIRTEL Input Forms

There are two input forms and the premium payment notices that update or change the MIRTEL file.

- A. Medicare Input, G-810 is the basic input that can be used to set up a record, change fields and generate certain action here in the HIM. See Appendix A for G-810 instructions.
- B. Medicare Input (Short Form), G-811 is an OCR form that requires minimal coding to generate a variety of activities, i.e., rescreening option change, etc. See Appendix B for coding instructions.
- C. Premium Payment Notices, G-800, G-801, G-802, and G-803, are turnaround documents that are used to notify the beneficiary of the amount paid into the MIRTEL record. See RCM Section 3.10 for more information.

3.3.6 Activities

- A. Screening - Screening records are taken into the MIRTEL file from the Retirement Adjudication System - Initial (RASI) operation, attainment selections and manual input (Form G-810, activity code 12). This incoming information is used to set up a MIRTEL record with a pending record status and to send a screening record to SSA for jurisdictional clearance.
- B. Screening Replies from SSA - When the reply is received by MIRTEL, the screening request code (SREQ) is updated. If the reply is valid, the record status is cleared, the MIRTEL record is changed to reflect a new or different HI date of birth or entitlement information, an ID card is released and if appropriate, SMI premium collection initiated.
- C. Rescreening - A record can be rescreened with the information from the existing MIRTEL record by using a G-811, activity code 21. The screening information can be changed by completing any of the optional fields on the G-810, activity code 21. If the record status shows that a screening reply was previously received, the new information will not be reflected in MIRTEL until the rescreening reply is received.



- D. Internal Record Changes - There are few internal record changes that can be made without affecting the HIM. These changes are restricted to premium payment, third party and state buy-in information.
- E. Record Change - All other change activities update the MIRTEL record and generate a universal RIC to change the HIM. These activities fall into several general categories.
1. Option Change - An option change can be made in the IEP or GEP. A withdrawal can be accepted any time to terminate Part B coverage.
 2. Utilization Transfers - Utilization transfer activity codes can be used to establish or change a MIRTEL and send a universal RIC to the HIM to transfer a record and cross refer from one number to another. This can be done from either an SSA or RRB number to an RRB number.
 3. Kill Credits - Kill credits are similar to utilization transfers in that they transfer a record in the HIM from one number to another, but they leave the former number open for a subsequent record.
 4. Terminations - Terminations due to death, cessation of disability or loss of QRRB status are processed in the MIRTEL and conveyed to the HIM. Records terminated due to death or loss of QRRB status are retained in the MIRTEL for 18 months after the terminating event. Records terminated due to cessation of disability are reactivated when the beneficiary attains age 65 or becomes disabled again.
- F. Inquiries - Printouts can be obtained of a MIRTEL record or of a MIRTEL and a matching CHICO record. See Exhibit 4 for instructions on reading the MIRTEL inquiry printout.

3.3.10 Monthly Operations

In addition to the processing done daily in the MIRTEL, certain action is taken monthly to validate and adjust CHICO.

All records on the MIRTEL file and all records on the CHICO file are compared to assure that the two files are consistent in record status and SMI option. When a MIRTEL record with a yes option and no paid through date or one that is current or in the past matches a CHICO record with no deductions, an award is generated to initiate premium deductions. Adjustments are also made to stop SMI deductions on state buy-in accretions or voluntary terminations, if processed timely.



The MIRTEL record is updated to reflect any change in annuity status, i.e., a suspense or termination. Inconsistencies in SMI options or rates will be referred out for manual review. See RCM 3.6 for the handling of monthly referrals.

Changes of address processed in CHICO during the month are noted in MIRTEL and transmitted to the HIM.

3.3.20 Health Insurance Master (HIM)

Although the RRB establishes entitlement, enrolls, collects premiums and maintains a record for all QRRB's and deemed QRRB's, the Social Security Administration in Baltimore maintains the health insurance master (HIM) that permits and records payment of HI-SMI benefits. The HIM contains personal characteristics and utilization data. Data from the HIM may be obtained in two ways.

- A. Teletype Query - Personal data and entitlement information may be obtained through the teletype process using Form G-780b. (See Exhibit 5 for teletype instructions.)
- B. Health Insurance Printout (HIPO) - More complete information from the HIM may be obtained through the use of SSA's Form CO-1607. The printout contains all personal and entitlement data and a utilization history.

Appendices

Appendix A - Medicare Input (G-810)

(Original and one copy)

Use

Use to manually create a health insurance record in MIRTEL and to secure jurisdictional clearance from SSA. HB also uses the G-810 to correct the MIRTEL and health insurance master (HIM) at SSA.

Completion

* Coding of this field is mandatory for all activities.

Item	Entry
* 1	Enter the symbol, prefix and claim number for the beneficiary. In a spouse IPI



Retirement Claims Manual

March 21, 2007

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	or AA-103 case enter MA. For a disabled child enter CA if no RR annuity or SS benefit is in force. If either payments are in force, enter WCA. Enter the symbol W for a widow. Do not use the same symbol for two beneficiaries. If a distinctive symbol is not available or was previously assigned, ask HB to assign a pseudo number	
* 2	Enter the appropriate code as shown below.	
	Code	Use
	12	Establish HI Record and Screen. Creates a MIRTEL record, secures clearance from SSA and when jurisdiction clears, initiates the release of a G-41 (automatic enrollment) or G-43 (regular) ID card and if necessary, initiates premium collection. In addition to the regular mandatory entries, items 8, 11, 12, 19, 22 and 31 must be completed. Items 6, 7, 9, 13, 14, 23, 24, 25 and 26 may be coded if appropriate.
	13	Establish HI Record Only. For HB use only, Creates a MIRTEL record, but does not send any information to SSA. In addition to the regular mandatory entries, items 8, 11, 12, 19, 22 and 31 must be completed. Any other item may be coded if appropriate.
	20	Internal Record Change. For HB use only. Makes limited record changes without sending the information to SSA. To be used primarily to record stat buy-in information and to remove a termination prior to the termination date. In addition to the regular mandatory entries, items 6, 12, 13, 14, 15, 16, 17, 18, 20, 22, 23, 25, 26, 27, 28 and 29 may be completed depending on the changes being made.
	21	Internal Record Change and Rescreen. For HB use only. Makes limited record changes and sends a new screening record to SSA. In addition to the regular mandatory entries, items 6, 7, 8, 9, 11, 12, 13, 14, 19, 22, 23, 24, 25, 26, and 31 may be completed depending on the changes being made.
	22	Internal Record Change and Universal RIC. Makes internal record changes and sends a universal RIC to SSA. In addition to the regular mandatory entries, all items except 7, 8, and 9 may be coded depending on the changes being made. To change the name, address, date of birth, name and address or address and date of birth, item 31 must be completed. To change the address or date of birth, the name entered in item 31 must exactly match the name on the MIRTEL master record. To change the name on the HI record, the



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		date of birth must match the master exactly. In the case of a name change, item 22 should be completed to issue a new HI I.D. card. Changes in the date of birth which would affect the date of entitlement to Medicare should only be done by HIO personnel.
	31	Establish Record and Transfer Utilization SSA to RRB. For HB use only. Establishes a MIRTEL record and sends a Universal RIC to transfer utilization from an SSA number to an RRB number. In addition to the regular mandatory entries, items 8, 9, 11, 12, 19, 22 and 31 must be completed. Items 6, 7, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26, 27 and 28 may be coded if applicable.
	32	Internal Record Change and Utilization Transfer SSA to RRB. For HB use only. Makes internal record changes and sends a Universal RIC to transfer utilization from an SSA number to an RRB number. In addition to the regular mandatory entries, item 9 must be completed. All other items except 7, and 8 may be completed.
	33	Establish Record and Transfer Utilization RRB to RRB. For HB use only. Establishes a MIRTEL record and sends a Universal RIC to transfer utilization from one R number to another. In addition to the regular mandatory entries, items 8, 9, 11, 12, 19, 22 and 31 must be completed. Items 6, 7, 13, 14, 15, 16, 17, 18, 23, 24, 25, 26, 27, and 28 may be coded if applicable.
	34	Internal Record Change and Utilization Transfer RRB to RRB. For HB use only. Makes internal record changes and sends a universal RIC to transfer utilization from one RRB number to another. In addition to the regular mandatory entries, item 9 must be completed. All other items except 7 and 8 may be completed.
* 3	Enter the appropriate beneficiary code as shown below:	
	Code	Use
	01	Employee, age 65
	11	Employee, disabled
	21	Employee, previously disabled not 65
	02	Spouse, age 65



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	12	Spouse, disabled
	22	Spouse, previously disabled now 65
	03	Widow, age 65
	13	Widow, disabled
	23	Widow, previously disabled now 65
	04	Survivor child age 65
	14	Survivor child disabled
	24	Survivor child, previously disabled now 65
	05	Parent age 65
	06	IPI, age 65
	16	IPI, disabled
	26	IPI, previously disabled now 65
* 4	Enter the appropriate sex code, M-Male, F-Female.	
* 5	Enter the beneficiary's date of birth that was used to pay benefits.	
* 5a	Enter the beneficiary's date of birth that was used to establish entitlement to HI. If it is the same as the DOB in item 5, reenter it in item 5a.	
	NOTE: This date of birth is used to match an existing MIRTEL record therefore, if you are changing this date you must also enter the name and address.	
6	Enter the beneficiary's pseudo number, if applicable. If the pseudo number is a six digit number, enter zeros in the first three boxes.	
7	Enter the beneficiary's own SSA number for all beneficiaries other than an employee. If no SSA number or the entry in item 2 is code 22, leave blank.	
8	Enter the RR employee's SSA number. If the employee did not have an SSA number enter 999 99 9999. If the entry in item 2 is code 22, leave blank.	



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9	Enter the beneficiary's SSA claim number and suffix, even if it is the same number that was entered in item 7 or 8. If the entry in item 2 is code 22, leave blank.
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* 10		
	Code	Enter the appropriate record status code as shown below:
	01	Annuity Application Filed - Jurisdiction Pending. Use to screen a case in which the annuity is in pay status or is pending.
	02	No Annuity Application Filed - Jurisdiction Pending. Use to screen a case in which an AA-101 or AA-103 was filed.
	03	Annuity in Suspense (Year-End Billing) - Jurisdiction Pending. Use to screen a case in which the annuity is in suspense for other than return to LPS or excess earnings.
	04	Annuity in Suspense (Quarterly Billing) - Jurisdiction Pending. Use to screen a case in which the annuity is in suspense and quarterly billing is required, i.e. annuity is in suspense because of excess earnings or return to LPS.
	05	Attainment - Jurisdiction Pending. Use to manually screen an attainment case in which a G-41 is required.
	11	Annuity Application Filed - Jurisdiction Cleared - No Deduction Required. For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when the annuity is in pay status and no premium deductions are required because of a SMI option of 2, 3, 4, 6 or 8.
	12	No Annuity Application Filed - Jurisdiction Cleared. No Billing Required. For HB use 22, 31, 32, 33, and 34 when an AA-101 or AA-103 has been filed and no billing is required because of a SMI option of 2, 3, 4, 6 or 8.
	13	Annuity in Suspense - Jurisdiction Cleared. No Billing Required. For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when the annuity is in suspense and no billing is required because of a SMI option of 2, 3, 4, 6 or 8.



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21	Annuity Application Filed - Jurisdiction Cleared - To be Adjusted. For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when the annuity is in pay status or the annuity application is pending and deductions are required because of a SMI option of 1, 5, A, B, or C.
22	Medicare Only Application Filed or Annuity in CPS Without Sufficient Funds to make Deductions - Jurisdiction Cleared - Direct Billing Required - For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when billing is required because of a SMI option of 1, 5, A, B, or C.
23	Annuity in Suspense - Jurisdiction Cleared - Year-End Billing Required. For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when the annuity is in suspense and year-end billing is required because of a SMI option of 1, 5, A, B, or C.
24	Annuity in Suspense - Jurisdiction Cleared - Quarterly Billing Required. For HB use only. Use with activity codes 13, 20, 21, 22, 31, 32, 33 and 34 when the annuity is in suspense for excess earnings or return to LPS and quarterly billing is required because of a SMI option of 1, 5, A, B, or C.
1	Annuity in Force With Premium Deductions - Note: Enter record status "21" on G-810 when MIRTEL Master shows record status "31" (follow instructions for status "21").
90	Cessation of Disability - For HB use only. Use with activity codes 13, 22, 31, 32, 33 and 34 when the beneficiary's Medicare coverage has terminated because of cessation of disability.
99	Death - For HB use only. Use with activity codes 13, 22, 31, 32, 33 and 34 when the beneficiary is deceased.
11	Enter the correct SMI option filing date. The date must be in the beneficiary's initial enrollment period or a general enrollment period. Show a deemed GEP election as January of the following year. For enrollment requests filed from April 1, 1981 through September 30, 1981, enter the actual filing date in this item. That period is considered a valid general enrollment period. Do not complete this item when using activity code 20.
12	Enter the applicable SMI option code as shown below:



Retirement Claims Manual

March 21, 2007

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	Code	Use
	1	1st Enrollment
	2	No Response
	3	Refusal
	4	1st Termination
	5	2nd Enrollment
		3rd or Subsequent Enrollment (with "OMN" entered in item 30)
	6	2nd Termination
	7	Reserved
	8	State Buy-In
	9	Dual Annuitant
	A	First Enrollment - Good Cause
	B	Second Enrollment - Good Cause
	C	Third or Subsequent Enrollment - Good Cause
		NOTE: To process a third or subsequent enrollment, special coding is necessary.
		If <u>no</u> MIRTEL record appears on the MIRF tape.
		1) Prepare G-810, activity code 13. Enter "5" in item 12. Enter correct SMI premium rate in item 14. (Consult RCM 3.7.3.) Enter "OMN" in item 30. - WAIT 3 DAYS
		2) Prepare G-811, activity code 22 to forward information to HIM at SSA.
		If a MIRTEL record appears on the MIRF tape, regardless of status.
		1) Prepare G-811, activity code 05 to drop the existing record. -



Retirement Claims Manual

March 21, 2007

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	WAIT 3 DAYS
	2) Prepare G-810, activity code 13. Enter "5" in item 12. Enter correct SMI premium rate in item 14. (Consult RCM 3.7.3.) Enter "OMN" in item 30. - WAIT 3 DAYS
	3) Prepare G-811, activity code 22 to forward information to HIM at SSA.
13	Enter the SMI effective date whenever the SMI option is 1, 5, 8 or A. With SMI option 4 or 6 enter the SMI effective date from the terminated period.
14	Enter the SMI premium rate if the SMI option is 1, 5, 8 or A. With SMI option 4 or 6 enter the last premium that was in effect for the terminated period. See RCM 3.7.3 for computation of penalty premium rates.
15	Enter the paid through date, if applicable with activity codes 13, 20, 21, 22, 31, 32, 33 and 34.
16	Enter the excess premium amount, if applicable with activity codes 13, 20, 21, 22, 31, 32, 33 and 34. If the excess premium amount is less than \$10.00, leave the first box blank. With activity codes 20 and 22 the excess premium may be removed from the master by entering XXXX in this item.
17	Enter the SMI termination date with SMI options 4 and 6. Enter the termination date due to cessation of disability with record status 90 and any option. A future SMI termination date may be removed by entering XXXX in this item on activity code 20 or 22. Any termination date may be removed by entering XXXX on activity code 22 if the SMI option does not change, i.e., removing a termination due to recovery from disability.
18	Enter the appropriate delinquency date to generate billing when the record status is 22, 23 or 24.
19	Enter the HI effective date. In age 65 cases, this date must not be earlier than the month of attainment of age 65 or one year before the application filing date, whichever is later. (Determine the effective date for disabled beneficiaries in accordance with RCM 3.2.)
20	Enter the appropriate HI termination date to indicate termination due to cessation of disability. (The date should be the last month of entitlement.) A future HI termination date may be removed from the master by entering XXXX in this field on activity code 20. A current or prior termination date may be



Retirement Claims Manual

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	removed by entering XXXX on activity code 22.
21	Enter the date of death when applicable with activity codes 13 and 22. The date of death may be removed from the master by entering XXXX in this item on activity code 22.

22	Enter the applicable ID issue code as shown below:	
	Code	Use
	1	G-41 Required. Will release a G-41 enrollment for attainments.
	2	G-43 Required. Will release a G-43 for either Part A only or Parts A and B with activity code 12. HB can also use with other activity codes to generate an ID card.
	3	G-41 Released. For HB use when a G-41 has previously been released.
	4	G-43, Part A Released. For HB use when a Part A only ID card has previously been released.
	5	G-43, Part A and B Released. For HB use when an ID card for parts A and B has previously been released.
23	Enter the appropriate payee code if the beneficiary is in pay status or suspense.	
24	Enter the appropriate representative payee code, if applicable.	
25	Enter the appropriate annuity beginning date, if applicable.	
26	Enter the first full month and year of disability, if applicable.	
27	If the SMI option is 8, enter the latest state buy-in accretion date, when applicable, with activity codes 13, 20, 22, 31, 32, 33 and 34.	
28	Enter the latest state buy-in deletion date, if applicable, with activity codes 13, 20, 22, 31, 32, 33 and 34.	
29	Enter the appropriate third party code, if applicable, with activity codes 13, 20, 22, 32 and 34.	



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*30	Enter the initials and/or number of the unit submitting the G-810.
31	Enter the name and address of the payee, including a representative payee, in the usual manner. (See RCM 8.1, Appendix D.) In completing this section for an individual with a representative payee, show the name of the payee on the first line and " For (beneficiary's name)" on the second line. The work "For" <u>must</u> be placed at the beginning of a line. (Be sure that Item 24 is completed if a representative payee is entered in Item 31.)
	Sign and date the form in the space provided.

Disposition

Release the original G-810 to a central desk in the unit for forwarding to the keypunch section. File the duplicate on the right side of the folder.

Appendix B - Medicare Input Short Form (G-811)

Original and one copy

Use

Use to take the following actions:

To terminate a MIRTEL record because of death, cessation of disability or loss of QRRB status.

To prevent year end billing when:

(a) The annuity is being withheld to recover an overpayment. Do not submit the G-811 until after the G-96 is processed.

(b) An annuity is reinstated at the end of the year (after December G-96 cutoff).

To obtain an informational printout of the MIRTEL record.

It is also used by MS to drop, change or correct records on MIRTEL, update the HIM, rescreen and obtain informational printout of MIRTEL and CHICO records.

Completion



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Item	Entry	
1	Enter the beneficiary symbol, if any, and the prefix by entering an "X" in the appropriate handprint box.	
2	Enter the claim number. In six-digit claim number cases, begin handprinting in the last six boxes (just below the green shading). In terminal-digit claim number cases, begin handprinting in the first box.	
3	Enter the appropriate activity code as shown below:	
	Code	Use
	05	Drop MIRTEL Record. For HB use only. Will drop an internal record when a record was established incorrectly, i.e., when a pseudo number is required. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if there is a pseudo number involved, and 10.
	06	Drop MIRTEL Record and Universal RIC. For HB use only. Will drop an internal record and send a universal RIC conveying one of the following messages:
		1) To delete the entire HIM record when a record was set up erroneously
		Entries are required in items 1, 2, 3, 4, 5, 6, 7 if there is a pseudo number involved, and 10.
		or
		2) To drop a record from the HIM while leaving a valid period of entitlement intact
		Entries are required in items 1, 2, 3, 4, 5, 6, 7 if there is a pseudo number involved, 8 and 10. Enter "9" as the event code in item 9. The event date is the date coverage should have terminated. (The event date in this case cannot be in the future.)
	21	Rescreen. For HB use only. Will generate a new screening record from the information on MIRTEL. If an SSA number is entered in item 9, a screening record will be sent on that number. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, and 10. Item 9 may be coded.



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22	Universal RIC. For HB use only. Will generate a universal RIC from the information on MIRTEL. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, and 10.
23	Withdrawal. For HB use only. Will calculate the termination date on MIRTEL record, stop SMI premium deduction and send a universal RIC to SSA. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 3), and 10.
24	Withdrawal after SBI Deletion. For HB use only. Will enter the termination date on MIRTEL and send a universal RIC to SSA. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 4), and 10.
25	Option Change. With event codes 1 and 2 will change an option in the initial enrollment period; with event code 5 will enter a yes option and effective date based on good cause; or with the event code 8 will change the record to dual annuitant. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 1, 2, or 5).
26	Reverse Termination. For HB use only. Will remove the termination information from both MIRTEL and the HIM. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, and 10.
27	GEP Enrollment. Will process either an actual or deemed enrollment GEP. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 1 or 2), and 10.
30	Transfer Utilization from SSA to RRB. For HB use only. Will send a universal RIC to SSA to cross refer and transfer utilization from an SSA number to an RRB number. Will not change MIRTEL. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 9, and 10.
32	Clear Jurisdiction and Transfer Utilization from SSA to RRB. For HB use only. Will change the record status to show a cleared jurisdiction and will send a universal RIC to SSA to cross refer and transfer utilization from an SSA number to an RRB number. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 9, and 10.



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34	Clear Jurisdiction and Transfer Utilization from one RRB number to another. For HB use only. Will change the record status if it is pending and will send a universal RIC to cross-refer and transfer utilization from one RRB number to another RRB number. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 9, and 10.
35	Kill Credit from one RRB to another. For HB use only. Will send a universal RIC to SSA to transfer utilization from one RRB to another RRB number and will leave the first number open for a subsequent record. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 9, and 10.
36	Kill Credit from SSA to RRB. For HB use only. Will send a universal RIC to SSA to transfer utilization from an SSA number to an RRB number and will leave the SSA number open for a subsequent record. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 9, and 10.
50	Death - Will terminate the MIRTEL record and send a universal RIC conveying the date of death to SSA. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 6), and 10.
51	Cessation of DIB - Will terminate the MIRTEL record and send a universal RIC conveying the Part A and B termination dates resulting from cessation of disability. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved, 8 (should be coded 7), and 10.
52	Loss of QRRB Status. Will make the MIRTEL record inactive and will send a universal RIC advising SSA to expect a transfer from that number. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.
60	Manual Award - Stop Billing: Will change the record status to show that an annuity is being paid and will prevent the release of subsequent bills. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.
61	Prevent Year - End Billing. Will prevent the release of the year-end bill when the annuity is being withheld through the end of the year to recover an overpayment. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.



Retirement Claims Manual
March 21, 2007

U.S. Railroad Retirement Board
 844 North Rush Street
 Chicago Illinois, 60611-2092

Phone: (312) 751-7139
 TTY: (312) 751-4701
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	62	Release ID Card. Will release a duplicate G-43 ID Card based on the information in the MIRTEL record. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.
	98	Combined CHICO. MIRTEL Inquiry. Will provide a printout of the CHICO and MIRTEL records. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.
	99	Inquiry. Provide a printout of the MIRTEL record. Entries are required in items 1, 2, 3, 4, 5, 6, 7 if a pseudo number is involved and 10.
		NOTE: To obtain a printout of the entire family group, enter a beneficiary symbol and type beneficiary that does not appear on the MIRTEL file, i.e., MIRTEL has records for an A, MA and CA enter "PA" and type beneficiary "05" on the G-811.
4	Enter the appropriate beneficiary code as shown below:	
	Code	Use
	01	Employee, age 65
	11	Employee, disabled
	21	Employee, previously disabled now 65
	02	Spouse, age 65
	12	Spouse, disabled
	22	Spouse, previously disabled now 65
	03	Widow, age 65
	13	Widow, disabled
	23	Widow, previous disabled now 65
	04	Survivor child, age 65
	14	Survivor child disabled
	24	Survivor child, disabled now 65



Retirement Claims Manual
March 21, 2007

U.S. Railroad Retirement Board
 844 North Rush Street
 Chicago Illinois, 60611-2092

Phone: (312) 751-7139
 TTY: (312) 751-4701
 Web: <http://www.rrb.gov>

	05	Parent, age 65
	06	IPI, age 65
	16	IPI, disabled
	26	IPI, previously disabled now 65

5	Enter the beneficiary's date of birth that was used to establish entitlement to HI.	
6	Enter the appropriate sex code, 1 - Male, 2 - Female.	
7	If applicable enter the beneficiary's pseudo number. If it is a six digit number enter zero in the first three boxes.	
8	Enter the appropriate event code and date as shown below:	
	Code	Use
	1	Yes Option. Use with Activity codes 25 and 27. With activity code 25 enter a filing date within the beneficiary's initial enrollment period. With activity code 27 enter a filing date within a general enrollment period. For a deemed GEP election enter March (03) of the following year. The system will calculate the correct effective date and premium rate.
	2	No Option. Use with the activity codes 25 and 27. With activity code 25 enter a filing date within the beneficiary's initial enrollment period.
	3	Withdrawal. Use with activity code 23 to terminate a beneficiary's SMI coverage. With activity code 27 enter a filing date within a general enrollment period.
	4	Withdrawal after SBI. Use with activity code 24 when a beneficiary requests withdrawal within three months after SBI deletion. Enter the correct termination date.
	5	Good Cause. Use with activity code 25 when a beneficiary's initial enrollment was delayed. Enter the SMI effective date. The system will enter the basic premium rate.
	6	Death. Use with activity code 50 to enter the date of death on MIRTEL



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

		and the HIM for a non-annuitant. Can also be used to change the date of death on MIRTEL and the HIM. Enter the date of death.
	7	Cessation of DIB. Use with activity code 51 to terminate a beneficiary's Medicare coverage when he recovers from disability. Enter the date the Medicare coverage should terminate. The date cannot be more than one month prior to the Part A effective date.
	8	Dual Annuitant. Use with activity code 25 to enter a SMI option 9 on the MIRTEL record. Enter the current date.
	8	Former Number. Use with activity code 21 to screen on a new SSA number. Use with activity codes 30, 32, 34, 35 and 36 to transfer utilization either as a cross-reference or kill credit action. With activity codes 30, 32 and 36 enter the SSA number and suffix. Start the entry in the first box on the left, and convert the suffix to the appropriate numeric code. If the suffix is a single letter, enter the code in the first two boxes after the number, leave the last two boxes blank. If the suffix consists of a letter and a number, show the code for the letter in the usual place and enter the number in the following box; leave the last box blank. If the suffix consist of two letters, convert each to the appropriate codes and enter them in the last four boxes.
		With activity codes 34 and 35 enter the former or erroneous RRB number. Enter the number in the first nine boxes. If the number is six digits or less, enter zeros in the first boxes. A pseudo number may be entered in this item. Convert the symbol and prefix to the appropriate numeric BIC as shown on the form. Enter this code in the two boxes following the number. Leave the last two boxes blank.
	10	Unit Designation. Enter the numeric codes for the unit preparing the form.
	11	Reserved.
		Sign and date the form in the space provided.

Disposition

Release the original G-811 to a central desk in the unit for forwarding through HB to the computer room. File the duplicate on the right side of the folder.



Appendix C - Preparation Of SSA/CMS Forms

Certain actions can be taken only through the use of manual SSA/CMS forms, i.e., reactivating a skeleton record, changing data in the history field.

On all SSA/CMS forms, the RRB claim number must be converted to an eleven (11) digit number with a numeric equivalent for the symbol and prefix at the end of the number. The first digit of the number must be converted as follows:

0 = {

1 = A

2 = B

3 = C

4 = D

5 = E

7 = G

Our prefix and symbols convert as follows:

A = 10

H = 80

MA = 14

WA = 16

WD = 46

WH = 86

WCA = 13



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

WCD = 43

WCH = 83

CA = 17

PA = 15

PD - 45

PH = 85

JA = 11

EXAMPLE: A713-01-6295 WOULD BE G13-01-6295-10

Always slash the number zero (0) except on Form HCFA-1365.

The date of birth, when required, must always be a six position numeric date.

When surname is required, enter up to six positions.

- A. Form SSA-1364 - Request for Adjustment of HI Entitlement is used to correct selected fields on the Master Identification record. These fields are: current Part A entitlement, current Part A termination, current Part A option, current or prior Part B entitlement, current or prior Part B termination, current or prior Part B option, and the date of death.

If it is necessary to correct both the prior and current record, prepare an SSA-1364 for the prior entitlement first. Control the case until the corrected record is returned. At this time, prepare another form to correct the current record.

Completion

*Item must be completed or form will be returned to examiner for completion.

Item

- *1. Claim Number

Enter converted RRB claim number



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

*2. Surname

Enter first six letters of beneficiary's last name.

*3. First Initial

Enter the first initial of the beneficiary's first name.

*4. Sex

Enter the appropriate sex code, M - male or F - female.

*5. Date of Birth (MMDDYY)

a. Month - enter a two position numeric in columns 20-21. The month must be between 01 and 12.

b. Day - enter a two position numeric in columns 22-23. The day must be between 00 and 31 and be consistent with the possible number of days in a given month. If day of birth is unknown, use 15.

c. Year - enter a two position numeric date to correct or enter a Part A entitlement date on the Master Identification record.

6. Part A Entitlement (MMYY)

a. Enter a four position numeric date to correct or enter a Part A entitlement date on the Master Identification record.

b. Enter **** (four asterisks) to remove Part A entitlement date or to indicate no entitlement.

Note: If an entry is made in this item also complete items 7, 8, and 9.

Note: Part A Entitlement date can not be changed if there is a Part A third Party Code in Master Identification record (the code will be other than zero).

7. Part A Termination (Date - MMY)

a. Enter a four position numeric date in order to correct or insert a Part A termination date in the Master Identification record.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

- b. Enter **** (four asterisks) to remove Part A termination date from the Master Identification record or to indicate no termination.
- c. Enter XXXX (four X's) to disable Part A coverage which was established erroneously.

Note: If an entry is made in this item also complete items 6, 8, and 9.

Note: The Part A Termination item cannot be changed if the Part A Third Party Code in the Master Identification record indicates third party buy-in (the code will be other than zero).

8. Part A Option Code

- a. Enter one of the following one position alphabetic codes which describes the beneficiary's Part A status:

C - Cessation of disability

D - Denied

E - Automatic enrollment - no premium necessary

F - Terminated or voided; invalid enrollment

G - Good cause

H - Not eligible for Part A

R - Refused

S - Terminated; no longer entitlement under CRD provision

T - Non-payment termination

W - Withdrawal

X - Free Part A entitlement terminated

Y - Yes, premium is payable

Note: If the option code is C or S, the Part B Option Code item must contain a consistent entry.



Retirement Claims Manual
March 21, 2007

U.S. Railroad Retirement Board
 844 North Rush Street
 Chicago Illinois, 60611-2092

Phone: (312) 751-7139
 TTY: (312) 751-4701
 Web: <http://www.rrb.gov>

- b. If an entry is made in this item, also complete items 6, 7, and 9. The following chart illustrates allowable entries for the Part A Entitlement and Part A Termination items to be used in conjunction with the one-position alphabetic option codes:

PART A ENTITLEMENT				PART A TERMINATION			
FIELD		FIELD		FIELD		FIELD	
OPTION		OPTION		OPTION		OPTION	
CODE	DATE	ASTERISKS	X's	DATE	ASTERISKS	X's	
C	X		X				
D		X				X	
E	X			X			OR X
F	X		X				
OR F		X				X	
G	X			X			OR X
H	X					X	
OR H		X				X	
P	FOR DBPS ONLY - RRB JURISDICTION						
R		X				X	
S	X		X				
T	X		X				
W	X		X				
X	X		X				
Y	X			X			OR X



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

9. Part A Period of Entitlement

- a. Enter code "C" to designate current period.
- b. Enter code "P" to designate prior period.

Note: If an entry is made in this item, also complete items 6, 7, and 8.

10. Part B Entitlement (Date - MMY)

- a. Enter a four position numeric date to correct or insert the Part B entitlement date in the Master Identification record.
- b. Enter **** (four asterisks) to remove Part B entitlement date from the Master Identification record or to indicate no entitlement.

Note: If an entry is made in this item, also complete items 11, 12, and 13.

Note: The Part B Entitlement Date item cannot be changed to a later (adverse) date if either the Part A or Part B Third Party Code in Master Identification record indicates third party buy-in (the code will be other than zero).

11. Part B Termination (Date - MMY)

- a. Enter a four position numeric date in order to correct or insert a Part B termination date in the Master Identification record.
- b. Enter **** (four asterisks) to remove Part B termination date from the Master Identification record or to indicate no termination.
- c. Enter XXXX (four X's) to disable Part B coverage which was established erroneously.

Note: If an entry is made in this item, also complete items 10, 12, and 13.

Note: The Part B Termination item cannot be changed if either the Part A or Part B Third Party Code in the Master Identification record indicates third party buy-in (the code will be other than zero).



12. Part B Option Code

- a. Enter one of the following one position alphabetic codes which describes the beneficiary's Part B status:

C - Cessation of disability

D - Denied

F - Terminated; invalid enrollment

N - No response to enrollment form

R - Refused Part B

S - Terminated; no longer entitlement under CRD provision

T - Terminated for non-payment of premiums

W - Withdrawal

Y - Yes, premium is payable

Note: If the option code is C or S, the Part A Option Code item must contain a consistent entry.

- b. If an entry is made in this item, also complete items 10, 11, and 13. The following chart illustrates allowable entries for the Part A Entitlement and Part A Termination items to be used in conjunction with the one-position alphabetic option codes:

PART B ENTITLEMENT				PART B TERMINATION			
FIELD		FIELD		FIELD		FIELD	
OPTION		OPTION		OPTION		OPTION	
CODE	DATE	ASTERISKS	X's	CODE	DATE	ASTERISKS	X's
C	X		X				
D		X					X



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

F	X		X	
G	X			X
N		X		X
P	FOR DBPS ONLY - RRB JURISDICTION			
R		X		X
S	X		X	
T	X		X	
W	X		X	
Y	X			X OR X

13. Part B Period of Entitlement

- a. Enter code "C" to designate current period.
- b. Enter code "P" to designate prior period.

Note: If an entry is made in this item, also complete items 10, 11, and 12.

14. Previous BIC

Leave this item blank.

15. Date of Death (MMDDYY)

- a. Enter a six position numeric date in order to correct or insert the date of death in the Master Identification record.

- 1. Month - either a two position numeric in columns 48-49. The month must be between 01 and 12.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

2. Day - enter a two position numeric in columns 50-51. The day must be between 00 and 31 and be consistent with the possible number of days in a given month. A day of 00 should be entered when the actual day of death is unknown.
3. Year - enter a two position numeric in columns 52-53.
 - b. Enter ***** (six asterisks) to remove an incorrect date of death.
16. Remarks
Leave this item blank.
17. Prevent HI Card
Enter a "T" to suppress issuance of an HI card.
- *18. Sequence
 - a. The sequence number determines the order in which multiple transactions will be applied to the Master Identification record.
 - b. If corrections are being made to only one period of entitlement, make all the entries in the columns on the left hand side of the form. Sequence code "1" is preprinted in column 74 to accommodate these entries.
 - c. If corrections are being made to both the current and prior periods of entitlement:
 1. Make all entries for the current period on the left hand side of the form.
 - Code "C" must be present in the Part B Period of Entitlement item. Refer to item 13 instructions.
 - Sequence code "1" is preprinted in column 74 to accommodate these entries.
- *19. Requestor's Identification
Enter "02RR".
- *20. Record Identification



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

Code "/" is preprinted on the form.

Sign and date the form in the space provided.

SSA-1364 TRANSACTION CONFIRMATION

1. A Health Insurance Printout (HIPO) is electronically generated and is delivered to the individual who initiated the action to adjust HI entitlement as soon as final disposition is made of the transaction.
 2. If the transaction is accepted, the HIPO will display the legend PROCESSED 1364 10.
 3. If the transaction is alerted by the HDHIDUP program, the HIPO will display the legend PROCESSED 1364 followed by a two position alpha numeric disposition code. Refer to RCM 3.3 Appendix D (PM 7107, Chapter 26), for a description of the HDHIDUP disposition codes.
 4. If the transaction is rejected by the HMERMA program the HIPO will display the legend REJECTED 1364 followed by a two position alphabetic disposition code. Refer to RCM 3.3 Appendix D (PM 7107, Chapter 26), for a description of the HMERMA disposition codes.
 5. If the transaction is rejected by the HDHIDUP program the HIPO will display the legend REJECTED 1364 followed by a two position alpha numeric disposition code. Refer to RCM 3.3 Appendix D (PM 7107, Chapter 26), for a description of the HDHIDUP disposition codes.
 6. The HIPO which is generated to confirm the transaction will display the master record (Master Identification record including Master Part A, Master Part B, and control records; the Cross-reference, Kill Credit; Skeleton; or RRB Flag record) which is present on the master file. If no master record is present, the word NIF will appear.
- B. Form HCFA-1365, Request for Preparation of HIB Part B Query is used to retrieve a skeleton record from the inactive portion of the HIM and enter it on the active portion of the HIM. The use of this form is restricted to MS unit supervisor and GS-9 Claims Specialists.

This form must be followed by a fully coded RIC B to enter a complete record on the HIM; or by a HCFA-1364 to correct an erroneous date of death on the HIM.

Completion



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

For this form only the letter "O" (0) not the number zero should be slashed (keypunching will not be done at RRB).

Required Entries

Items 1, 2, 3, 4, 5, 6, 7, 15 and 16.

Item

1 - Enter the nine digit converted RRB claim number followed by the two digit converted RRB prefix/symbol.

2 - Enter K in column 13.

3 - Enter up to six positions of the beneficiary's last name. (Slash the letter "o").

4 - Enter the first initial of the beneficiary's first name.

5 - Enter "M" for male, "F" for female.

6 - Enter a six position numeric date of birth.

7 - Enter "10071".

15 - Enter "STATUS".

16 - Enter "02RR".

Sign your name, RRB, MS, and the date in the space provided.

- C. Form SSA-1664, Request for Name/Sex Correction of HI Master Record is used to change a name and/or sex code.

Completion

Follow the instructions on the form. In item 6, Requester's Identity enter "02RR".

1. A Health Insurance Printout (HIPO) is electronically generated and is delivered to the individual who initiated the name/sex correction record as soon as final disposition is made of the transaction.
2. If the transaction is accepted, the HIPO will display one of the following legends:

PROCESSED NAME CHANGE 10



PROCESSED SEX CHANGE 10

PROCESSED NAME/SEX CHANGE 10

3. If the transaction is alerted by the HDHIDUP program, the HIPO will display one of the following legends:

PROCESSED NAME CHANGE

PROCESSED SEX CHANGE

PROCESSED NAME/SEX CHANGE

The legend will be followed by a two position alpha numeric disposition code. Refer to PM 7107, Chapter 26, for a description of the HDHIDUP disposition codes.

4. If the transaction is rejected by the HMERMA program, the HIPO will display one of the following legends:

REJECTED NAME CHANGE

REJECTED SEX CHANGE

REJECTED NAME/SEX CHANGE

The legend will be followed by a two position alphabetic disposition code. Refer to PM 7107, Chapter 26, for a description of the HMERMA disposition code.

5. If the transaction is rejected by the HDHIDUP program, the HIPO will display one of the following legends:

REJECTED NAME CHANGE

REJECTED SEX CHANGE

REJECTED NAME/SEX CHANGE

The legend will be followed by a two position alpha numeric disposition code. Refer to RCM 3.3 Appendix D (PM 7107, Chapter 26, for a description of the HDHIDUP disposition codes.

6. The HIPO which is generated to confirm the transaction will display the master record (Master Identification record including Master Part A, Master Part B, and control records; the Cross-reference, Kill Credit;



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

Skeleton; or RRB Flag record) which is present on the master file. If no master record is present, the word NIF will appear.

- D. Form HCFA-1605 - MBR - BCM Printout Request is used to request a Master Benefit Record (MBR) Printout for a Social Security claim number.

Completion

Enter only the nine digit Social Security claim number(s). All other items should be blank.

- E. Form HCFA-1607 - Health Insurance Locator Cards is used to request a Health Insurance Printout (HIPO) for an RRB or Social Security claim number.

Completion

Enter only the 11 character Social Security or converted RRB claim number and BIC code. All other items should be blank. Leave BIC blank if you want all beneficiaries on a claim number.

example:

+

RRB claim number A O13-O1-6295 would be 013-01-6295-10.

Social Security claim number 316-O1-5566 B3 would be 316-01-5566 B3.

Transaction Confirmation

1. A Health Insurance Printout (HIPO) is electronically generated and delivered to the individual who requested the HIPO as soon as a final disposition is made of the transaction.
2. If the transaction matches a master record without qualification, the HIPO will display the master record which will be one of the following:
 - the Master Identification record, including Master Part A, Master Part A, and control records;
 - the Kill Credit record;
 - the Cross Reference record;



- the Skeleton record; or
 - the RRB Flag record.
3. If the transaction fails to match a master record, the HIPO will display the legend NIF.
 4. If the transaction matches a family blockage/freeze record, the HIPO will display the legend BLCK/FRZ.
 5. If the transaction is rejected by the HMERMA program, the HIPO will display the legend REJECTED HIPO REQ followed by a two position alphabetic disposition code.

Appendix D - HCFA PM 7107 chapter 26, HIM Record Codes

Health Insurance Master Record Approval/Alert/Exception Codes

A. HMERMA CODES

This list contains all HMERMA alerts and exception that may require clerical investigation. Some of the exceptions and alerts are from clerical input data and others are from intermediary, carrier and RRB input records.

1. ALERT CODES

CODE	INVALID FIELD
AB	Beneficiary name contains other than alpha characters or blanks or is improperly structured
AC	First Line of Address Code
AD	Last Line of Address Code
AE	Sex Code
AF	BIC is inconsistent with sex
AG	Future withdrawal/termination date
AH	Program Service Center



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

AL	HI Card Code
AN	CN and XREF CN Same
AO	Change in Age/SOBER force indicator
AP	Prior Part A option code
AQ	Change in Part A/Part B indicator
AR	First part A entitlement date
AS	Date of disability benefits cessation
AT	Prior Part A option of C with invalid Prior Date of Entitlement to Part A
AU	Prior Part A option of S with invalid Prior Part A Entitlement
AV	Prior Part B option code
AW	First Part B entitlement date
AX	Date of death present with no LAF code of X1 or T1
AY	Part B refusal date
AZ	Date of suspension or termination

2. EXCEPTION CODES

CODE	INVALID FIELD
CA	Record Identification Code
CB	Requester's Identification is not present
CC	Freeze Indicator (Action Code) is invalid or it is associated with an invalid Requester's Identification Code
CD	Sex Code or Race Code



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

CE	HI Card Code
CF	State Code
CG	County Code
CH	Message area is blank
CI	lock number
CJ	Beneficiary name contains other than alpha characters or blanks or is improperly structured
CK	Part B Third Party Code
CL	Last Action Date
CM	Update Month Indicator
CN	Transaction Code or Type of Action Code
CO	Entitlement Period Code or Kill Credit Code is invalid or is not consistent with other fields in the transaction
CP	Expense Date First Nine Months
CQ	Control Code or Source Code
CR	Master Pending Date and Counter
CS	Reject Code
CT	Reinstate Code is invalid or is not in proper relationship to other fields in the record
CU	Year to be Adjusted field is missing or is invalid
CV	Home Health Visits Remaining
CW	Part B Blood Deductible
CX	Medical Expense



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

CY	Psychiatric Charge
CZ	Fourth Quarter Expense
EA	Claim Number
EB	Beneficiary Identification Code
EC	BIC and Sex Code are inconsistent
ED	Date of Birth
EE	Part A Entitlement Date
EF	Part A Entitlement Date is not consistent with other fields in the transaction
EG	Part B Option is invalid or is not consistent with the Type of Action Code
EH	Part B Entitlement Date
EI	Part B Entitlement Date is not consistent with other fields in the transaction
EJ	Part B Termination Date
EK	First Part B Termination Date is not consistent with other fields in the transaction
EL	Premium Billing Buy-in Code
EM	Delete Premium Billing Buy-in Code
EN	Effective Date
EO	Accretion Date
EP	Action Date or Date Record Created
EQ	Transaction code or RIC
ER	Event Code is invalid or is not consistent with other fields in the transaction
ES	Effective Date is not consistent with other fields in the transaction



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

ET	Reinstate Code and the Transaction Code are inconsistent
EU	Cross-reference Claim Number
EV	Cross-reference BIC
EX	Kill Credit or Cross-Reference Code is invalid or is not consistent with other fields in the transaction
EY	Dual Entitlement/Payee Indicator is invalid or is not consistent with other fields in the transaction
EZ	Part A fields are present which should be blank
FA	Previous BIC
FB	Date of Death
FD	Intermediary Number
FE	Intermediary Control Number
FF	Part A Termination Date
FG	Lifetime Psychiatric Days Remaining
FH	Full Hospital Days Remaining
FI	Coinsurance Hospital Days Remaining
FJ	Skilled Nursing Facility Full Days Remaining
FK	Skilled Nursing Facility Coinsurance Days Remaining
FL	Home Health Visits Remaining
FM	Inpatient Deductible Remaining
FN	Part A Blood Deductible
FO	Earliest Benefit Period



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

FP	Latest Benefit Period
FQ	Spell number contains an invalid entry
FR	Lifetime Reserve Days Remaining
FS	Benefit Period Code is invalid or is not consistent with other fields in the transaction
FT	Query Code
FU	Data Indicator change
FV	Entry present; field should be blank
FW	Delete Code, Reply Data or Source Code
FX	Run Processing Date
FY	Agency Code
FZ	Proven date of death
HA	Disability Code
HB	Part A Entitlement Date (Disability Case)
HC	Part B Entitlement Date (Disability Case)
HD	Claim Account Status Code
HE	First SSA Claim Number is missing
HF	Data Indicator
HG	Reason for Entitlement Code
HH	Renal Insured Status Account
HI	Disability Indicator and Date of Entitlement to Disability Benefits are inconsistent
HJ	Date of Entitlement to Disability Benefits



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

HK	Part A Option
HL	Part A Entitlement Date for beneficiary with chronic renal disease
HM	First Part A Termination Date
HN	First Part Termination Date is not consistent with other fields in the record
HO	Provider Number
HP	Attainment/Accretion Record Indicator
HQ	Force/Delete Record Indicator
HR	Death/Termination/Suspension Indicator
HS	Part A Entitlement Date for Old Age Beneficiary with prior disability
HU	BIC and Reason for Entitlement Code are inconsistent
HV	Part B Termination Date
HW	Part A Entitlement Date for disabled beneficiary with chronic renal disease
HX	Second Part A Entitlement Date
HY	Second Part A Entitlement Date is inconsistent with other fields in the record
JB	Control Code and Disability Entitlement Date are inconsistent
JD	Part A Entitlement Date for Buy-in
JE	Part A Option for buy-in is not consistent with other fields in the record
JF	Part A Option, non buy-in cases, is not consistent with the BIC
JG	Part A Option is not consistent with Reason for Entitlement Code
JH	Part B Option is not consistent with Reason for Entitlement Code
JI	Part B Option is not consistent with the BIC



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

JJ	Part A Option and Part B Option are not consistent
JK	Part A Third Party Code
JL	Part A Third Party Termination Date
JN	Part B Entitlement Date for old age beneficiary with prior disability
JO	Part B Entitlement Date for Disabled Beneficiary
JP	Part B Entitlement Date for beneficiary with chronic renal disease
JQ	Part B Entitlement Date for disabled beneficiary with chronic renal disease
JR	Part B Third Party Termination Date
JS	Second Part B Termination Date

B. HDHIDUP CODES

This list contains all HDHIDUP approvals alerts and exceptions. The approval codes indicate that the transaction has been accepted. The alert codes indicate that although a transaction has been accepted it contains a questionable condition which may require clerical investigation. The exception (reject) codes indicate that an error condition is present which precludes acceptance of the transaction. (These records require clerical investigation.) Some of the exceptions, alerts and approvals are from clerical input data and others are from intermediary, carrier and RRB input records.

1. APPROVAL CODES

CODE	DEFINITION
10	The transaction has been accepted and applied.
11	The transaction has been accreted to the master file and should be accreted to the alpha file (Universal RIC) or the master identification record was inserted at active location (RIC G).
12	The transaction overlaid a cross-reference record.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

14	A change record transaction has been processed by HDHIDUP and should be accreted to the alpha file (e.g., BIC change).
15	A change record transaction has been processed by HDHIDUP and should be accreted to the alpha file as a change record (e.g., date of birth change) (Universal RIC) or the purge record (AFT) has been processed (RIC C).
16	A transaction has been processed by HDHIDUP but need not be sent to the alpha file since it does not affect claim number or personal characteristics.
17	A Master Part A for Master Part B record has been retrieved from the inactive master file and reaccreted to the active master file.

2. ALERT CODES

CODE	DEFINITION
AA	The name and/or the address portion of a master record does not conform to establish specifications. The remaining fields have been updated.
LO	The transactions contains an adverse Part A entitlement date with an adverse Part B entitlement date together with a corresponding change in either the date of birth or date of entitlement to disability. The adverse Part A and Part B entitlement dates have been applied.
L1	The transaction contains an adverse Part A entitlement date without a corresponding change in the date of birth or date of entitlement to disability. The adverse Part A entitlement date has not been applied.
L2	The transaction contains an adverse Part A entitlement date and a corresponding change in either the date of birth and date of entitlement to disability. The adverse Part A entitlement date has been applied.
L4	The transaction which does not contain a Part B entitlement date matches an HI master record which contained two periods of Part B coverage.
L5	The transaction contains an adverse Part B entitlement date. The adverse Part B entitlement date has been applied.
L8	A data indicator in the Universal RIC shows that it is a delete transaction form the MBR; however, the matching HI master record contains utilization.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

9	A transaction containing a Part B option of T or W is attempting to terminate a recently entitled master record. The termination date in the transaction is not greater than the month of Part B entitlement contained in the HI master plus one month.
N1	Transaction which does not contain a Part A entitlement date matched an HI master record which contained two periods of Part A coverage.
N2	The transaction is conveying the deletion of Part A - third party involvement.
N3	The transaction is conveying the reinstatement of Part A entitlement.
N4	The transaction is establishing a prior period of Part A entitlement.
N6	The transaction contains CRD data which is in conflict with the CRD data in the master record. The CRD data in the master record is protected.
XX	The transaction has been placed in orbit for systems' purposes.
Z1	The transaction contains a request to freeze a particular claim number and BIC; however, the record already is frozen.
Z2	The transaction contains a request to defrost a particular claim number and BIC; however, the record is not frozen.

3. EXCEPTION CODES

CODE	DEFINITION
AO	Master Part A or Master Part B record rejected in read error recovery routine.
A1	The transaction failed to match the HI master record on claim number, BIC name and/or two out of three personal characteristics (sex, race, and date of birth). This does not apply if the transaction is changing one of the personal characteristics.
A2	The transaction is a Part A utilization correction and matched an HI master record that was not frozen.
A3	Master Identification, Master Cross-reference, or Master Skeleton record



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	rejected in read error recovery routine.
A4	Part A clerical correction record matched an HI master record for which no Part A data is present. This does not apply if it is the first spell of illness that is being accreted to the master record.
A5	Part B clerical correction record matched an HI master record for which no Part B data is present.
A6	The clerical correction record matched a record that was other than an HI master identification or a cross-reference record.
A7	The attachment to the clerical correction record is other than a master identification record, a cross-reference record, a master Part A record, or a master Part B record; therefore, the attachment is invalid.
A8	A clerical correction for a master identification record matched a master cross-reference record.
A9	A "non-cross-reference" clerical correction record matched a master cross-reference record.
B1	The AFT Indicator in the clerical correction record is set indication that the transaction is to AFT the HI master record. However, an inconsistency exists because one or more other data indicators are set indicating that other corrections are intended as well.
B2	The transaction is an AFT record which failed to match a master identification record on BIC.
B3	The data indicator in the clerical correction which designates which field is to be changed is in conflict with the data intended to bring about the change.
B4	The clerical correction record is conveying a kill credit action with would result in no change to the existing cross-reference record.
B5	The data indicator in the clerical correction record is set to show that the cross-reference claim number in the HI master record is to be changed; however, the clerical correction record does not convey a cross-reference claim number change (RIC C) (see also alert codes, paragraph B.2 of this section).



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

C1	A clerical accretion record has an invalid attachment - i.e., the attachment is other than cross reference, kill credit, RRB Flag, or Skeleton record and the transaction did not match an HI master identification record on claim number and BIC.
C2	The transaction matched a master skeleton record rather than a full master identification record or a clerical accretion record with an RRB flag attachment matched a family in which an RRB flag already has been established.
C3	A clerical accretion record matched an existing master record on BIC.
C4	A clerical accretion record matched an existing record on surname and three personal characteristics (RIC C) (see also alert codes, paragraphs B.2 of this section).
C5	The transactions which contains an accretion for civil service or other private third party matched an HI master identification record in which the beneficiary has no Part B entitlement.
C8	The transaction contains an invalid third party code (the code is other than 1-9).
C9	A transaction containing a third party accretion matched the HI master identification record of a beneficiary whose entitlement to disability benefits has ceased and whose terminated period of Part B entitlement does not coincide with the entitlement period contained in the third party transaction.
D1	The transaction is attempting to correct the Part B home health visits field in the HI master record; however, the number of home health visits contained in the transactions exceeds 100.
D2	A clerically requested Universal RIC has been rejected because the HI master record contains more recent data or the transaction contains a Part B expense year which does not match a Part B expense year in the HI master.
D4	A Universal RIC in which the force indicator is turned on match one HI master record on claim number and another HI master record on personal characteristics.
D5	A Universal RIC matched an HI master record on claim number and BIC but



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	the personal characteristics in the two records are unequal.
D7	A temporary record matched a permanent HI master record.
E0	The transaction contains an invalid current or prior Part A option.
E1	The previous BIC in the transaction is equal to the current BIC in the HI master identification record.
E2	The transaction is attempting to change a proven date of death.
E3	The transaction contains a current or prior Part A termination date which is invalid when compared to the HI master record because it is prior to the beneficiary's attainment date, or because the beneficiary is entitled to benefits due to disability or chronic renal disease, or because Part A buy-in is present.
E4	The transaction contains a current or prior Part A termination date which is invalid when compared to the HI master record because it is not later than the Part A entitlement date, or because the beneficiary is entitled to benefits due to disability or chronic renal disease, or because Part A buy-in is present.
E5	The termination contains a Part B entitlement date which is invalid when compared to the HI master record because it is prior to the beneficiary's attainment date, or because the beneficiary is entitled to benefits due to disability or chronic renal disease, or because Part A buy-in is present.
E6	The transaction contains a Part B termination date which is invalid when compared to the HI master record because the master record does not contain any Part B entitlement or because the beneficiary is entitled to benefits due to disability or chronic renal disease or because Part A buy-in is present.
E7	The transaction contains Part B termination date which is invalid because it is not greater than the month of Part B entitlement contained in the HI master identification record plus one month.
E8	The transaction contains Part B entitlement data; however, the HI master identification records does not contain a current period of Part B entitlement.
F1	The transaction is attempting to correct a spell of illness; however, it



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	contains a Part A spell number which does not appear in the HI master record. This does not apply if it is the first spell of illness that is being accreted to the master record.
F2	The transaction is attempting to accrete a spell of illness which would overlap an existing spell of illness, i.e., the date of earliest billing action in the transaction is within 60 days of the date of the latest billing action in the preceding spell or a Universal RIC containing a Part B option other than P matched an RRB flag record.
	NOTE: A Universal RIC for a disabled adult child will be accreted despite the presence of an RRB flag record.
F3	The transaction is attempting to delete a spell of illness; however, the date of earliest billing action and the date of latest billing action in the transaction do not match the corresponding fields in the HI master record.
F4	The transaction is attempting to correct a spell of illness; however, neither the date of earliest action in the transaction matches the corresponding field in the HI master record for the spell which is being corrected.
F5	The transaction is attempting to correct the date of earliest billing action or data of latest billing action; however, the date of earliest billing action in the transaction is within 60 days of the date of latest billing action in the preceding spell of illness. If the transaction were applied it would link the two spells or a Universal RIC matched an HI master skeleton record.
F6	The transaction is attempting to correct coinsurance days; however, the number of full hospital days in the transaction exceeds zero or the number of coinsurance days in the transaction exceeds 30.
F7	The transaction is attempting to correct the inpatient hospital deductible; however, the amount of deductible contained in the transaction is greater than the amount of deductible allowed for the year of the earliest billing action contained in the transaction.
F8	The transaction is attempting to correct the number of Christian Science skilled nursing facility days remaining field in the HI master record; however, the number of full SNF days in the transaction exceeds zero or the number of coinsurance days exceeds 30.
F9	The transaction is attempting to combine two spells of illness; however, the



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	date of earliest billing action in the transaction is not equal to the date of earliest billing action in the HI master record.
H4	The RRB RIC G type 5 (Part B termination record) matched an HI master identification record which contains no Part B entitlement (see also Alert codes).
H5	The RRB RIC G type 5 (Part B termination record) contains a Part B termination date which is invalid because it is not greater than the month of Part B entitlement contained in the HI master identification record plus one month.
H6	The RRB RIC G type 5 (Part B termination record) is attempting to terminate Part B entitlement on an HI master record in which there is Part B third party involvement.
H7	The RRB RIC G type 5 (Part B termination record) contains an event code which is other than NP, EW or CD.
H8	The RRB RIC G type 5 (Part B termination record) contains a termination of entitlement to disability benefits; however, the current reason for entitlement in the HI master identification record shows that entitlement is for other than disability.
H9	The RRB RIC G type 5 (Part B termination record) contain a termination of entitlement to disability benefits which precedes the date of entitlement to disability benefits in the HI master record by more than one month.
I1	The RRB RIC G type 1, or type 4, or type 5 did not match a master record on either claim number or BIC.
I2	The RRB RIC G type 1, or type 4, or type 5 matches a cross reference or skeleton record.
I3	The RRB RIC G type 4 (death notification) contains a date of death which disagrees with the bill date of death contained in the HI master identification record.
I7	The RRB RIC G type 1 (Part B option change) is attempting to reinstate Part B entitlement to an account on which Part B entitlement has terminated due to cessation of disability.
I8	The RRB RIC G type 1 (Part B option change) contains a refusal option,



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	however, the HI master identification record contains a Part B termination.
I9	The RRB RIC G type 1 (Part B option change) is attempting to remove entitlement or to establish disadvantageous entitlement on an account in which there is third party involvement.
J2	A transaction containing a third party accretion matched an HI master identification record which does not contain Part A entitlement.
J3	A transaction containing a Part A third party accretion matched an HI master identification record which does not contain Part B entitlement.
J4	The transaction contains an invalid third party code (the code is other than I-9).
M1	An RRB RIC B skeleton record failed to match an HI master record on claim number, BIC, or given name.
M2	Although a Universal RIC failed to match an existing HI master record, it was not inserted because it contained a Part B option of P (RRB jurisdiction).
M4	The Universal RIC matched a master cross-reference record.
M6	The Universal RIC contained a Part B option of P and matched an SSA cross-reference number.

C. HMHISAC CODES

1. APPROVAL CODES

CODE	DEFINITION
10	The master identification record overlaid a master identification record at new location or a cross-reference legend was inserted at the inactive location (see also paragraph B.1 of this section).
11	The master identification record was inserted at active location (see also paragraph B.1 of this section).
12	The master identification record overlaid a master cross-reference record at the active location (see also paragraph B.1 of this section).



2. ALERT CODES

CODES	
26	A master identification record containing an SSA claim number is present at the inactive location while only an RRB flag record is present at the active location.
27	A master cross-reference record is present at the active claim number which shows that the master record was cross-referred to a claim number other than the one contained in the cross-reference transaction.
28	A master cross-reference record is present at the active claim number which shows that the master record was cross-referred to a claim number other than the one contained in the cross-reference transaction.
39	A master cross-reference record is present at the inactive claim number which shows that the master record was cross-referred to the same claim number as the one contained in the cross-reference transaction. The transaction is a duplicate transaction.
81	The transaction is duplicate RRB flag record.
90	The transaction is a duplicate RRB flag record.
99	The transaction is an initial RIC G type 8 or type 9, in which the sequence counter is other than 0 or 50.

C. 3. EXCEPTION CODES

CODE	
20	The transaction encountered a NIF condition at the inactive claim number (see code 90).
22	The transaction matched a master skeleton record at either the active or inactive claim number.
25	The transaction matched a master record on claim number at both the



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

	active and inactive number however, the personal characteristics in the two ends of the cross-reference do not agree.
45	The beneficiary paid the Part B deductible on two different claim numbers. When the two master records were combined, the excess deductible payment became known.
49	The transaction matched on claim number at the active location but failed to find a match on BIC; however, the personal characteristics in the inactive record matched a record at the active location on two out of three personal characteristics.
50	Two master records containing discrepant Part A entitlement dates were combined. The beneficiary was given the most advantageous date.
51	Two master records containing discrepant Part A termination dates (i.e., one record contained a termination date and one did not or the termination dates conflicted) were combined. The beneficiary was given most advantageous date.
53	Two master records containing discrepant Part B entitlement dates were combined. The beneficiary was given the most advantageous date.
54	Two master records containing discrepant Part B termination dates (i.e., one record contained a termination date and one did not or the termination dates conflicted) were combined. The beneficiary was given the most advantageous date.
55	Two master records containing conflicting prior period of coverage data were combined.
56	Two master records containing psychiatric medical expenses were combined resulting in the psychiatric maximum being exceeded.
57	Two master records each containing blood deductible charges were combined resulting in a blood deductible overcharge.
58	Two master records were combined resulting in recorded medical expense in excess of \$99999.99.
59	Two master records each containing physical therapy expenses were combined resulting in physical therapy expenses for one year in excess of \$100.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

60	Two master records each containing Part B home health visits were combined resulting in home health visits for one year in excess of 100 days.
61	Two master records were combined and due to a balancing error the amount of expenses posted to the 4th quarter exceeds the medical charges plus 62.5% of the psychiatric charges.
F0	The transaction is an RRB flag record. It is being inserted at a location at which an HI master record has been established.

Exhibits

Exhibit 1 - Glossary of HI Terms and Codes

MIRTEL GLOSSARY

The following is a glossary of terms and abbreviations used in the MIRTEL system for microfilms, referrals and folder notices:

ACCOUNTING DATE (ACCTG DT) - Month, day and year an activity enters the MIRTEL system for processing.

ACCRETION/DELETION CODE (A D CD) - Code given by third parties to describe status of beneficiary.

Codes: blank - not applicable

1 - accretion

2 - deletion - annuitant

3 - deletion - death

4 - prepaid

5 - deletion - other

ACTIVITY CODE (ACTIVITY, LAP CD) - Type of activity processed



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

- Codes:
- 02 - reply from monthly recert query
 - 03 - name and & address query response record from CHICO
 - 04 - drop cross-reference record (internally generated only)
 - 05 - drop record internally only (G-811)
 - 06 - drop record - deletion to SSA (G-811)
 - 07 - maintenance exception record
 - 08 - mechanical replies
 - 10 - RASI application establish and screen or change record (mech)
 - 11 - attainments - establish and screen or change record (mech)
 - 12 - establish HI record and screen (G-810)
 - 13 - establish HI record only (G-810)
 - 14 - create cross reference record (internally generated only)
 - 20 - internal record change (G-810)
 - 21 - internal record change and rescreen (G-810)
 - 21 - rescreen only (G-810)
 - 22 - internal record change and RIC to SSA (G-810)
 - 22 - RIC to SSA (G-811)
 - 23 - withdrawal (G-811)
 - 24 - withdrawal after SBI (state buy in)
 - 25 - option change (G-811)
 - 26 - reverse termination for non-payment (G-811)
 - 27 - GEP enrollment (G-811)



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

- 30 - transfer utilization SSA-RRB (G-811)
- 31 - establish record and transfer utilization SSA-RRB (G-810)
- 32 - transfer utilization SSA-RRB, internal record change (G-810)
- 32 - transfer utilization SSA-RRB, clearance pending (G-811)
- 33 - establish record and transfer utilization RRB-RRB (G-810)
- 34 - transfer utilization RRB-RRB, internal record change (G-810)
- 34 - transfer utilization RRB-RRB, clearance pending (G-811)
- 35 - kill credit RRB-RRB (G-811)
- 35 - kill credit SSA-RRB (G-811)
- 40 - premium payment
- 41 - one payment only
- 50 - death termination
- 51 - cessation of disability (G-811)
- 52 - (loss of QRRB status), deactivate number (G-811)
- 60 - prevent billing in manual award case (G-811)
- 61 - prevent year end billing (G-811)
- 62 - release ID card (G-811)
- 63 - release ID card - SSA request (mechanically generated only)
- 98 - double inquiry of both MIRTEL and CHICO records (G-811)
- 99 - inquiry of MIRTEL record only (G-811)

ANNUITY BEGINNING DATE (ABD) - beginning date of entitlement to any RR annuity, even if the annuity is not in current pay status



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

AVERAGE DUE AMOUNT (ARRG DUE, ARRG AMT) - total amount of SMI premiums due for previous months

ARREARAGE DUE CODE (ARRG CD)

Codes blank - not applicable

1 - premium deductions started, previous arrearage due

ASSUMED PAID THRU DATE (*) - used to show that the paid thru date in our system has not been actually established. This usually occurs in cases where jurisdiction is being transferred from SSA to RRB.

BATCH NUMBER (BTCH #), see also DATE OF LAST PAYMENT (DT LST PYMT) - for Premium Collection Group use only. This number provides a way of tracing the location of a particular premium payment.

BENEFICIARY'S NAME (BENE NAME) - space is provided in the MIRTEL system for ten letters of the first name, the middle initial, and twelve letters of the last name.

BENEFICIARY'S SS NUMBER (BENE SSA) - actual SS number of the beneficiary.

BILL RELEASE DATE (BILL REL DT) - month and year the last SMI premium bill was released.

CLAIM NUMBER (RRB CLAIM NO.) - symbol, prefix and six or nine digit RRB claim number.

CONVERSION REFERRAL INDICATION (CONV REF, C) also called HI
CONVERSION CODE (HI CONV CD) - See RCM 3.6.10.

DATE OF DEATH (DOD) - month and year of beneficiary's death.

DATE OF LAST PAYMENT (DT LST PYMT) - first three digits of this field represent the batch number. The last three digits represent the sequential date. See also BATCH NUMBER, SEQUENTIAL DATE.

DATE UNIVERSAL RIC SENT (RIC REL DT) - month, day, and last digit of the year the most recent universal RIC sent to SSA.



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

DELINQUENCY DATE (DELQ DT, DQ) - last month and year payment can be made before coverage will be terminated for non-payment of premiums.

DISABILITY FREEZE DATE (DIS FRZ DT) - last month and year payment can be made before coverage will be terminated for non-payment of premiums.

EMPLOYEE'S SS NUMBER (EE SSA) - social security number of the railroad employee.

EVENT CODE AND DATE (EVENT CD.DT) - code and month and year entered on G-811 item 8. The "event" provides the reason for a specific "activity" in item 3 of the G-811.

Codes:

- 1 - yes option
- 2 - no option
- 3 - withdrawal
- 4 - withdrawal after state buy in
- 5 - good cause
- 6 - death
- 7 - cessation of DIB
- 8 - dual annuitant

EXCESS PREMIUM AMOUNT (EXC PREM AMT, EXC PREM, EX PR) - a premium payment amount that cannot be applied to the beneficiary's account at this time because it is less than a full month's premium amount.

G-44 GEP CODE (G-44 GEP) - mechanically produced code

Codes:

- blank - No G-44 required
- 1 - G-44 required



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

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Web: <http://www.rrb.gov>

- 2 - G-44 released
- 3 - G-44 returned - no option
- 4 - G-44 returned - yes option
- 5 - deemed enrollment

GEOGRAPHIC CODE (GEO CD) - For ESA use-a mechanically produced code which refers to the region of the beneficiary's residence

- Codes:
- 000-539 and 541-599 apply to non-foreign addresses
 - 540 and 600-698 apply to foreign addresses
 - 999- unknown

HI EFFECTIVE DATE (HED) - month and year of entitlement to Medicare Part A, Hospital Insurance.

HI TERMINATION DATE (HI TRM DT) - month and year HI coverage terminates, due to cessation of disability

HI DATE OF BIRTH (HI DOB) - date of birth used to establish entitlement to Medicare

ID ISSUE CODE (ID ISS) - pertains to Medicare identification cards

- Codes:
- blank - no card required
 - 1 - G-41 required
 - 2 - G-43 required
 - 3 - G-41 released
 - 4 - G-43 Part A released
 - 5 - G-43 Part A & B released



Retirement Claims Manual

March 21, 2007

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LAST ACTIVITY PROCESSING CODE (LAP CD) - last activity processed in the MIRTEL system for this beneficiary. See ACTIVITY CODE.

LAST ACTIVITY PROCESSING DATE (LAP DT) - month, day and year of last activity processed in the MIRTEL system for this beneficiary.

ORBIT COUNT (ORB CNT) - for ESA only.

PAID THRU DATE (PD THRU DT) - month and year thru which SMI premiums have been paid.

PAYEE CODE (PC) beneficiary's payee code, if applicable

POSTMARK DATE (POSTMARK) - for Premium Collection Group use only - month and year of postmark on a premium payment

RRB DATE OF BIRTH (RRB DOB) - date of birth used to establish entitlement to an annuity under the RR Act,

PREVIOUS ACTIVITY PROCESSING CODE (PRAC) - second most recent activity processed in the MIRTEL system for this beneficiary (shown in the "Previous information" fields of the MIRTEL INQUIRY and MIRTEL FOLDER NOTICE. See "ACTIVITY CODE."

PREVIOUS ACTIVITY PROCESSING DATE (PRAD) - month and year of the second most recent activity processed in the MIRTEL system.

PREVIOUS RR NUMBER OR SECOND SS NUMBER (RRB/SSA/NO/SUF) - another claim number on which beneficiary is, was, or could be entitled to Medicare.

PSEUDO NUMBER (PSEUDO NO) - number (other than RRB claim no) assigned only by HB to identify a beneficiary.

RECORD STATUS CODE (REC STAT) - beneficiary's current situation in the MIRTEL record.

Codes: 00 - cross reference record

01 - annuity application filed, screening reply pending



Retirement Claims Manual

March 21, 2007

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844 North Rush Street
Chicago Illinois, 60611-2092

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- 02 - no annuity application filed, screening reply pending
- 03 - annuity in suspense - screening reply pending
- 04 - annuity in suspense, quarterly billing required, screening reply pending
- 05 - attainment, screening reply pending
- 11 - annuity in force, no deductions required
- 12 - no annuity, no billing required
- 13 - annuity in suspense, no deductions required
- 21 - annuity in force, adjustment required
- 22 - no annuity, quarterly billing required
- 23 - annuity in suspense, year end billing required
- 24 - annuity in suspense, quarterly billing required,
- 31 - annuity in force, deductions made
- 90 - cessation of disability
- 98 - inactive - no longer QRRB under this number
- 99 - death

REFERRAL CODE (REF CD) - most recent referral reason. See RCM 3.3 Exhibit 1a.

REFERRAL CODE DATE (REF DT) - month, date and year of most recent referral.

REF PAYEE CODE (REP PAY) - type of representative payee appointed for beneficiary.

Codes: blank - not applicable

1 - court appointed guardian



Retirement Claims Manual

March 21, 2007

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2 - Board appointed guardian

3 - parent for child

SCREENING REPLY DATE (SREP DT) - month and year RRB receives reply from SSA to RRB screening activity

SCREENING REQUEST CODE (SREQ CD) - type of screening request processed

Codes: 1 - initial screening request

2 - tracer request

3 - screening reply received

4 - rescreening request

A - initial screening request, SSA follow-up required

B - tracer request, SSA follow-up required

C - screening reply received SSA follow-up required

D - rescreening request, SSA follow-up required

SCREENING REQUEST DATE (SREQ DT) - month and year of most recent screening activity

SECTION UNIT CODE (SEC UNIT) - three letter abbreviation of the unit requesting MIRTEL information

SEQUENTIAL DATE (SEQ DT), see also DATE OF LAST PAYMENT (DT LST PYMT) - for Premium Collection Group use only. This number represents the day of the year a SMI premium payment is made (Example: January 20, 1978 is 020; December 28, 1978 is 362).

SEX CODE (SEX, SX) - sex of beneficiary

Codes: M - male



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
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F - female

blank - unknown

SSA CLAIM NUMBER/SUFFIX (SSA CLM NO/SUF) - SSA claim number and suffix of account on which beneficiary is entitled to SS benefits.

STATE BUY IN ACCRETION (ACCR DT) - month and year state begins paying SMI premiums

STATE BUY IN DELETION DATE (DEL DT) - last month and year state pays SMI premiums

STOP BILL DIRECT/PAYMENT (STP BIL CD) - reason premium bills should no longer be released when coverage is still intact

Codes: blank - not applicable

1 - annuity in force, stop releasing bill

2 - annuity in force, payment accepted, possible refund due

3 - annuity in force, stop releasing bill and accepting payment

SMI AMOUNT PAID (AMT PAID) - amount of payment from G-323 or premium bill currently being processed

SMI EFFECTIVE DATE (SED) - month and year of entitlement to Medicare Part B, Medical Insurance

SMI OPTION CODE (SOC) - SMI enrollment status of beneficiary

Codes: 1 - first enrollment

2 - no response

3 - no election

4 - first termination



Retirement Claims Manual

March 21, 2007

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5 - second enrollment

6 - second termination

7 - SSA jurisdiction

8 - state buy in

9 - dual annuitant

SMI OPTION FILING DATE (SOF DT) - month and year beneficiary filed current SMI option

SMI PREMIUM RATE (RPD) - beneficiary's SMI monthly premium amount

SMI TERMINATION CODE (SMI TERM CD, also part of SMI TRM CD/DT) - reason for termination of SMI coverage

Codes: blank - not applicable

1 - terminated for non payment

2 - withdrawal

9 - old delinquency/date should be terminated for non-payment

THIRD PARTY CODE (3 PTY CD) - type of third party involvement

Codes: blank - no third party involvement

01 - third party investigation

51 - Palmetto GBA

52 - Metro - North Commuter Railroad Co.

53 - Illinois Central Hospital Assn.

55 - M-K Employees Hospital Assn.



Retirement Claims Manual

March 21, 2007

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844 North Rush Street
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Phone: (312) 751-7139
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- 56 - Northern Pacific Beneficial Assn.
- 57 - Union Pacific Railroad Co.
- 58 - U.S. Steel and Carnegie Pension Fund
- 60 - A.T. & S.F. Employees Hospital Assn.
- 61 - Santa Fe Coast Lines
- 62 - Santa Fe Employees Hospital Assn.
- 69 - Texas and Pacific Railway Employees Hospital Assn.
- 70 - Wabash Memorial Hospital Assn.
- 98 - death
- 99 - deletion

TYPE OF APPLICATION (TYPE APPL) - Source of record used to establish Medicare entitlement

- Codes:
- blank - unknown
 - 1 - EDP (RASI)
 - 2 - manual accretion
 - 3 - mechanical attainment (AGE)
 - 4 - mechanical attainment (DISABILITY)
 - 5 - force
 - 6 - withdrawal
 - 7 - SSA - RRB transfer
 - 8 - SSA - RRB transfer (uninsured SSA)
 - 9 - disability



Retirement Claims Manual

March 21, 2007

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TYPE OF BENEFICIARY (TYPE BEN)

- Codes:
- 01 - employee
 - 02 - spouse
 - 03 - widow, widower, JA
 - 04 - survivor child
 - 05 - parent
 - 06 - IPI
 - 11 - disabled employee
 - 12 - disabled spouse
 - 13 - disabled widow, widower, JA
 - 14 - disabled survivor child
 - 16 - disabled IPI
 - 21 - disabled employee - 65 or over
 - 22 - disabled spouse - 65 or over
 - 23 - disabled widow, widower, JA - 65 or over
 - 24 - disabled survivor child - 65 or over
 - 26 - disabled IPI - 65 or over

TYPE OF BILL (TYPE BILL) also TYPE OF LAST BILL (LST BIL CD) - type of last premium bill released.

- Codes:
- blank - unknown or not applicable
 - 0 - G-800



Retirement Claims Manual

March 21, 2007

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Phone: (312) 751-7139
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1 - G-801

2 - G-802

3 - G-803 (year end)

TYPE OF RECORD (TYPE OF REC) - shows whether the record is the HI record of the beneficiary or a cross reference number to the beneficiary's record.

Codes: blank - HI record

1 - cross reference record

VOUCHER DATE (VCHR DT) - month and year of most recent voucher action, usually a mechanical adjustment to deduct SMI premiums.

VOUCHER NUMBER (VCHR NO) - number of the most recent voucher action.

YEAR END CODE (YEC) - code used in suspense cases to denote year end billing status.

Codes: blank - not applicable

1 - prevents year end billing and termination for non payment

ZIP CODE (zip) - beneficiary's zip code.

Exhibit 1a - Referral Codes

HEALTH INSURANCE SYSTEMS REFERRAL CODES

DAILY MIRTEL REFERRALS (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

1001 - INVALID OR INCORRECT ACTIVITY CODE

1002 - INVALID OR INCORRECT PREFIX

1003 - INVALID OR INCORRECT CLAIM NUMBER



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
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Phone: (312) 751-7139
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-
- 1004 - INVALID OR INCORRECT BEN SYMBOL
 - 1005 - INVALID OR INCORRECT TYPE BENEFICIARY
 - 1006 - INVALID OR INCORRECT DATE OF BIRTH
 - 1007 - INVALID OR INCORRECT SEX CODE
 - 1008 - INVALID OR INCORRECT PSEUDO NUMBER
 - 1009 - INVALID OR INCORRECT EVENT CODE
 - 1010 - INVALID OR INCORRECT EVENT DATE
 - 1011 - INVALID OR INCORRECT FORMER NUMBER
 - 1012 - INVALID OR INCORRECT SUFFIX/SYMBOL
 - 1013 - INVALID OR INCORRECT UNIT DESIGNATION
 - 1014 - INVALID OR INCORRECT RRB DATE OF BIRTH
 - 1015 - INVALID OR INCORRECT HI DATE OF BIRTH
 - 1016 - INVALID OR INCORRECT BEN SSA NUMBER
 - 1017 - INVALID OR INCORRECT EE SSA NUMBER
 - 1018 - INVALID OR INCORRECT SSA CLAIM NUMBER
 - 1019 - INVALID OR INCORRECT SSA SUFFIX/SYMBOL
 - 1020 - INVALID OR INCORRECT RECORD STATUS
 - 1021 - INVALID OR INCORRECT SMIB OPTION FILING DATE
 - 1022 - INVALID OR INCORRECT SMIB OPTION
 - 1023 - INVALID OR INCORRECT SMIB EFF DATE
 - 1024 - INVALID OR INCORRECT SMIB PREMIUM RATE
 - 1025 - INVALID OR INCORRECT PAID THRU DATE
 - 1026 - INVALID OR INCORRECT EXCESS PREMIUM



Retirement Claims Manual

March 21, 2007

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Chicago Illinois, 60611-2092

Phone: (312) 751-7139
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-
- 1027 - INVALID OR INCORRECT SMIB TERM DATE
 - 1028 - INVALID OR INCORRECT DELINQUENCY DATE
 - 1029 - INVALID OR INCORRECT HIB EFF DATE
 - 1030 - INVALID OR INCORRECT HIB TERM DATE
 - 1031 - INVALID OR INCORRECT DATE OF DEATH
 - 1032 - INVALID OR INCORRECT ID ISSUE CODE
 - 1033 - INVALID OR INCORRECT PAYEE CODE
 - 1034 - INVALID OR INCORRECT REP PAYEE CODE
 - 1035 - INVALID OR INCORRECT ANN BEG DATE
 - 1036 - INVALID OR INCORRECT DIS FREEZE DATE
 - 1037 - INVALID OR INCORRECT SBI ACCR DATE
 - 1038 - INVALID OR INCORRECT SBI DEL DATE
 - 1039 - INVALID OR INCORRECT 3RD PARTY CODE
 - 1040 - IDENTIFYING DATA INCONSISTENT
 - 1041 - IMPROPER USE OF RESERVED AREA
 - 1042 - INCONSISTENT DATA ON MECHANICAL INPUT
 - 1043 - UNABLE TO ISOLATE NAME
 - 1044 - INVALID OR INCORRECT STATE ABBREVIATION
 - 1045 - INVALID OR INCORRECT FOREIGN COUNTRY NAME
 - 1046 - INVALID OR INCORRECT CITY NAME
 - 1047 - ZIP CODE IS MISSING
 - 1048 - INVALID OR INCORRECT NAME AND ADDRESS
 - 1049 - INVALID OR INCORRECT ZIP CODE



Retirement Claims Manual

March 21, 2007

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- 1050 - INVALID OR INCORRECT GEO CODE
- 1051 - INVALID OR INCORRECT STATE FOR APO-FPO
- 1052 - REP PAYEE DATA INCONSISTENT
- 1053 - DOM APPLIES ON AUTOMATIC ENROLLMENT
- 1054 - NO VALID SSA NUMBERS PRESENT
- 1055 - EE AGE OR D/F AFFECTS SPOUSE ENROLLMENT
- 1056 - ATTAINMENT TOO OLD TO PROCESS
- 1057 - INVALID UNIT TO ESTABLISH PSEUDO NUMBER
- 1075 - NO CHICO MASTER PRESENT ON INQUIRY REPLY
- 1076 - MONTHLY AWARD ACTION NOT PROCESSED

- 1150 - RRB BENEFICIARY CODE REJECT
- 1151 - RECORD DROPPED AS A DUPLICATE
- 1152 - DUPLICATE RECORD HAS JURISDICTION DISCREPANCY
- 1153 - PROGRAM REJECT-EXCESS REPLY RECORDS
- 1154 - REPLIES NOT EQUAL TO REQUESTS
- 1155 - INCONSISTENT INFORMATION ON MBR
- 1157 - JURISDICTION CODE DISCREPANCY
- 1158 - SSA AND RRB SMIB OPTION DISCREPANCY
- 1159 - DUPLICATE SSA/RRB TRANSFER
- 1160 - SSA SUFFIX MISSING
- 1161 - TRANSFER MANUALLY-PAID THRU DATE UNDETERMINED DUE TO P-OPTIONS



Retirement Claims Manual

March 21, 2007

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-
- 1162 - POSSIBLE ENROLLMENT UNDER DISABILITY PROVISIONS
 - 1163 - P-OPTION ENCOUNTERED IN MBR
 - 1164 - MANUAL TRANSFER REQUIRED-SSA TERM AFTER RRB SMIB DATE
 - 1165 - MEANINGLESS DISPOSITION CODE FOUND IN RECORD
 - 1166 - DUPLICATE MAINTENANCE EXCEPTION RECORDS
 - 1167 - DUPLICATE MAINTENANCE EXCEPTION RECORDS - EXCEPT FOR DISPOSITION CODES

 - 1200 - RECORD STATUS IN ACTIVITY CONFLICTS WITH MIRTEL
 - 1201 - SMIB OPTION IN ACTIVITY INCONSISTENT WITH MIRTEL
 - 1203 - RECORD STATUS IS INCONSISTENT WITH MIRTEL
 - 1204 - RECORD STATUS IN ACTIVITY INCONSISTENT WITH MIRTEL SMIB OPTION
 - 1205 - UNABLE TO PROCESS ACTIVITY WITH THIS MIRTEL
 - 1206 - ACTIVITY MATCHED MIRTEL WITH LAP CODE 06
 - 1207 - ACTIVITY/MIRTEL SSA NUMBERS NOT EQUAL
 - 1209 - RR DOB IN ACTIVITY AND MIRTEL NOT EQUAL
 - 1210 - SMIB EFFECTIVE DATE IN ACTIVITY AND MIRTEL NOT EQUAL
 - 1211 - MIRTEL HAS NO SSA NUMBERS
 - 1220 - MIRTEL HAS NO ADDRESS - MUST SUPPLY
 - 1221 - SMIB OPTION INVALID FOR THIS MIRTEL
 - 1222 - ACTIVITY INVALID FOR INACTIVE MIRTEL
 - 1223 - TOB INVALID FOR THIS MIRTEL
 - 1224 - SBI INFORMATION MISSING OR INVALID FOR THIS MIRTEL



Retirement Claims Manual

March 21, 2007

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-
- 1225 - ACTIVITY INVALID AGAINST DUAL ANNUITANT
 - 1226 - SMIB TERM DATA INVALID FOR THIS MIRTEL
 - 1227 - ENROLLMENT DATA MISSING OR INVALID FOR THIS MIRTEL
 - 1228 - UNABLE TO CHANGE ENTITLEMENT DATA OR DOB WITH THIS ACTIVITY
 - 1229 - MIRTEL SHOWS CHICO IN FORCE WITH DED - ACTIVITY HAS NO PAID THRU DATE
 - 1230 - MIRTEL SHOWS CHICO IN FORCE WITH DED - ACTIVITY SHOWS NO ANNUITY
 - 1231 - SBI ACTIVITY CONVEYING DEATH - MIRTEL NOT UPDATED
 - 1232 - UNABLE TO PROCESS ACTIVITY WITH THIS MIRTEL
 - 1233 - NAME AND DOB IN ACTIVITY AND MIRTEL NOT EQUAL
 - 1234 - MIRTEL SHOWS CHICO IN FORCE WITH DED - ACTIVITY INVALID
 - 1235 - SEX CODE ON ACTIVITY AND MIRTEL NOT EQUAL
 - 1236 - ACTIVITY 17 INVALID AGAINST NON-CONVERSION REFERRAL RECORD
 - 1237 - ATTAINMENT MATCHED EXISTING MIRTEL - PROCESS MANUALLY
 - 1238 - TOB, DOB OR EFF DATES INCONSISTENT BETWEEN ACTIVITY AND MIRTEL
 - 1239 - HIB TERM DATE INVALID FOR THIS MIRTEL
 - 1240 - PAM MATCHED MIRTEL - PROCESS MANUALLY

 - 1300 - CHANGE ACTIVITY NOT MATCHED TO MIRTEL
 - 1301 - ACTIVITY TO ESTABLISH RECORD MATCHED EXISTING MIRTEL
 - 1302 - CROSS REFERENCE RECORD MATCHED EXISTING ENTITLEMENT RECORD



Retirement Claims Manual

March 21, 2007

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-
- 1303 - SAME AS 1301 - ACTIVITY TO ESTABLISH RECORD MATCHED EXISTING MIRTEL
- 1304 - ACTIVITY MATCHED CROSS REFERENCE RECORD
- 1305 - REFERRAL CODE 1305
- 1306 - NO ADDRESS IN MIRTEL OR ACTIVITY, UNABLE TO OBTAIN FROM CHICO
- 1307 - UNABLE TO PROCESS ACTIVITY - MIRTEL HAS CONVERSION REFERRAL
- 1308 - UNABLE TO PROCESS ACTIVITY - SCREENING REPLY OUTSTANDING
- 1309 - ACTIVITY MATCHED MIRTEL CODED FOR DROP
- 1310 - ADDRESS UNAVAILABLE - MIRTEL DROPPED - NO RIC SENT
- 1311 - ADDRESS OR SEX CODE REQUIRED FOR ID CARD
- 1312 - NO REPLY TO SCREENING TRACER OR TO RESCREENING REQUEST
- 1313 - PAID THRU DATE AFTER SMIB TERM POSSIBLE REFUND
- 1316 - MONTHLY AWARD ACTION TAKEN MIRTEL RECORD STATUS INVALID
- 1317 - DEEMED OR SELECTED FOR GEP - MIRTEL HAS CONVERSION REFERRAL
- 1318 - SELECTED FOR YEAR END BILLING MIRTEL HAS CONV REF 9
- 1319 - DUAL ANNUITANT W/O RECORD FOR PRIMARY EMPLOYEE
- 1326 - PAYEE CODE REQUIRED FOR CHICO ADDRESS INQUIRY
- 1327 - SAME AS 1311 - ADDRESS OR SEX CODE REQUIRED FOR ID CARD
- 1328 - SAME AS 1306 - NO ADDRESS IN MIRTEL OR ACTIVITY, UNABLE TO OBTAIN FROM CHICO
- 1329 - MASTER NOT ESTABLISHED – POSSIBLE DUAL ANNUITANT
- 1400 - PREMIUM PAYMENT REJECT - NO MASTER



Retirement Claims Manual

March 21, 2007

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-
- 1401 - PREMIUM PAYMENT REJECT - MIRTEL JURISDICTION PENDING
 - 1402 - PREMIUM PAYMENT REJECT - ANN INF W/O PREM DEDUCTION - CHECK PART B OPTION
 - 1403 - PREMIUM PAYMENT REJECT - CHECK OPTION
 - 1404 - PREMIUM PAYMENT REJECT - ANNUITY IN SUSPENSE
 - 1405 - PREMIUM PAYMENT REJECT - PREMIUM BEING DEDUCTED
 - 1406 - PREMIUM PAYMENT REJECT - NO LONGER QRRB UNDER THIS NUMBER
 - 1407 - PREMIUM PAYMENT REJECT - CESSATION OF DISABILITY
 - 1408 - PREMIUM PAYMENT REJECT - DEATH NOTICE
 - 1409 - PREMIUM PAYMENT REJECT - ANNUITY IN FORCE
 - 1410 - PREMIUM PAYMENT REJECT - INVALID RECORD STATUS
 - 1411 - PREMIUM PAYMENT REJECT - DUPLICATE PREMIUM PAYMENT
 - 1412 - PREMIUM PAYMENT REJECT - POSSIBLE REFUND
 - 1413 - PREMIUM PAYMENT REJECT - INVALID SMIB RATE IN MIRTEL
 - 1414 - PREMIUM PAYMENT REJECT - UNABLE TO COMPUTE - SMIB EFF DATE PRIOR TO 9/73
 - 1415 - PREMIUM PAYMENT REJECT - EXCESS PREM EXCEEDS SMIB PREM RATE/ADJ OR REF
 - 1416 - PREMIUM PAYMENT REJECT - CHANGE IN THIRD PARTY
 - 1450 - PREMIUM BILLING REJECT - SMIB RATE NOT FOUND IN TABLE
 - 1451 - PREMIUM BILLING REJECT - INVALID DELINQUENCY DATE
 - 1452 - PREMIUM BILLING REJECT - BILLED AMOUNT EXCEEDS 999.99
 - 1453 - PREMIUM BILLING REJECT - UNABLE TO COMPUTE



Retirement Claims Manual

March 21, 2007

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-
- 1501 - INVALID OR INCORRECT CHANGE INDICATOR
 - 1502 - INVALID OR INCORRECT SMIB RATE TABLE INDICATOR
 - 1503 - INVALID OR INCORRECT SMIB VARIABLE RATE INDICATOR
 - 1504 - INVALID OR INCORRECT SMIB PENALTY PCT INDICATOR
 - 1505 - INVALID OR INCORRECT CAT EFF DATE
 - 1506 - INVALID OR INCORRECT ENTRY MADE
 - 1507 - ADDRESS DOES NOT MATCH RESIDENCY TABLE
 - 1508 - VARIABLE RATE EFFECTIVE IN JANUARY
 - 1509 - CAT EFF DATE BEFORE SMIB EFF DATE
 - 1510 - SMIB PREMIUM RATE NOT CONSISTENT WITH INDICATOR
 - 1511 - INVALID OR INCORRECT SMIB OPTION
 - 1512 - NAME AND ADDRESS NOT COMPLETED
 - 1513 - REJECT - COL VARIABLE - NO MATCHING MIRTEL RECORD (17M)
 - 1514 - REJECT - COL VARIABLE - MIRTEL SMIB OPTION OTHER THAN 1 OR 5 (17M)
 - 1515 - REJECT - COL VARIABLE - MIRTEL DOES NOT HAVE DEDUCTION STATUS (17M)
 - 1516 - REJECT - COL VARIABLE - VERIFY SMIB EFF (17M)
 - 1517 - CAT EFF DATE LESS THAN MASTERS DATE - ACTIVITY 17 REJECTED
 - 1518 - RPD ON ACTIVITY AND MIRTEL NOT EQUAL - SUBMIT G-810-17
 - 1551 - CAT EFF DATE LESS THAN HIB EFF DATE - MASTER NOT UPDATED (17M)

 - 1813 - SCREENING REPLY RECEIVED - MIRTEL NOT PENDING



Retirement Claims Manual

March 21, 2007

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2101 - ALERT - INCORRECT HI DATE CHANGED TO AGREE WITH OTHER DATA

2102 - ALERT - INCORRECT SMIB DATE CHANGED TO AGREE WITH OTHER DATA

2103 - ALERT - REP PAYEE CODE CHANGED TO AGREE WITH OTHER DATA

2104 - ALERT - DATA IN ZIP CODE AREA INCONSISTENT WITH FOREIGN ADDRESS

2109 - ALERT - ZIP CODE INCORRECT OR OMITTED - DEVELOPED FROM ZIP MASTER

2110 - ALERT - ZIP CODE OMITTED - NOT FULLY DEVELOPED FROM ZIP MASTER

2111 - SAME AS 2109 - ALERT - ZIP CODE INCORRECT OR OMITTED - DEVELOPED FROM ZIP MASTER

2112 - ALERT - ZIP CODE OMITTED - DEVELOPED IN ISOLATED AREA ONLY

2113 - ALERT - CHECK ZIP CODE - UNABLE TO VERIFY IN ZIP MASTER

2114 - ALERT - CHECK EFF DATES WITH DATE OF MARRIAGE

2115 - ALERT - PAYEE CODE MISSING -RECORD STATUS SHOWS ANNUITY IN FORCE

2116 - ALERT - EE AGE OR D/F USED TO DETERMINE SPOUSE EFF DATES

2175 - REPLY - ALERT REFERRAL PRODUCED

2176 - REPLY - RR ANNUITY IN SUSPENSE - VERIFY ADDRESS FOR ID CARD

2177 - REPLY - MANUAL TRANSFER - CESSATION OF DIB

2178 - REPLY - DEEMED QRRB FROM SSA

2208 - ALERT - CHECK PREV ARREARAGE

2210 - ALERT - UNABLE TO COMPUTE RPD - CURRENT BASIC RATE IN MIRTEL

2211 - ALERT - UNABLE TO COMPUTE RPD - PAID THRU DATE NOT ADJUSTED



Retirement Claims Manual

March 21, 2007

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-
- 2212 - ALERT - VARIABLE RATE INVOLVED - CURRENT HI-RPD USED
 - 2213 - ALERT - VARIABLE RATE INVOLVED - PENALTY ADDED TO VARIABLE BASE RATE
 - 2220 - ALERT - SMIB TERMINATED - ARREARAGE DUE
 - 2221 - ALERT - SMIB OPTION CHANGED FROM 1ST TO 2ND ENROLLMENT
 - 2222 - ALERT - SBI PRIOR TO SMIB TERM DATE POSSIBLE REFUND OR ARREARAGE DUE
 - 2223 - ALERT - SMIB EFF DATE CHANGED TO LATER DATE
 - 2224 - ALERT - PAID THRU DATE AFTER DOD - CHECK FOR POSSIBLE REFUND
 - 2225 - ALERT - TOB CHANGED - RPD CHANGED TO BASIC - CHECK FOR REFUND
 - 2226 - ALERT - ANNUITY ADJUSTED - ARREARAGE DUE
 - 2227 - ALERT - CESSATION OF DIB - ARREARAGE DUE
 - 2228 - ALERT - BENEFICIARY DECEASED - ARREARAGE DUE
 - 2229 - ALERT - RESCREENING CONVEYED LESS ADVANTAGEOUS INFO
 - 2230 - ALERT - SCREENING REJECT RECEIVED - MIRTEL STILL PENDING
 - 2231 - ALERT - SMIB TERM DATE AFTER CESSATION OF DIB
 - 2232 - ALERT - PREMIUMS PAID AFTER SBI - POSSIBLE REFUND DUE
 - 2233 - ALERT - PREMIUMS DUE FOR PERIOD PRIOR TO SBI
 - 2234 - ALERT - PREVIOUS ARREARAGE - CHECK ACCTS RECEIVABLE OR ARREARAGE
 - 2235 - ALERT - PREVIOUS ARREARAGE - AMT UNKNOWN - CHECK ACCTS RECEIVABLE
 - 2236 - ALERT - SBI CONVEYING EARLIER SMIB EFF DATE - MIRTEL UPDATED
 - 2237 - SBI DEL - VARIABLE RATE IN PREV YR - CHECK PREM AMOUNT DUE FOR PREV YR



Retirement Claims Manual

March 21, 2007

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844 North Rush Street
Chicago Illinois, 60611-2092

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2238 - SBI DEL - PREV VARIABLE RATE NOT FOUND - SECURE AND UPDATE

2239 - SBI ACCR - PREV YR VARIABLE - POSSIBLE REFUND DUE

2314 - ALERT - TERMINATED DIB ENROLLED FOR AGE-DIB HAD ARREARAGE

2412 - ALERT - PREMIUM PAYMENT POSSIBLE REFUND

2415 - ALERT - PREMIUM PAYMENT RECEIVED - CHECK ACCTOUNTS
RECEIVABLE

2416 - ALERT - PREMIUM PAYMENT CHANGE IN 3RD PARTY CODE

2417 - ALERT - PREMIUM PAYMENT APPLIED TO MONTHS PRIOR TO PREV CAT
EFF DATE

2418 - ALERT - PREMIUM BILLED FOR MONTHS PRIOR TO PREV CAT EFF DATE

2420 - ALERT - TERMINATED FOR NON-PAYMENT

2517 - ALERT - COL VARIABLE RESIDENCY CHANGED - VERIFY SMIBB RATE

2518 - ALERT - COL VARIABLE MIRTEL PCT RETAINED - POSSIBLE REFUND OR
ARREARAGE

2519 - ALERT - COL VARIABLE - POSSIBLE REFUND OR ARREARAGE (17T)

2601 - ALERT - RPD CHANGED TO REFLECT NEW RESIDENCY AND PENALY PCT

2602 - ALERT - RPD AND RESIDENCY CODE CHANGED TO REFLECT NEW
ADDRESS

2603 - ALERT - RPD CHANGE FOR NEW RESIDENCY - NEW RATE LESS THAN
VARIABLE

2604 - ALERT - RPD CHANGED TO CONFORM TO MASTER CATASTROPHIC
CODING



Retirement Claims Manual

March 21, 2007

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-
- 2605 - ALERT - CAT EFF DATE EARLIER THAN PREV ADJUST DATES
 - 2606 - ALERT - CATASTROPHIC HISTORY OUT OF SEQUENCE – ADJUST MANUALLY
 - 2620 - ALERT - PENALTY PCT CHANGED TO AGREE WITH RPD
 - 2621 - ALERT - PENALTY PCT AND RES CODE CHANGED TO REFLECT NEW RPD AND RES
 - 2630 - ALERT - SBI ACCR ON VARIABLE CASE - NO VARIABLE RATE
 - 2640 - ALERT - VARIABLE RATE EXCEEDS LIMIT FOR PENALTY PCT - CORRECT RATE OR CODE
 - 2641 - ALERT - RESIDENCY CHANGED - NEW VARIABLE RATE DEVELOPED - REVIEW
 - 2642 - ALERT - RESIDENCE CHANGED AND RATE ASSUMED VARIABLE - VERIFY
 - 2660 - ALERT - PRIOR YR VARIABLE RATE CLEARED - POSSIBLE ERRONEOUS ADJUSTMENT
 - 2675 - ALERT - PREMIUM PAYMENT YIELDS PTD PAST DEC - CHECK EXCESS PREMIUM
 - 2676 - ALERT - PREMIUM PAYMENTS - EXCESS PREMIUM EXCEEDS \$99.99
 - 2694 - ALERT - CATASTROPHIC DATA DEVELOPED - RPD ASSUMED VARIABLE - VERIFY
 - 2695 - ALERT - CATASTROPHIC DATA DEVELOPED - RPD NON-VARIABLE - VERIFY
 - 2696 - ALERT - CATASTROPHIC DATA DEVELOPED - INVALID RPD - ASSUME VARIABLE
 - 2697 - ALERT - RPD NOT MATCHED TO TABLE - ASSUMED VARIABLE - VERIFY
 - 2698 - ALERT - RPD EQUALS ZEROS
 - 2699 - ALERT - RPD MATCHED TO NEW AND OLD RATE TABLES - VERIFY PENALTY PCT



Retirement Claims Manual

March 21, 2007

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2900 - SCREENING REPLY PENDING - DEATH MATCH SHOWS DOD

2901 - ANNUITY IN FORCE - DEATH MATCH SHOWS DOD

2902 - ACTIVE MIRTEL - DEATH MATCH SHOWS DOD

2903 - MIRTEL SHOWS CESSATION OF DIB - DEATH MATCH SHOWS DOD

2904 - MIRTEL SHOWS LOSS OF QRRB STATUS - DEATH MATCH SHOWS DOD

2001

MBR SCREENING ALERTS

REFERRAL CODE - REFERRAL MESSAGE

2801 - ALERT - REPLY CONVEEYING TERM - MIRTEL NOT UPDATED

2802 - ALERT - REPLY CONVEYING SBI ENROLLMENT - MIRTEL NOT UPDATED

2803 - ALERT - REPLY HAS YES OPTION - MIRTEL TERM - NOT UPDATED

2804 - ALERT - REPLY HAS 2ND ENROLLMENT - MIRTEL 1ST ENROLLMENT – NOT UPDATED

2805 - ALERT - REPLY HAS CONFLICTING DATA - MIRTEL INFO RETAINED

2806 - ALERT - REPLY RECEIVED HAS 1ST ENROLLMENT 2ND ENROLLMENT - MIRTEL NOT UPDATED

2807 - ALERT - REPLY RECEIVED - MIRTEL HAS DUAL ANNUITANT - NOT UPDATED

2808 - ALERT - REPLY RECEIVED ON INACTIVE CASE - REPLY NOT PROCESSED

2809 - ALERT - RESCREENING REPLY CONVEYING EARLIER SED - MIRTEL NOT UPDATED



Retirement Claims Manual

March 21, 2007

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2810 - ALERT - CHECK PAID THRU - POSSIBLE REFUND - MIRTEL NOT UPDATED

2811 - ALERT - POSSIBLE DUAL DEDUCTIONS - MIRTEL NOT UPDATE

MIRTEL FOLDER NOTICE

REFERRAL CODES - REFERRAL MESSAGE

3220 - PREMIUMS PAID AFTER SBI POSSIBLE REFUND DUE

3221 - PREMIUMS DUE FOR PERIOD PRIOR TO SBI

3222 - IEP OPTION CHANGE - POSSIBLE REFUND DUE

3223 - PREMIUMS PAID AFTER TERM DATE - POSSIBLE REFUND DUE

3224 - PREVIOUS ARREARAGE - CHECK ACCTS REC OR ARREARAGE AMT

3226 - PREVIOUS ARREARAGE - AMOUNT UNKNOWN - CHECK ACCT REC

3227 - REVERSE TERMINATION - PREVIOUS ARREARAGE

3228 - SMIB OPTION CHANGED - POSSIBLE REFUND DUE

3229 - ANNUITY IN FORCE W/DED - POSSIBLE REFUND DUE

3231 - LOSS OF QRRB - PREV ARREARAGE - CHECK ACCTS REC FOR AMT

3301 - MIRTEL DROPPED

3302 - SCREENING REPLY PENDING FOR 30 DAYS - TRACER SENT

3304 - TOB CHANGED TO 2 - AGE 65

3303 - CESSATION OF DIB - MIRTEL TERMINATED

3812 - RRB JURISDICTION - REPLY PROCESSED



DOD ALERT REFERRAL (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

4001 - DATE OF DEATH EXCHANGE REFERRAL

4002 - DATE OF DEATH DISCREPANCE REFERRAL

RR DISABILITY ATTAINMENT REFERRALS (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

7101 - DIS EMPLOYEE - NO MATCHING BP RECORD

7102 - DIS EMPLOYEE - BP RECORD TERM OR BEN SYM NOT 0

7103 - SUSP DIS EMPLOYEE - BEN SYM NOT 0

7104 - SUSP DIS EMPLOYEE - BP RECORD MATCHED

7105 - RECONSIDERED DIS EMPLOYEE 64-7 OR LESS - NO MATCHING BP RECORD

7106 - RECONSIDERED DIS EMPLOYEE 64-7 OR LESS - BP RECORD TERM OR BEN SYM NOT 0

7107 - RECONSIDERED DIS EMPLOYEE 64-7 OR LESS - BP RECORD MATCHED

7108 - SUSP RECONSIDERED DIS EMPLOYEE 64-7 OR LESS - BEN SYM NOT 0

7109 - SUSP RECONSIDERED DIS EMPLOYEE 64-7 OR LESS - BP RECORD MATCHED

7110 - RECONSIDERED DIS EMPLOYEE OVER 64-7 - NO MATCHING BP RECORD



Retirement Claims Manual

March 21, 2007

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7111 - RECONSIDERED DIS EMPLOYEE OVER 64-7 - BP RECORD TERM OR BEN SYM NOT 0

7112 - RECONSIDERED DIS EMPLOYEE OVER 64-7 - BP RECORD MATCHED

7113 - SUSP RECONSIDERED DIS EMPLOYEE OVER 64-7 - BEN SYM NOT 0

7114 - SUSP RECONSIDERED DIS EMPLOYEE OVER 64-7 - BP RECORD MATCHED

7115 - DIS CHILD IPI - BP RECORD MATCHED

7116 - DIS EMPLOYEE - NO SMIB INDICATION - NO MATCHING BP RECORD

7117 - DIS EMPLOYEE - NO SMIB INDICATION - BP RECORD TERM OR BEN SYM NOT 0

7118 - DIS EMPLOYEE - NO SMIB INDICATION - BP RECORD MATCHED

7119 - SUSP DIS EMPLOYEE - NO SMIB INDICATION - BEN SYM NOT 0

7120 - SUSP DIS EMPLOYEE - NO SMIB INDICATION - BY RECORD MATCHED

7121 - DIS CHILD IPI - NO SMIB INDICATION - BEN SYM NOT 0

7122 - DIS CHILD IPI - NO SMIB INDICATION - BP RECORD MATCHING

7201 - SURV DIS CHILD - SS RATING - NO MATCHING BP RECORD

7202 - SURV DIS CHILD - SS RATING - BP RECORD TERM

7203 - SURV DIS CHILD - SS RATING - BEN SYM NOT 3 OR 6

7204 - SUSP SURV DIS CHILD - SS RATING - BP RECORD MATCHED

7205 - SUSP SURV DIS CHILD - SS RATING - BEN SYM NOT 3 OR 6

7206 - SURV DIS CHILD - NO SS RATING - NO MATCHING BP RECORD

7207 - SURV DIS CHILD - NO SS RATING - BP RECORD TERM

7208 - SURV DIS CHILD - NO SS RATING - BP RECORD MATCHED

7209 - SURV DIS CHILD - NO SS RATING - BEN SYM NOT 3 OR 6



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
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7210 - SUSP SURV DIS CHILD - NO SS RATING - BP RECORD MATCHED

7211 - SUSP SURV DIS CHILD - NO SS RATING - BEN SYM NOT 3 OR 6

7212 - DIS WIDOW - SS RATING - NO MATCHING BP RECORD

7213 - DIS WIDOW - SS RATING - BP RECORD TERM

7214 - DIS WIDOW - SS RATING - BEN SYM NOT 6

7215 - SUSP DIS WIDOW - SS RATING - BP RECORD MATCHED

7216 - SUSP DIS WIDOW - SS RATING - BEN SYM NOT 6

7217 - DIS WIDOW - NO SS RATING - NO MATCHING BP RECORD

7218 - DIS WIDOW - NO SS RATING - BP RECORD TERM

7219 - DIS WIDOW - NO SS DATE - RATING CODE IS 0 OR 1

7220 - DIS WIDOW - NO SS DATE - BEN SYM NOT 6

7221 - SUSP DIS WIDOW - NO SS DATE OR BP RECORD MATCHED

7222 - SUSP DIS WIDOW - NO SS DATE - BP RECORD MATCHED

7223 - SUSP DIS WIDOW - NO SS DATE - BEN SYM NOT 6

7224 - WIDOW - NO MATCHING BP RECORD

7225 - WIDOW - PB RECORD TERM

7226 - WIDOW - BEN SYM NOT 3 OR 6

7227 - SUSP WIDOW - BP RECORD MATCHED

7228 - SUSP WIDOW - BEN SYM NOT 3 OR 6

7229 - DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED – NO MATCHING BP RECORD

7230 - DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED - DP RECORD TERM



Retirement Claims Manual

March 21, 2007

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7231 - DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED - BP
RECORD MATCHED

7232 - DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED - BEN SYM
NOT 3 OR 6

7233 - SUSP DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED - BP
RECORD MATCHED

7234 - SUSP DIS SURV ELIGIBLE FOR MEDICARE PREV - NOT ENROLLED - BEN
SYM NOT 3 OR 6

7301 - UNABLE TO DETERMINE NAME OF DIS CHILD

7302 - RETIREMENT - NO ABD IN RESEARCH RECORD

7303 - SURVIVOR - NO ABD IN RESEARCH RECORD

7901 - NOTIFY BA **** STEEL COMPANY RR OF DISABILITY ANNUITANT
MEDICARE ENTITLEMENT

STATE BUY-IN/PARS REFERRALS (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

6301 - STATE BUY-IN ADJUSTMENT

6302 - STATE BUY-IN ADJUSTMENT WITH PARS

PAM REFORMAT REJECT (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE



Retirement Claims Manual

March 21, 2007

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9970 - UNABLE TO PROCESS - HANDLE MANUALLY

SCREENING REJECT REFERRAL (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

5001 - NAME NOT UPDATED - OTHER FIELDS UPDATED

5002 - BENE NAME HAS OTHER THAN ALPHA OR BLANKS OR INCORRECTLY STRUCTURED

5003 - FIRST LINE OR LAST LINE OF ADDRESS INCORRECT

5004 - LAST LINE OR FIRST LINE OF ADDRESS INCORRECT

5005 - SEX CODE UNKNOWN

5006 - HI CARD CODE OTHER THAN 0, 1 OR 2

5007 - ALERT - CESSATION OF DIB UPDATED

5008 - REQUESTER IDENTITY UNKNOWN

5009 - SEX CODE OTHER THAN MALE OR FEMALE

5010 - BENE NAME HAS OTHER THAN ALPHA OR BLANKS OR INCORRECTLY STRUCTURED

5011 - 3RD PARTY PART B CODE OR DATE INCORRECT

5012 - URIC UNMATCHED ON HI CLAIM NUMBER

5013 - URIC MATCHED SKELETON RECORD

5014 - DUAL SURVIVORS - TRANSFER COMPLETED - PLEASE INVESTIGATE

5015 - UNMATCHED ON HI CLAIM NUMBER

5016 - URIC PROCESSING DATE EQUALS EDB PROCESSING DATE



Retirement Claims Manual

March 21, 2007

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-
- 5017 - DUPLICATE DATE BEING CONVEYED TO EDB
 - 5018 - URIC MATCHED EDB ON NAME, DOB AND SEX - UNMATCHED ON BIC
 - 5019 - URIC MATCHED EDB ON BIC - MATCHED ANOTHER EDB ON NAME, DOB AND SEX
 - 5020 - URIC MATCHED ON HI CLAIM NUMBER - UNMATCHED ON NAME, DOB AND SEX
 - 5021 - HI CLAIM NUMBER AND EQUATABLE BIC MATCHED MORE THAN ONE EDB
 - 5022 - UNMATCHED ON HI CLAIM NUMBER
 - 5023 - RIC G MATCHED OTHER THAN EDB
 - 5024 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5025 - HI CLAIM NUMBER INCORRECTLY STRUCTURED
 - 5026 - BIC BEN SYM AND PREFIX NOT VALID
 - 5027 - BIC AND SEX CODE INCONSISTENT
 - 5028 - DATE OF BIRTH INCORRECTLY STRUCTURED
 - 5029 - CURRENT OR PRIOR PART A EFF DATE INCORRECTLY STRUCTURED
 - 5030 - PART A OR B OPTION CODE OR PART A OR B EFF DATE INCONSISTENT WITH OTHER DATA
 - 5031 - CURRENT OR PRIOR PART B OPTION CODE NOT VALID OR INCONSISTENT WITH TYPE ACTION
 - 5032 - CURRENT OR PRIOR PART B EFF DATE INCORRECTLY STRUCTURED
 - 5033 - PART B EFF DATE INCONSISTENT WITH OTHER DATA
 - 5034 - PART B TERM DATE INCORRECTLY STRUCTURED
 - 5035 - PART B TERM DATE INCONSISTENT WITH PART B OPTION
 - 5036 - EFF DATE INCORRECTLY STRUCTURED
 - 5037 - URIC CODE NOT 1, 4, 5, 6 OR 9



Retirement Claims Manual

March 21, 2007

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-
- 5038 - EVENT CODE INCONSISTENT WITH URIC CODE - FORWARD TO SUPERVISOR
 - 5039 - EFF DATE INCORRECT OR INCONSISTENT WITH OTHER DATA
 - 5040 - REINSTATEMENT AND URIC CODE INCONSISTENT
 - 5041 - XREF HI CLAIM NUMBER INCORRECTLY STRUCTURED
 - 5042 - XREF BIC INCORRECT
 - 5043 - KILL CREDIT OR XREF CODE NOT J OR INCONSISTENT WITH URIC
 - 5044 - DATE OF DEATH NOT VALID
 - 5045 - URIC PROCESSING DATE INCORRECT
 - 5046 - RRB EDB WITH P-OPTION MATCHED TO RRB FLAG EDB
 - 5047 - SSA URIC REJECT - SSA HI CLAIM NUMBER XREF TO RRB EDB
 - 5048 - RRB URIC REJECT - RRB HI CLAIM NUMBER XREF TO SSA EDB
 - 5049 - RRB URIC MATCHED ON BIC TO EDB SKELETON RECORD
 - 5050 - RRB DIB URIC MATCHED AGED EDB
 - 5051 - DIB CODE IS INCORRECT
 - 5052 - PART A EFF DATE FOR DIB BENE INCORRECT
 - 5053 - PART B EFF DATE FOR DIB BENE INCORRECT
 - 5054 - RRB RECORD STATUS CODE INCORRECT
 - 5055 - FIRST SSA HI CLAIM NUMBER MISSING
 - 5056 - REASON FOR ENTITLEMENT CODE NOT AGED OR DIB
 - 5057 - MBR CURRENT OR PREV PART A OPTION INCORRECT
 - 5058 - FIRST PART A TERM DATE INCORRECT
 - 5059 - CONFLICT BETWEEN MBR PART A OPTION, EFF DATE AND TERM DATE



Retirement Claims Manual

March 21, 2007

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-
- 5060 - ZIP CODE MISSING
 - 5061 - SECOND PART A TERM DATE INCORRECT
 - 5062 - UNMATCHED ON HI CLAIM NUMBER
 - 5063 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5064 - NO PART B EFF DATE ON EDB
 - 5065 - TERM DATE NOT GREATER THAN PART B EFF DATE PLUS 1 MONTH
 - 5066 - CANNOT TERM PART B BECAUSE 3RD PARTY INVOLVEMENT
 - 5067 - DIB TERM BUT NO DIB INDICATION IN EDB
 - 5068 - DIB TERM INCONSISTENT WITH EDB ENTITLEMENT DATES
 - 5069 - MBR INCOMPATIBLE WITH RRB SYMBOL AND PREFIX
 - 5070 - NO SSA MATCH ON IDENTITY OF BENE
 - 5071 - SSA NUMBER INACTIVE
 - 5072 - UNMATCHED ON HI CLAIM NUMBER
 - 5073 - RIC G MATCHED OTHER THAN EDB
 - 5074 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5075 - PART B TERM ON EDB
 - 5076 - EFF DATE UNEQUAL TO EDB PART B EFF DATE
 - 5077 - REINSTATING PART B BUT NO TERM DATE ON EDB
 - 5078 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5079 - PART B EFF DATE INCORRECT
 - 5080 - PART B EFF DATE PRIOR TO 7-73, ENTITLEMENT CODE DIB
 - 5081 - PART A OR B EFF DATE INCORRECT
 - 5082 - 2ND PART B TERM DATE INCONSISTENT WITH OTHER FIELDS



Retirement Claims Manual

March 21, 2007

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5083 - RRB URIC CONVEYING ADVERSE PART A OR B EFF DATE - NOT APPLIED

5084 - RRB URIC CONVEYING ADVERSE PART A OR B EFF DATE - APPLIED

5085 - URIC ENTITLEMENT DATE OUT OF SYNC WITH EDB

5086 - URIC WITH NO PART B EFF DATE MATCHED EDB WITH CURRENT AND PRIOR PART B

5087 - RRB URIC CONVEYING AN ADVERSE PART B EFF DATE - APPLIED

5088 - RRB URIC REINSTATING PART B ENTITLEMENT

5089 - TERM DATE NOT GREATER THAN PART B EFF DATE PLUS 1 MONTH

5090 - XREF ACTION REJECTED

5091 - ACTIVE RRB - MATCHED SKELETON - BAD LAF

5092 - ACCRETION BOAN POINTS TO MULTIPLE HI CLAIM NUMBERS

5093 - MATCHED ON NAME, DOB AND SEX - UNMATCHED ON BIC

5094 - FIRST INITIAL, LAST NAME AND DOB MATCHED ANOTHER EDB

5095 - HOC/SOC EQUAL P ON SSA URIC

5096 - DEL ENTITLEMENT FAILED - MATCHED HIC AND BIC - UNMATCHED ON NAME, DOB AND SEX

5097 - DENIAL CASE MATCHED ACTIVE EDB

5098 - EDB ENTITLEMENT REASON NOT UPDATED OR DELETED

5099 - SEQUENCE ERROR - DIB/ESRD AFTER AGED ENTITLEMENT

5100 - RRB XREF ACTION FAILED - EXCEPTION CODE UNKNOWN

5101 - UNMATCHED RRB SKELETON EDB ON ACCOUNT NUMBER AND BIC OR GIVEN NAME

5102 - RRB URIC UNMATCHED TO EDB BUT NOT ACCRETED TO EDB

5103 - RRB URIC MATCHED TO XREF EDB



Retirement Claims Manual

March 21, 2007

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Phone: (312) 751-7139
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-
- 5104 - XREF REJECT - ACTIVE AND INACTIVE BIC A
 - 5105 - RRB EDB WITH P-OPTION MATCHED XREF CONTAINING ACTIVE SSA NUMBER
 - 5106 - RRB XREF REJECT - ACTIVE OR INACTIVE HIC HAVE A BAD LAF
 - 5107 - TEMPORARY EDB AT CMS
 - 5108 - RRB URIC CONVEYING PART B EFF DATE PRIOR TO DIB ATTAINMENT AGE
 - 5109 - SSA SYSTEMS LIMITATION
 - 5110 - EDB AIF PROBLEM
 - 5111 - URIC REQUEST - NO MBR FOR CLAIM NUMBER
 - 5112 - URIC REQUEST - NO MBR FOR BIC
 - 5113 - URIC REQUEST - NO DUAL ENTITLEMENT
 - 5114 - URIC REQUEST - NO ENROLLMENT INFORMATION ON MBR
 - 5301 - RRB NUMBER INCORRECT
 - 5302 - RRB SYMBOL AND PREFIX INCORRECT
 - 5303 - RRB PAYMENT STATUS INCORRECT
 - 5304 - RRB BENE CODE INCORRECT
 - 5305 - RRB XREF CODE INCORRECT
 - 5306 - DUPLICATE SSA NUMBERS
 - 5307 - RRB EXCHANGE JURISDICTION CODE INCORRECT
 - 5401 - NO RECORD OF BIC IN SSA FILE
 - 5402 - SSA RECORD HAS NO HI DATA
 - 5403 - SSA BENEFIT TERM, BIC ALIVE
 - 5404 - SSA RECORD SHOWS RRB HI IND



Retirement Claims Manual

March 21, 2007

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-
- 5405 - SSA BENEFIT TERM A/C DEATH
 - 5406 - ENTITLEMENT UNDER ANOTHER SSA CLAIM NUMBER
 - 5501 - DUAL ANNUITANT
 - 5502 - INVESTIGATE SSA NUMBER
 - 5503 - PROGRAM REJECT - EXCESS REPLY
 - 5504 - PROGRAM REJECT - REPLIES NOT EQUAL TO REQUEST
 - 5505 - DUPLICATE RECORD HAS JURISDICTION DISCREPANCY
 - 5506 - INVESTIGATE SSA REPORT OF DEATH
 - 5507 - JURISDICTION CODE DISCREPANCY
 - 5508 - SSA SUFFIX MISSING
 - 5509 - DUPLICATE SSA AND RRB TRANSFERS
 - 5510 - RR ANNUITY IN SUSPENSE - VERIFY ADDRESS FOR ID CARD
 - 5511 - SSA AND RRB SMIB OPTION DISCREPANCY
 - 5512 - P-OPTION ENCOUNTERED IN MBR RECORD
 - 5513 - INVESTIGATE DELINQUENT SMIB PREMIUMS
 - 5514 - SMIB PAID THRU DATE ASSUMED PENDING SSA REPORT
 - 5515 - SMIB PAID THRU DATE ASSUMED PENDING INVESTIGATION OF SSA PREMIUM AMOUNT
 - 5516 - SMIB TERM REQUESTED - TAKE TERM ACTION ON DATE INDICATED
 - 5517 - SMIB PREMIUMS DUE - SSA AND RRB BENEFITS IN SUSPENSE
 - 5518 - HI AND SMIB TRANSFER COMPLETED
 - 5519 - MANUAL TRANSFER REQUIRED - SSA TERM DATE AFTER RRB SMIB DATE
 - 5520 - SSA REFUND FOR UNINSURED BIC INDICATED



Retirement Claims Manual

March 21, 2007

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5521 - TRANSFER MANUALLY - PAID THRU DATE UNDETERMINED DUE TO P-OPTIONS

5522 - POSSIBLE ENROLLMENT UNDER DIB PROVISIONS

5523 - INVESTIGATE DIB, HIB AND SMIB DATES BEFORE 7-73

5524 - RRB ENT DATE PRIOR TO SSA ENT DATE - CHECK FOR POSSIBLE ARREARAGE

5525 - DEEMED QRRB FROM SSA UNDER 1974 AMENDMENTS

5526 - MANUAL TRANSFER, CESSATION OF DISABILITY

5999 - UNABLE TO DETERMINE CAUSE OF REJECT

DUAL SURVIVORS - TRANSFER COMPLETED - PLEASE INVESTIGATE

UNABLE TO PROCESS ACTIVITY - SCREENING REPLY OUTSTANDING

CMS-EDB ALERT OR EXCEPTION (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

5001 - NAME NOT UPDATED - OTHER FIELDS UPDATED

5002 - BENE NAME HAS OTHER THAN ALPHA OR BLANKS OR INCORRECTLY STRUCTURED

5003 - FIRST LINE OR LAST LINE OF ADDRESS INCORRECT

5004 - LAST LINE OR FIRST LINE OF ADDRESS INCORRECT

5005 - SEX CODE UNKNOWN

5006 - HI CARD CODE OTHER THAN 0, 1 OR 2



Retirement Claims Manual

March 21, 2007

U.S. Railroad Retirement Board
844 North Rush Street
Chicago Illinois, 60611-2092

Phone: (312) 751-7139
TTY: (312) 751-4701
Web: <http://www.rrb.gov>

5007 - ALERT - CESSATION OF DIB UPDATED

5008 - REQUESTER IDENTITY UNKNOWN

5009 - SEX CODE OTHER THAN MALE OR FEMALE

5010 - BENE NAME HAS OTHER THAN ALPHA OR BLANKS OR INCORRECTLY STRUCTURED

5011 - 3RD PARTY PART B CODE OR DATE INCORRECT

5012 - URIC UNMATCHED ON HI CLAIM NUMBER

5013 - URIC MATCHED SKELETON RECORD

5014 - DUAL SURVIVORS - TRANSFER COMPLETED - PLEASE INVESTIGATE

5015 - UNMATCHED ON HI CLAIM NUMBER

5016 - URIC PROCESSING DATE EQUALS EDB PROCESSING DATE

5017 - DUPLICATE DATE BEING CONVEYED TO EDB

5018 - URIC MATCHED EDB ON NAME, DOB AND SEX - UNMATCHED ON BIC

5019 - URIC MATCHED EDB ON BIC - MATCHED ANOTHER EDB ON NAME, DOB AND SEX

5020 - URIC MATCHED ON HI CLAIM NUMBER - UNMATCHED ON NAME, DOB AND SEX

5021 - HI CLAIM NUMBER AND EQUATABLE BIC MATCHED MORE THAN ONE EDB

5022 - UNMATCHED ON HI CLAIM NUMBER

5023 - RIC G MATCHED OTHER THAN EDB

5024 - DUPLICATE DATA BEING CONVEYED TO EDB

5025 - HI CLAIM NUMBER INCORRECTLY STRUCTURED

5026 - BIC BEN SYM AND PREFIX NOT VALID

5027 - BIC AND SEX CODE INCONSISTENT



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-
- 5028 - DATE OF BIRTH INCORRECTLY STRUCTURED
 - 5029 - CURRENT OR PRIOR PART A EFF DATE INCORRECTLY STRUCTURED
 - 5030 - PART A OR B OPTION CODE OR PART A OR B EFF DATE INCONSISTENT WITH OTHER DATA
 - 5031 - CURRENT OR PRIOR PART B OPTION CODE NOT VALID OR INCONSISTENT WITH TYPE ACTION
 - 5032 - CURRENT OR PRIOR PART B EFF DATE INCORRECTLY STRUCTURED
 - 5033 - PART B EFF DATE INCONSISTENT WITH OTHER DATA
 - 5034 - PART B TERM DATE INCORRECTLY STRUCTURED
 - 5035 - PART B TERM DATE INCONSISTENT WITH PART B OPTION
 - 5036 - EFF DATE INCORRECTLY STRUCTURED
 - 5037 - URIC CODE NOT 1, 4, 5, 6 OR 9
 - 5038 - EVENT CODE INCONSISTENT WITH URIC CODE - FORWARD TO SUPERVISOR
 - 5039 - EFF DATE INCORRECT OR INCONSISTENT WITH OTHER DATA
 - 5040 - REINSTATEMENT AND URIC CODE INCONSISTENT
 - 5041 - XREF HI CLAIM NUMBER INCORRECTLY STRUCTURED
 - 5042 - XREF BIC INCORRECT
 - 5043 - KILL CREDIT OR XREF CODE NOT J OR INCONSISTENT WITH URIC
 - 5044 - DATE OF DEATH NOT VALID
 - 5045 - URIC PROCESSING DATE INCORRECT
 - 5046 - RRB EDB WITH P-OPTION MATCHED TO RRB FLAG EDB
 - 5047 - SSA URIC REJECT - SSA HI CLAIM NUMBER XREF TO RRB EDB
 - 5048 - RRB URIC REJECT - RRB HI CLAIM NUMBER XREF TO SSA EDB



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-
- 5049 - RRB URIC MATCHED ON BIC TO EDB SKELETON RECORD
 - 5050 - RRB DIB URIC MATCHED AGED EDB
 - 5051 - DIB CODE IS INCORRECT
 - 5052 - PART A EFF DATE FOR DIB BENE INCORRECT
 - 5053 - PART B EFF DATE FOR DIB BENE INCORRECT
 - 5054 - RRB RECORD STATUS CODE INCORRECT
 - 5055 - FIRST SSA HI CLAIM NUMBER MISSING
 - 5056 - REASON FOR ENTITLEMENT CODE NOT AGED OR DIB
 - 5057 - MBR CURRENT OR PREV PART A OPTION INCORRECT
 - 5058 - FIRST PART A TERM DATE INCORRECT
 - 5059 - CONFLICT BETWEEN MBR PART A OPTION, EFF DATE AND TERM DATE
 - 5060 - ZIP CODE MISSING
 - 5061 - SECOND PART A TERM DATE INCORRECT
 - 5062 - UNMATCHED ON HI CLAIM NUMBER
 - 5063 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5064 - NO PART B EFF DATE ON EDB
 - 5065 - TERM DATE NOT GREATER THAN PART B EFF DATE PLUS 1 MONTH
 - 5066 - CANNOT TERM PART B BECAUSE 3RD PARTY INVOLVEMENT
 - 5067 - DIB TERM BUT NO DIB INDICATION IN EDB
 - 5068 - DIB TERM INCONSISTENT WITH EDB ENTITLEMENT DATES
 - 5069 - MBR INCOMPATIBLE WITH RRB SYMBOL AND PREFIX
 - 5070 - NO SSA MATCH ON IDENTITY OF BENE
 - 5071 - SSA NUMBER INACTIVE



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-
- 5072 - UNMATCHED ON HI CLAIM NUMBER
 - 5073 - RIC G MATCHED OTHER THAN EDB
 - 5074 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5075 - PART B TERM ON EDB
 - 5076 - EFF DATE UNEQUAL TO EDB PART B EFF DATE
 - 5077 - REINSTATING PART B BUT NO TERM DATE ON EDB
 - 5078 - DUPLICATE DATA BEING CONVEYED TO EDB
 - 5079 - PART B EFF DATE INCORRECT
 - 5080 - PART B EFF DATE PRIOR TO 7-73, ENTITLEMENT CODE DIB
 - 5081 - PART A OR B EFF DATE INCORRECT
 - 5082 - 2ND PART B TERM DATE INCONSISTENT WITH OTHER FIELDS
 - 5083 - RRB URIC CONVEYING ADVERSE PART A OR B EFF DATE - NOT APPLIED
 - 5084 - RRB URIC CONVEYING ADVERSE PART A OR B EFF DATE - APPLIED
 - 5085 - URIC ENTITLEMENT DATE OUT OF SYNC WITH EDB
 - 5086 - URIC WITH NO PART B EFF DATE MATCHED EDB WITH CURRENT AND PRIOR PART B
 - 5087 - RRB URIC CONVEYING AN ADVERSE PART B EFF DATE - APPLIED
 - 5088 - RRB URIC REINSTATING PART B ENTITLEMENT
 - 5089 - TERM DATE NOT GREATER THAN PART B EFF DATE PLUS 1 MONTH
 - 5090 - XREF ACTION REJECTED
 - 5091 - ACTIVE RRB - MATCHED SKELETON - BAD LAF
 - 5092 - ACCRETION BOAN POINTS TO MULTIPLE HI CLAIM NUMBERS
 - 5093 - MATCHED ON NAME, DOB AND SEX - UNMATCHED ON BIC



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-
- 5094 - FIRST INITIAL, LAST NAME AND DOB MATCHED ANOTHER EDB
 - 5095 - HOC/SOC EQUAL P ON SSA URIC
 - 5096 - DEL ENTITLEMENT FAILED - MATCHED HIC AND BIC - UNMATCHED ON NAME, DOB AND SEX
 - 5097 - DENIAL CASE MATCHED ACTIVE EDB
 - 5098 - EDB ENTITLEMENT REASON NOT UPDATED OR DELETED
 - 5099 - SEQUENCE ERROR - DIB/ESRD AFTER AGED ENTITLEMENT
 - 5100 - RRB XREF ACTION FAILED - EXCEPTION CODE UNKNOWN
 - 5101 - UNMATCHED RRB SKELETON EDB ON ACCOUNT NUMBER AND BIC OR GIVEN NAME
 - 5102 - RRB URIC UNMATCHED TO EDB BUT NOT ACCRETED TO EDB
 - 5103 - RRB URIC MATCHED TO XREF EDB
 - 5104 - XREF REJECT - ACTIVE AND INACTIVE BIC A
 - 5105 - RRB EDB WITH P-OPTION MATCHED XREF CONTAINING ACTIVE SSA NUMBER
 - 5106 - RRB XREF REJECT - ACTIVE OR INACTIVE HIC HAVE A BAD LAF
 - 5107 - TEMPORARY EDB AT CMS
 - 5108 - RRB URIC CONVEYING PART B EFF DATE PRIOR TO DIB ATTAINMENT AGE
 - 5109 - SSA SYSTEMS LIMITATION
 - 5110 - EDB AIF PROBLEM
 - 5111 - URIC REQUEST - NO MBR FOR CLAIM NUMBER
 - 5112 - URIC REQUEST - NO MBR FOR BIC
 - 5113 - URIC REQUEST - NO DUAL ENTITLEMENT
 - 5114 - URIC REQUEST - NO ENROLLMENT INFORMATION ON MBR



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5201 - RECORD COMBINED - MEDICARE STATUS QUESTIONABLE

5201 - INACTIVE DEATH DATA MOVED TO ACTIVE

5203 - DATE OF DEATH DISCREPANT - ACTIVE EDB RETAINED

5204 - PART A OR B COMBINED - INACTIVE MOST ADVANTAGEOUS APPLIED

DATABASE REFERRALS

REFERRAL CODE - REFERRAL MESSAGE

UNABLE TO LOAD, CHECK CLAIM, SSA NOS

PROCESSED AS UPDATE, CODED AS NEW RECORD

UNABLE TO LOAD, CHECK CLAIM, SSA NOS

PROCESSED AS NEW RECORD, CODED AS UPDATE

LOADED RECORD - DUPLICATE PSEUDO NUMBER

MONTHLY REFERRAL (MEDREF)

REFERRAL CODE - REFERRAL MESSAGE

8001 - MECHANICALLY ADJUSTED - ARREARAGE DUE

8002 - COMPUTATION ERROR - CHECK SMIB EFF DATE AND RPD

8003 - MECHANICALLY ADJUSTED - POSSIBLE REFUND DUE

8004 - IMPOSSIBLE CONDITION - REFER TO ESA



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-
- 8100 - SMIB OPTION DISCREPANCY - ANNUITY WILL BE ADJUSTED NEXT MONTH
 - 8200 - CASE SELECTED FOR ADJUSTMENT - REJECTED
 - 8300 - CRITICAL CONVERSION REFERRAL ON MIRTEL
 - 8301 - UNABLE TO ADJUST MIRTEL - REJECTED
 - 8400 - MIRTEL SHOWS SBI WITHOUT ACC DATE - UPWARD ADJUSTMENT TO CHICO REQ
 - 8500 - MIRTEL HAS TERM OPT - UPWARD ADJUSTMENT TO CHICO REQ - REFUND DUE
 - 8600 - SMIB OPTION DISCREPANCY - CHECK BOTH FILES
 - 8700 - RPD DISCREPANCY - ANNUITY ADJUSTED
 - 8800 - TERMINATION - CHECK JURISDICTION
 - 8900 - POSSIBLE REFUND DUE - CHECK PAID THRU DATE
 - 8901 - MIRTEL PENDING - CHICO SUSPENDED WITH DED
 - 8902 - MIRTEL SHOWS LOSS OF QRRB STATUS - CHICO IN FORCE
 - 8903 - MIRTEL SHOWS CESSATION OF DIB - CHICO IN FORCE WITH DED
 - 8904 - MIRTEL RSC SHOWS BENEFICIARY DECEASED - CHICO NOT TERMINATED
 - 8905 - RPD AND PAID THRU DISCREPANCIES - ANNUITY ADJUSTED
 - 8906 - NO MATCHING MIRTEL - CHICO HAS SMIB CODE
 - 8907 - NO MATCHING CHICO - MIRTEL SHOWS ANNUITY
 - 8908 - BEN SYM/TOB INCONSISTENT ON MIRTEL AND CHICO FILES
 - 8909 - INVALID OR MISSING PAID THRU DATE
 - 8910 - ALERT - TERM OF DIB - ELIGIBLE FOR HI ADDITIONAL 24 MONTHS
 - 8911 - ALERT - ANNUITY ADJUSTED DURING MEDICARE EXTENSION PERIOD



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Exhibit 2 - MIRF (MIRTEL Film)

HEALTH INSURANCE SYSTEMS

MIRF (MIRTEL Film)

This microfilm contains records of all Qualified Railroad Retirement Beneficiaries enrolled for either Part A or Part B or Medicare. Fourteen records are printed on each frame. This microfilm is produced each month.

Consult RCM 3.3 Exhibit 1 for detailed explanation of the terms and codes used on the MIRF.

LINE	CAPTION	DEFINITION OF FIELD	OPTIONAL INFO CONTAINED IN FIELD
A	CLAIM NO	Symbol, prefix, RRB claim number	
B	TYPE BEN/SX	Type of beneficiary, sex code	PC-payee code
C	RR DOB	Date of birth established by RRB	
D	HI DOB	Date of birth established by SSA	
E	PSEUDO NO	Pseudo number if any	
F	FIRST NAME	Beneficiary's first name, middle initial	
G	LAST NAME	Beneficiary's last name	
H	REC STAT	Record status code	DOD - date of death
I	ID ISS/GEP	ID-issue code, ID issue date GEP enrollment code	
J	REF CD/DT	Referral code, referral date	
K	SREQ CD/DT	Screening request code,	



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		screening request date	
L	SREP DT	Screening reply date	
M	LAP CD/DT	Last activity processing code, type of activity code, activity processing date	
N	VCHR NO/DT	Voucher number, voucher date	
O	SOC/SOF DT	SMI effective date, SMI option filing date	
P	SED/RPD	SMI effective date, SMI premium rate	
Q	SMI TERM CD	SMI termination code	DT - SMI termination date
R	HED/TERM DT	HI effective date, HI termination date	
S	ACC/DEL DT	Accretion date, deletion date	
T	SEQ DT	Sequential date	BTCH# - batch number
U	LST PYMT/DT	Amount of last payment, billing release date	
V	3 PTY CD	Third party code accretion - deletion code	A/D CD - third party
W	PD THRU DT	Paid thru date - Asterik (*) indicates assumed paid thru date	DQ - delinquency date
X	LST BILL CD	Type of last bill premium amount	EX PR - excess
Y	CAT DATA CD	Medicare Catastrophic Data Code is displayed in the first five positions of this line.	Previous Medicare Catastrophic Data Code, if applicable, appears in the final five positions of each record group.



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		NOTE: This code is used to define the SMIB deduction amount. It consists of three components: the Rate Table Indicator (S = Standard Table, P = Puerto Rican Table, C = U.S. Commonwealth/Territories Table), the Variable Rate Indicator (N = non-variable, V = variable), and the Penalty Percentage Indicator (000 through 220).	
Z	CAT EFF DT	Catastrophic Medicare Effective Date. The current date is displayed in the first five positions of this line.	Previous Catastrophic Medicare Effective Date, if applicable, appears in the final five positions of each record group.
	CAT ACCT DT	Catastrophic Medicare Accounting Date. The current date is displayed in the first five positions of this line.	Previous Catastrophic Medicare Accounting Date, if applicable, appears in the final five positions of each record group.
	VAR BS/RPD	Variable Base Rate, if applicable, is displayed in the first half of this line.	Previous Variable Rate Paid, if applicable, appears in the final half of each record group.

Exhibit 3 - MMAC (Microfilm of MIRTEL activity)

MMAC (Microfilm of MIRTEL ACTIVITY)

This microfilm reflects weekly additions to, subtractions from, and changes in the MIRTEL record. The MIRTEL record is manipulated by certain activity codes entered on the G-810, G-811 or through the RASI or attainment systems. The MMAC will show what activity was attempted, the existing master record, and the subsequent master record following the adjustment. In the event that the attempted activity cannot be processed, the MMAC will show "REJECT". Sometimes an activity will process, but the MMAC will show "ALERT." This is not a REJECT. An alert means a particular part of the record should be checked for accuracy. It advises of additional information to be considered in handling the case.

Consult RCM 3.3 Exhibit 1 for detailed explanation of the terms and codes used on the MMAC.



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ACTIVITY RECORD CAPTION	INFO CONTAINED IN FIELD
RRB CLAIM NO.	Symbol, prefix, and RRB claim number
TYPE BEN	Type of beneficiary
SEX	Sex code
RRB DOB	Date of birth established by RRB
HI DOB	Date of birth established by SSA
PSEUDO NO	Pseudo number, if any
BENE SSA	Beneficiary's SS number
EE SSA	Employee's SS number
RRB/SSA NO/SUF	Previous RR number or second SS number
ACCTG DT	Accounting date
ACTIVITY	Activity code, source of activity, "ALERT" or "REJECT" indication if applicable
REC STAT	Record status code
SOF DT	SMI option filing date
SOC	SMI option code
SED	SMI effective date
RPD	SMI premium rate
PD THRU DT	Paid thru date, asterisk (*) - assumed paid thru date indication
EXC PREM AMT	Excess premium amount
SMI TRM DT	SMI termination date



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DELQ DT	Delinquency date
HED	HI effective date
HI TRM DT	HI termination date
DOD	Date of death
ID ISS	ID issue code
PC	Payee code
ABD	Annuity beginning date
ORB CNT	Orbit count
DIS FRZ DT	Disability freeze date
ACCR DT	State-buy-in accretion date
DEL DT	State-buy-in deletion date
EVENT CD/DT	Event code, event date
REP PAY	Rep payee code
3 PTY CD	Third party code
TYPE BILL	Type of bill
AMT PAID	SMI amount paid
A D CD	Accretion/deletion code
POSTMARK	Postmark date
DT LST PYMT	Date of last payment (sequential date & batch number)
REFUND	Possible refund amount
SEC UNIT	Section/unit code
RRB CLAIM NO.	Symbol, prefix, and RRB claim number



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TYPE BEN	Type of beneficiary
SEX	Sex code
RRB DOB	Date of birth established by RRB
HI DOB	Date of birth established by SSA
PSEUDO NO	Pseudo number, if any
BENE NAME	Beneficiary's first name, middle initial, and last name
REP PAY	Rep payee code
BENE SSA	Beneficiary's SS number
EE SSA	Employee's SS number
MASTER	IN - existing master record
	OUT - master record subsequent to adjustment
	(C) - conversion referral indication
TYPE APPL	Type of application
SSA CLM NO/SUF	SS number on which beneficiary is entitled to SS benefits
REC STAT	Record status code
DOD	Date of death
ID ISS	ID issue code
G-44/GEP	G-44 GEP code
REF CD	Referral code
REF DT	Referral code date
SREQ CD	Screening request code
SREQ DT	Screening request date



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SREP DT	Screening reply date
LAP CD	Last activity processing code
LAP DT	Last activity processing date
VCHR NO	Voucher number
VCHR DT	Voucher date
SOF DT	SMI option filing date
SOC	SMI option code
ABD	Annuity beginning date
DIS FRZ DT	Disability freeze date
SED	SMI effective date
RPD	SMI premium rate
DELQ DT	Delinquency date
SMI TRM CT/DT	SMI termination code, SMI termination date
HED	HI effective date
HI TRM DT	HI termination date
ACCR DT	Latest state-buy-in accretion date
DEL DT	Latest state-buy-in deletion date
DT LST PYMT	Date of last payment (sequential date, batch number)
AMT PAID	SMI amount paid
BILL REL DT	Bill release date
3 PTY CD	Third party code
A D CD	Accretion/deletion code



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PD THRU DT	Paid thru date, asterisk (*) - assumed paid thru date indication
EXC PREM AMT	Excess premium amount
ARRG DUE/CD	Arrearage due amount, arrearage due code
YEC	Year end code
PC	Payee code
GEO CD	Geographic code
ACCTG DT	Accounting date
SEC/UNIT	Section/unit code

Exhibit 4 - MIRTEL Inquiry

MMAC Microfilm of MIRTEL Activity

MIRTEL INQUIRY

This folder record printout is generated by preparation of Form G-811 with Activity Code 98 or 99. The G-811 can be prepared to obtain a printout of one beneficiary or of all beneficiaries entitled on a certain claim number. Detailed instructions for the preparation of Form G-811 are contained in section 3.3 Appendix B.

The following is a detailed explanation of the terms and codes used on the INQUIRY printout.

MASTER RECORD CAPTION	DEFINITION OF FIELD
RRB CLAIM NO.	Symbol, prefix, and RRB claim number
TYPE BEN	Type of beneficiary
SEX	Sex code
RRB DOB	Date of birth established by RRB



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HI DOB	Date of birth established by SSA
PSEUDO NO	Pseudo number , if any
BENE NAME	Beneficiary's first name, middle initial, and last name
REP PAY	Rep payee code
SEC/UNIT	Section/unit code
TYPE APPL	Type of application
BENE SSA	Beneficiary's SS number
EE SSA	Employee's SS number
SSA CLM NO/SUF	SS number on which beneficiary is entitled to SS benefits
REC STAT	Record status code
DOD	Date of death
ID ISS	ID issue code
G-44/GEP	G-44 GEP code
REF CD	Referral code
REF DT	Referral code date
ZIP CD	Zip code
SREQ CD	Screening request code
SREQ DT	Screening request date
SREP DT	Screening reply date
LAP CD	Last activity processing code
LAP DT	Last activity processing date



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VCHR NO	Voucher number
VCHR DT	Voucher date
SOC	SMI option code
ABD	Annuity beginning date
DIS FRZ DT	Disability freeze date
SED	SMI effective date
RPD	SMI premium rate
PC	Payee code
DELQ DT	Delinquency date
SMI TRM CD/DT	SMI termination code, SMI termination date
HED	HI effective date
HI TRM DT	HI termination date
ACCR DT	Latest state-buy-in accretion date
DEL DT	Latest state-buy-in deletion date
DT LST PYMT	Date of last payment (sequential date, batch number)
AMT PAID	SMI amount paid
BILL REL DT	Bill release date
3 PTY CD	Third party code
A/D CD	Accretion/deletion code
PD THRU DT	Paid thru date, asterisk (*) - assumed paid thru date indication
EXC PREM	Excess premium amount



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ARRG DUE/CD	Arrearage due amount, arrearage due code
YEC	Year end code
RIC REL DT	Date universal RIC sent

Exhibit 5 - Teletype Message (G780b)

Health Message (G-708b)

The form is self-explanatory except for the type query. Enter ESQ to query only the HIM for an RRB or SSA number. Enter HMQ to obtain a combined HIM-MBR query for an SSA number.

STATUS QUERY REPLIES

I Edit Reject

HH Reject ESQ CHLBD SMITH,A 023451110A *DA042977 PN

It is possible to get this from an ESQ or HMQ.

II STALL REPLY

HH Interim ESQ CHLBD SMITH,A 123456789A DC09 PD050177

It is possible to get this reply from an ESQ or HMO. The disposition code (DC) can be either 00 or 09.

III IDENT REJECT (CODE 52)

HH Reply ESQ CHLBD THOMAS,C 123456789A DC99 PD050177

It is possible to get this reject from an ESQ or HMQ.

IV FINAL REPLY

HH Reply ESQ CHLBD THOMAS,C 123456789A DC99 PD050177

SEXM PAEO775E PB0775Y DOB 010501 SBI1 PCLYES FRZYES LAFS 1

XCN 987654321A CBN THOMAS,CHARLES,J

PBT 0176 PPA PPA 0766 0733



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PPB 0766 0770 ENT

ADD 149 ELM ST, NEW BELMONT NH 08210

GLOSSARY OF ABBREVIATIONS

CODE	MEANING
BLD	Blood Deductible Remaining To Be Met
DA	Date of Admission
DB	Date of Birth (Input)
DBA	Date of Latest Billing Action (DOLBA)
DC	Disposition Code
	00 Reply is an acknowledgement and indicates that a final reply will follow based upon a cross-referenced claim number.
	09 Reply indicates the claim number is blocked. A final reply will be received within 2 weeks.
	52 Reply indicates there is no record under the claim number queried.
	99 Reply supplies the information in the HIM for either the claim number queried or the cross-reference number.
DOB	Date of Birth (Output)
DX	Date of Death
FRZ	HI Master Freeze Indicator -
	No - the record is not frozen
	Yes - the record is frozen.
HCD	Hospital Co-Insurance Days Remaining
HFD	Hospital Full Days Remaining



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HHA	Home Health Part A Days Remaining
HHB	Home Health Part B Days Remaining