

Ticket Training Tuesday

Split Payments

Goals and Objectives

- Discuss how to prepare for a possible split payment
- Describe the split payment process
- Describe your choices during a split payment case
- Identify your responsibilities during a split payment case.

Previous EN Assignment

RILEY/IFCA VISALLA

Y N Are you between the ages of 18-64? Age _____

Y N Have you received your Ticket in the mail?

Y N Currently Receiving SSI _____ SSDI _____

Y N Are you interested in returning to work with the goal of getting off Social Security completely?

Y N Have you met with any other EN or DOR? _____

Y N Payee? _____

Nature of Disability: _____

How long since you last worked? _____ Type of Job? _____

What type of work do you want to do? _____

Comments:

Progress Check One

What are some steps you can take to prepare for a possible split payment?

1. Use an intake tool with a question about previous Ticket assignment
2. Ask the OSM if your former clients are with other ENs
3. File a Freedom of Information request

Case Study - Jane Ticketholder

- New client
- Received services from EN B
- Individual Work Plan (IWP) signed and developed
- Ticket is assigned to EN A
- Provide services
- Jane begins work and has earnings above Trial Work Level (TWL)
- You submit for payment





Diaried Request

Possible Split Payment

Ticket to Work
EN Payments Department
P. O. Box 1433
Alexandria, VA 22313

January 23, 2014

EN A
Main St.
Somewhere, USA

Re: Potential eligibility to Split Employment Network (EN) Payments on behalf of the Ticket listed below.

Based on Ticket History, this ticket has had more than one assignment to different ENs. The other EN(s) involved are: **EN B**

Our records show that you previously held or currently hold a ticket assignment for the Ticket Holder named below. Therefore, you and the other EN(s) named above may be entitled to a possible split payment for this Ticket. If you believe you are entitled to split payments on behalf of this Ticket based on the services you provided, please send us the information requested below within 30 days of the date of this letter. This information may be faxed or mailed. Not submitting a split payment request within 30 days will indicate that your agency is not interested in pursuing possible split payments.

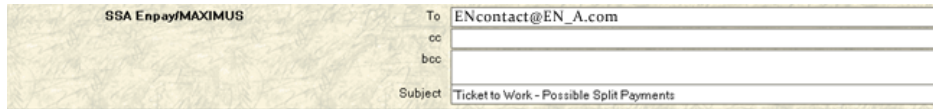
Name of Ticket Holder: Ticketholder, Jane
Ticket Number: TW 123

To request split payments, please provide the following information:

1. **Service Records** – Detail services provided to the Ticket Holder as well as dates of service.
2. **Completed Payment Request** form for the following claim(s).
_P1M3_____
3. **Form SSA-1401** – Complete this form to indicate a request of negotiation between organizations involved and payment percentage allocation determination or request to have program manager negotiate payment percentage allocation determination.

Diaried for 30 Days

- Helpdesk 1.866.949.3687
- Email notice
- After request is perfected
- IVR PIN encrypted



Good morning Dear Mr. Jones,

The Employment Network (EN) Payments Department at the Operations Support Manager (OSM) for the Ticket to Work program has either received a request for payment or identified possible payment(s) availability based on Social Security Administration databases for the Ticket Holder name in the attached notice. The notice is password protected by your PIN number that is on file with the OSM. To move forward with this process, please reference the attached letter for details.

For your convenience, the Form SSA-1401 can be submitted via the secure provider Portal. ^{23*}

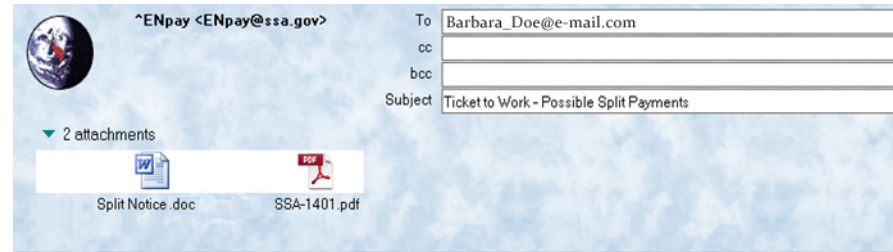


Attention Service Provider:

When sending emails, you must insert any Personally Identifiable Information (PII) of a beneficiary in an attached document that is protected with a password. This rule applies to emails that contain only one piece of PII, a Social Security Number or name, for example.

Thank you,

Social Security Ticket to Work Program
 MAXIMUS, EN Payments Department
 P.O. Box 1433
 Alexandria, VA 22313
 Toll: 1-866-949-3687
 Fax: 703-893-4020



Dear Ms. Doe,

The Employment Network (EN) Payments Department at the Operations Support Manager (OSM) for the Ticket to Work program has either received a request for payment or identified possible payment(s) availability based on Social Security Administration databases for the Ticket Holder name in the attached notice. The notice is password protected by your PIN number that is on file with the OSM. To move forward with this process, please reference the attached letter for details.

Attention Service Provider:

When sending emails, you must insert any Personally Identifiable Information (PII) of a beneficiary in an attached document that is protected with a password. This rule applies to emails that contain only one piece of PII, a Social Security Number or name, for example.

Progress Check Two

If you are EN B and previously worked to provide services for Jane, what actions should you take at this point?

1. Wait for further information
2. Ignore the email announcing a possible split
3. Submit the information requested in the attachments



SSA-1401

Social Security Administration

Form Approved
OMB NO: 0960-0644

Employment Network Split Payment Request Form

Beneficiary SSN: 123-45-6789

Employment Networks

| | |
|-------------------------------|-----------------------------------|
| Current EN: EN A | Prior EN: EN B |
| DUNS: 123456789 | DUNS: 987654321 |
| Ticket Assignment Date: Today | Ticket Assignment Date: Yesterday |
| Contact Name: EN Contact | Contact Name: EN Contact |
| Phone: 555-123-4567 | Phone: 555-765-4321 |
| Prior EN: | Prior EN: |
| DUNS: | DUNS: |
| Ticket Assignment Date: | Ticket Assignment Date: |
| Contact Name: | Contact Name: |
| Phone: | Phone: |

PROPOSED SPLIT PAYMENT

Please review the options below and indicate which split payment method would be most applicable to the ENs requesting payment. **[PLEASE NOTE: This applies for the duration of the beneficiary's ticket]**

OSM Makes the Determination

PROPOSED SPLIT PAYMENT

Please review the options below and indicate which split payment method would be most applicable to the ENs requesting payment. **[PLEASE NOTE: This applies for the duration of the beneficiary's ticket]**

I WANT THE OPERATION SUPPORT MANAGER (OSM) TO MAKE THE SPLIT PAYMENT DETERMINATION

Please check the box below to indicate that you would like Operations Support Manager to determine the split payment percentages

I WANT THE OPERATIONS SUPPORT MANAGER TO USE THE AGREED UPON SPLIT PAYMENT ALLOCATION CHART BELOW

In the event there is two or more ENs involved in the split payment process for a beneficiary, the percentage must be in denominations of 10 and **the total for each payment request types should equal to 100%. Remember the split will apply to all payment requests for the duration of the ticket.** Please refer to [examples](#) outlined below for assistance in filling out the chart.

OSM Makes the Determination (cont)

Payment Allocation Determination

Ticket to Work
 EN Payments Department
 P. O. Box 1433
 Alexandria, VA 22313
 September 10, 2007

Re: Request to Split EN Payments on Behalf of Ticket Holder listed below.

We have reviewed the information submitted and approved the payment allocation as follows:

Name of Ticket Holder: ~~Ticket Holder~~, Jane
 Ticket Number: TW 123456789

Allocation Determination:

| EN Name and DUNS | Percentage | Payment Type |
|------------------|------------|--------------|
| EN A | 100% | P1M1 |
| EN B | 0 | P1M1 |
| EN C | 50% | P1M2-M4 |
| EN C | 50% | P2M1-M18 |
| EN C | 0% | Outcomes |
| EN B | 100% | Outcomes |

Although both ENs collaborated to determine the payment allocation, Phase 1 Milestone 1 (P1M1) will be paid at 100% to the prior EN, and not at 50% as requested. This is

Contest the Results

If You Disagree

If you disagree with the approved payment percentage, you may ask us to reconsider it. Please submit additional information within 30 days of the date of this letter with your request explaining what you believe should be the payment percentage for each EN and why you believe the percentages should be different.

If You Have Questions

As our valued partner in the Ticket to Work program, we appreciate your interest and commitment. We look forward to working with you to serve your needs. We invite you to visit the www.yourtickettowork.com and www.ssa.gov/work websites regularly for program updates, general information, and training opportunities.

If you have any questions regarding the Ticket to Work program, please contact us at 1.866.949.3687 or via fax at 703.893.4020 or 4149. You can also write to us at the following address:

Ticket to Work
EN Payments Department
P. O. Box 1433
Alexandria, VA 22313

Sincerely,

Ticket to Work
EN Payments Department

EN Determination

**I WANT THE OPERATIONS SUPPORT MANAGER TO USE
THE AGREED UPON SPLIT PAYMENT ALLOCATION CHART BELOW**

In the event there is two or more ENs involved in the split payment process for a beneficiary, the percentage must be in denominations of 10 and the total for each payment request types should equal to 100%. Remember the split will apply to all payment requests for the duration of the ticket. Please refer to examples outlined below for assistance in filling out the chart.

ENS Split Payment Allocation Determination

Subject Line: Ticket to Work – Split Payments Allocation

Dear EN A,

Attached is a letter of the split payment allocation derived from information received by the Ticket to Work Employment Network (EN) Payments Department from the participating ENs. The Ticket Holder's information is enclosed within the letter as well. The letter is password protected by the PIN number your agency has on file with the program Operation Support Manager (OSM).

Please type your initials beside the appropriate statement below to confirm this submission. Return this confirmation so that we can process this and future payments based on the stated information from the attached letter.

I confirm the payment allocation determination stated in the letter attached.

I disagree with the payment allocation determination stated in the letter attached.

Attention Service Provider:

When sending emails, you must insert any Personally Identifiable Information (PII) of a beneficiary in an attached document that is protected with a password. This rule applies to emails that contain only one piece of PII, a Social Security Number or name, for example.

Progress Check Three

At the beginning of a split payment case each EN involved is given a choice of two options on how they would like to proceed. What are those two options?

Contest Results

Split Payment Chart For Two Or More EN's

Following the examples above please fill out the chart below:

| PAYMENT TYPES | PAYMENT REQUESTS | Current EN Name: | Prior EN#1 Name: | Prior EN#2 Name: | Prior EN#3 Name: | Prior EN#4 Name: |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Phase One Milestones | | | | | | |
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| Phase Two Milestones | | | | | | |
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| Outcome Payments | | | | | | |
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We have discussed the services provided to the Ticket holder and agree to split the EN payments as requested above.

| | |
|---------------|-------|
| EN Signature: | Date: |
| EN Signature: | Date: |
| EN Signature: | Date: |
| EN Signature: | Date: |

Duration of the Ticket

PROPOSED SPLIT PAYMENT

Please review the options below and indicate which split payment method would be most applicable to the ENs requesting payment. **[PLEASE NOTE: This applies for the duration of the beneficiary's ticket]**

Progress Check Four

In our scenario with Jane and her services providers, what happens to the current payment request which generated the split payment process and all future payments if neither EN B or EN C respond to requests for information?

Questions

