



Version History Table			
Date:	Document:	Changes Made:	Impacted Pages:
11/2023	BDE Process Guide	New guide created.	Entire Document
4/2025	BDE Process Guide	Removed Potential Income references as this is no longer a federal requirement. Added additional steps for out of state addresses.	Pgs. 9 & 10

BDE PROCESS GUIDE

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Definitions:

Beneficiary Data Exchange (BENDEX/BDE) – A file exchange from the Social Security Administration (SSA) that reports Social Security information to the State of Nebraska for individuals who have either applied for or are receiving public assistance benefits.

Current Pay (CP) – Currently receiving a physical check/electronic payment from the Social Security Administration.

Non-Pay (NP) – Not receiving a physical check/electronic payment from the Social Security Administration.

Retirement, Survivors, and Disability Insurance (RSDI) - Retirement, survivors, and disability benefits paid to workers, their dependents, and survivors. RSDI is commonly referred to as Social Security and this benefit is reported in the BDE Interface.

Social Security Administration (SSA) - A U.S. government agency that administers social programs covering disability, Medicare, retirement, and survivors' benefits.

Social Security Disability Insurance (SSDI) - A payroll tax-funded, federal insurance program of the United States government. It is managed by the SSA and is designed to provide income supplements to people who are physically restricted in their ability to be employed because of a notable disability; usually a physical disability. SSDI can be supplied on either a temporary or permanent basis, usually directly correlated to whether the person's disability is temporary, or permanent. This benefit is reported in the BDE Interface.

Purpose: The purpose of the BDE Process Guide is to provide guidance for staff when navigating the various alerts received via the BDE interface, and to combine all information into a single, streamlined document. The guide is separated into several different sections:

Section 1 provides direction regarding what to do when an BDE alert is received; Section 2 provides direction regarding SVES claim requests, SVES SSN requests, and Beneficiary Identification Codes (BIC); Section 3 provides direction regarding address mismatch, suspension, and non-pay of BDE benefits processes; Section 4 provides direction regarding BDE interfaces and alerts; Section 5 provides direction regarding miscellaneous.

Reminder: Staff should review all pertinent information on the BDE Interfaces screens prior to contacting SSA with questions.

Interfaces may also include partial information or not answer all questions that need to be clarified when processing an application, change, or a renewal. It may be necessary for the worker to call out to another agency or the client, etc. to clarify information further.



SECTION 1: What to Do When a BDE Alert is Received

When a BDE alert is received, the following action should be taken:

Identify the person in the alert. A Master Case may have several members who **have applied, been recently approved, or are currently receiving RSDI benefits**. Make sure you are viewing the information for the person identified in the alert. Check the payment status for RSDI benefits:

- a. If the person remains Current Pay (CP):
 - i. Check the address in the Demographics screen to ensure that the address on file with SSA matches the address known to the agency. If the address does not match, refer to the [Address Mismatch](#) section of the guide.
- b. If the person is in Non-Pay (NP) status, refer to the [SECTION 3: Address Mismatch, Suspension, and Non-Pay of BDE Benefits Processes](#).

1. Check the BDE Benefit Detail screen for income (**See BDE Benefit Detail screen below**).
 - a. The BDE Benefit Detail screen will alert a worker to RSDI benefits generally, sometimes it will include information from other sources of income, like RSDI benefits received on a spouse or a parent's claim or railroad income.
 - b. The Benefit Detail Screen under Entitlement will show the worker the current entitlement date, the initial entitlement date, and the disability date, if applicable. **Workers must remember that because a client has RSDI, does not necessarily mean that they are disabled.** See the [Interfaces WINK-ed](#) for additional information.
 - c. In most cases, benefits received off another individual's claim will appear in the BDE interface. If the information is not in BDE, then a SVES Claim Request must be sent with the correct claim number, in order to bring the new information into NFOCUS.

Benefit Detail			
Claim Number:	[REDACTED]		
Payment Status:	CURRENT PAY (CP)		
Bendex Match Status:	MATCHED		
Record Source:	BENDEX Accretion		
Entitlement			
Current Entitlement Date:	02-01-2020	Dual/Triple Entitle Status:	A
Initial Entitlement Date:	07-01-2001	Dual Entitle Claim Number:	
Disability Date:	01-01-2020	Triple Entitle Claim Number:	
Payment Information			
Effective Date:	12-01-2022	Garnishment Amount:	\$0.00
Check Amount:	\$1,140.00	Overpayment Monthly Recover Amount:	\$280.00
Entitlement Amount:	\$1,420.40	Recover End Date:	09-01-2025
Gross Amount:	\$1,420.00	SSI Overpayment Amount Withheld:	\$0.00
		Retro Payment Amount:	\$0.00
Scheduled Payment Information			
Payment Date:	Current Payment Amount:		
Prior Payment Amount:	Combined Check:		
Railroad			
Railroad Claim Number:	Railroad Status:		
Railroad Jurisdiction Start Date:	Railroad Jurisdiction Stop Date:		

SECTION 2: SVES Claim Request/SVES SSN Request and Beneficiary Identification Codes (BIC)

SVES Claim Request

SVES Claim Request: This button is used to generate a request through the State Verification Exchange System (SVES) to the Social Security Administration for verification of the Social Security, and/or Medicare eligibility. Railroad Part A and B is not a part of this request.

NOTE: This button enables only after you enter the Social Security Claim number and tab off the field.

The SVES Claim Request is often required if the participant is receiving a benefit off another person's claim, and not their own. Additional action may be required up-front to obtain the actual claim number (i.e., review application, callout to the applicant/representative, call to SSA). The accurate claim information is required to get a response in BDE. See the [SVES WINK](#) and the [WINK- SVES Claim Requests](#) for additional information.

1. To send an SVES Claim Request:
 - a. Go to the NFOCUS Interfaces Menu from the Person Detail screen. (See screen below)
 - b. Enter the SSA claim number, including the letter/number code at the end (123456789C2, in this example), and press the Tab key. The SVES Claim Request Button should now populate.
 - c. Then, press the button to send the request. A response can take a few business days to receive.
 - d. The worker must set an alert to determine if SVES information has been received after the request has been submitted. If information has been received the accurate claim information should be available in the BDE Interface. The process may have to repeat if updated information has not been received.

SVES SSN Request

SVES SSN Request: This button is used to generate a request through the State Verification Exchange System (SVES) to the Social Security Administration for verification of the SSN, Supplemental Security Income, Social Security, and/or Medicare eligibility.

The SVES SSN Request typically only returns claim information if the participant is receiving income off their own claim number (or is dual/triple entitled and receiving income from their own claim number *in addition to* another claim). This request type will not return results if the participant is only receiving off other people's claims. The SVES SSN Request is sent automatically when a case person is registered in NFOCUS, however a worker may initiate the request at any time.

1. To send an SVES SSN Request:
 - a. Go to the NFOCUS Interfaces Menu from the Person Detail screen. (See screen below)
 - b. Then, press the SVES SSN Request button to send your request. A response can take a few business days to receive.
 - c. The worker must set an alert to determine if SVES information has been received after the request has been submitted. If information has been received the accurate claim information should be available in the BDE Interface. The process may have to repeat if updated information has not been received.

Follow the [Social Security Beneficiary Identification Codes \(BIC\)](#) document in MERL for more descriptions.

N-FOCUS - Interfaces Menu

File Help

Case Person

Name

SSN - - Sex Birth Date

Interfaces

BDE CHS CSE DMV IPV IRS IUC MBI NHM

SDX SEW SSR SSR TRX VCI VLP VS HOQ

Useful Links

SSN [] []

SSA Claim Nbr 123456789C2

Clear Cancel

HUB SSA/Incarceration Request

SNAP IPV Match Request

SNAP Incarceration/Death Req

SVES Claim Request

SVES SSN Request

SNAP 40 Quarter Request

Reminder: Remember to obtain the correct claim number the participant is receiving the benefit from. If not displayed in the SDX Financial Tab, this may require contacting the SSA, the participant, or their representative.

SECTION 3: Address Mismatch, Suspension, and Non-Pay of BDE Benefits Processes

Address Mismatch (Client Remains CP; Different Nebraska Address):

If the client remains BDE, but there's a different NEBRASKA address listed in BDE:

1. Review the client's NFOCUS address history.
2. Is the address in BDE the client's old address that was previously listed in NFOCUS?
YES—Send the client a speed note to inform them their old address is still on file with SSA, and they should update their address to avoid any future interruption in benefits.
NO—Update the client's address to the new address verified in BDE.

If the client remains BDE with a Nebraska physical address, but there is an out of state mailing address listed in BDE:

1. Make a call out to the client prior to updating the mailing address to the out of state address.

BDE Interface: Suspended – Address Unknown:

In this situation, SSA uses this code when they need to speak with the client. This could be for address unknown, or for a non-medical update for changes in income, or incarceration.

Attempt a call to the client:

1. If successful:
 - a. Update the client's address in NFOCUS.
2. If unsuccessful:
 - a. And DHHS is aware of the client's address, leave the address that is listed in NFOCUS.
 - i. Send a speednote to the client informing them of their need to contact SSA to update their address.
 - b. If the speednote or other mail is being returned it is likely that DHHS and SSA do not know where the client is. The worker must follow the [Returned Mail Process](#) for additional action.

BDE Interface: Suspended - Returned Check:

In this situation, SSA uses this code when they need to speak with the client. This could be due to the client's routing number to the bank being incorrect; a representative payee may have inadvertently returned the check; or the client may have returned the check.

Attempt a call to the client:

1. If successful:
 - a. Inform the client of their need to contact SSA and update their information.
2. If unsuccessful:
 - a. Send a speednote to the client informing them of their need to contact SSA to update their information.
 - b. If the speednote or other mail is being returned it is likely that DHHS and SSA do not know where the client is. The worker must follow the [Returned Mail Process](#) for additional action.

BDE Interface: Non-Pay – Refused Vocational Rehab:
Attempt a call to the client:

1. If successful:
 - a. Inform the client of their need to contact SSA and update their information.
2. If unsuccessful:
 - a. Send a speednote to the client informing them of their need to contact SSA to update their information.
 - b. If the speednote or other mail is being returned it is likely that DHHS and SSA do not know where the client is. The worker must follow the [Returned Mail Process](#) for additional action.

SECTION 4: BDE Interfaces and Alerts

Alert #68: Buy-In Rejected:

CMS has rejected an attempt by the State to establish Buy-In for this client because their database indicates there is an error with this client in matching their Medicare Claim Number.

1. Verify the status of the client.
2. Also verify the Medicare Claim Number (Benefit Claim Number), in case an erroneous number was submitted that matches for another client.
3. If the information is erroneous refer the client to the local Social Security Office.
4. If the Claim Number in NFOCUS is incorrect, correct this and the system will automatically resubmit for Buy-In during the next scheduled input.
5. Remember to check CMS/MBI interfaces which may also verify this claim number. The Medicaid Claim Number may be different than a number designated for the client because the individual may be drawing benefits off of another individual's claim (example: may be eligible for benefits off of their spouse's claim number instead of their own due to age, etc.).

Alert #414: Buy-In:

CMS has deleted the State's Buy-In for this client because his/her Medicare entitlement has ended. This may be because s/he does not currently meet all requirements for Medicare, i.e., age, citizenship, continuation of disability. Follow-up may be necessary to determine what the change in status is and how it may affect the client's Medicaid eligibility.

1. Check BDE interfaces, and/or CMS interfaces for possible updated information on continued eligibility.
 - a. BDE will show the Entitlement Status of the client for both Part A, and Part B.
 - i. For BDE, the worker can find this information in the Medicare Part A, and Medicare Part B sections of the interface. The worker can access this tab by selecting the clients most-recent Payment Received date from the BDE interface tab.
 - b. CMS will show the Enrollment Status of the client for both Part A, and Part B. The worker will click the Part A/B Enrollment tab in the CMS interface to view this information.
 - c. MBI will show information about what months are being rejected and potentially list a rejection code/reason as well.
2. Review [Understanding the Parts of Medicare](#) and the [TPL Guide](#) document for more information regarding Medicare entitlement.

Alert #434: Interface Record:

The Interface Record is run monthly and includes SDX, BDE, IUC, and Long-Term Care (LTC) rate changes.

When this alert is received for BDE the worker must:

1. Compare the payment amount shown in BDE to what is shown in Unearned Income in the Expert system in NFOCUS, and then confirm the payment amount is appearing in the NFOCUS budgets correctly (not double counting or missing, etc.)
 - a. If the payment amounts match, no action needs to be taken.
 - b. If the payment amounts do not match:
 - i. Update the amount in Unearned Income in Expert to the current BDE amount.
 - ii. Process budgets accordingly.

The worker must review the BDE Interface screens and may need to review multiple lines on the BDE (benefit screen) to ensure we are accounting for the individual possibly receiving benefits from multiple claim numbers or off of a different claim number than their own. The Medicaid Claim Number may be different than a number designated for the client because the individual may be drawing benefits off of another individual's claim (example: may be eligible for benefits off of their spouse's claim number instead of their own due to age, etc.). See the screenshot below:

Received Date	Payment Status	Bendex Match Status	Payment Date	Check Amount	Gross Amount
10-06-2023		TERMINATED FROM STATE BU...		\$1,142.00	\$1,306.90
10-05-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
09-20-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
08-11-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
07-19-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
06-21-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
05-18-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
04-19-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
03-02-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
02-18-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
01-19-2023	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
12-20-2022	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
11-22-2022	CURRENT PAY (CP)	MATCHED		\$1,307.00	\$1,307.00
11-18-2022	CURRENT PAY (CP)	MATCHED		\$1,202.00	\$1,202.00

Alert #456: Benefits Suspended:

SSA benefits were suspended on the client listed on the alert.

1. Review policy regulations to determine if the client remains eligible for assistance in any other Medicaid category.
 - a. See the [MLTC Change Management Guide](#) for additional information.

Alert #457 – SSA Adjustment:

The SSA benefits have been reduced due to an overpayment or garnishment. See BDE for further info and enter the Adjust Reason in the Unearned Income task before processing budgets.

1. The worker must contact SSA in order to determine the timeframe the overpayments were received.
2. Then the worker must determine whether the overpayments were received by the client while they were receiving Medicaid.
 - a. The amount after deduction of the overpayment is used if the client received both Medicaid and the other benefit at any time during which the overpayment occurred and the overpaid amount was included in the Medicaid budget.
3. The worker must then go to Unearned Income Tab in expert and add the Adjustment Reason.
 - a. The Adjustment Reason will determine whether the gross or net SSA benefits should be used in the appropriate budgets.
4. Run the budgets and send a NOA.

SECTION 5: Miscellaneous

Early Retirement vs. Disability:

The BDE interface may report a Disability Date for some clients between the ages of 62-64. This disability date may appear that the client is receiving SSA income based on a disability when they actually are receiving an early retirement payment. If new SSA income is reported for clients between the age of 62-64, review the [Interfaces WINK-ed](#) to determine if the client is determined disabled. If income is from Early Retirement, this would not make the client categorically eligible for Non-MAGI. Client could remain in MAGI eligibility. If the individual is only receiving Medicare, it does not mean they have been determined to be disabled by SSA. See [Policy Memo 23-02](#) and the [SRT Guide](#) for additional information.

Garnishments:

Non-MAGI: Income which is being intercepted, withheld, or garnished, even if done pursuant to a court order, is counted in determining eligibility. [477 NAC 22-002.05](#)

Garnishments and Overpayments – The amount after deduction of the overpayment is used if the client received both Medicaid and the other benefit at any time during which the overpayment occurred, and the overpaid amount was included in the Medicaid budget. See additional information above in this guide for Alert #457.