

**BENEFIT ACCURACY MEASUREMENT
STATE OPERATIONS HANDBOOK**

ET HANDBOOK NO. 395, 4TH EDITION

**U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION**

Prepared by

**Office of Workforce Security
Division of Performance Management**

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CHAPTER I

BENEFIT ACCURACY MEASUREMENT OVERVIEW

1. **Introduction.** The Unemployment Insurance (UI) Benefit Accuracy Measurement (BAM) system (formerly Quality Control [QC]) provides the basis for assessing the accuracy of UI payments. It is also a diagnostic tool for the use of Federal and State Employment Security Agency (SWA) staff in identifying errors and their causes and in correcting and tracking solutions to these problems. Representative samples of UI payments and disqualifying ineligibility determinations are drawn and examined intensively to determine whether they were properly administered to claimants and whether these claimants were paid the proper amounts, or appropriately denied. Based on the errors identified and information gathered, states will be able to develop plans and implement corrective actions to ensure accurate administration of state law, rules, and procedures.

The major objectives of the BAM system are to:

- assess the accuracy of UI payments;
- assess improvements in program accuracy and integrity; and,
- encourage more efficient administration of the UI program.

The system is designed to be comprehensive in coverage by including all areas of the claims process where errors could occur.

2. **Background.** The impetus for the initial QC program came from a study of benefits paid in six metropolitan areas during 1979 and 1980 by the National Commission on Unemployment Compensation (NCUC). The study was prompted by a continuing concern about the accuracy of the benefit payment process in the UI system. Its purpose was to determine rates, types, and causes of improper payments by thoroughly investigating a small sample of cases. The study revealed errors in benefit payments at rates significantly higher than previously reported.

As a result of these findings, the Department of Labor launched the Random Audit program in five states in 1981. Random Audit was modeled after the methodology used in the NCUC study. Additional states were added each year until 46 states were involved in 1984. The Random Audit results from 1981 through 1984 continued to confirm the high percentage of errors in benefit payments identified by the NCUC study. Although possibly

exacerbated by high claim loads during the periods measured, the error rates in many states were unacceptably high.

The QC program became mandatory in 1987 (see 20 Code of Federal Regulations, Part 602). It required states to select a representative sample, conduct in-depth investigations, and classify findings to provide the basis for diagnosing problems and taking corrective actions. States were required to sample at annual levels ranging from 500 to 2000 based on the number of UI benefit weeks paid (including combined-wage and federal program claims). The methodology was explicit in requiring: a) a representative sample sufficient to maintain statistical validity, b) all information be secured through in-person contacts, c) timeliness of case completion, and d) publication of error rates by the state. Investigation of UI paid claims was the first phase of the QC program to be implemented.

Since implementation, the QC program has undergone several significant revisions:

In 1989, QC was revised to allow additional time for case completion and relaxed requirements on the verifying of information on UCX, UCFE, and CWC claims.

In 1991-92, the program was again reviewed and subsequent pilot tests conducted to determine if the methods used to verify case information could be made more flexible without loss of precision. Sample levels were adjusted with the range being 500 -1800.

In July, 1993, alternative methodologies were implemented which allowed states the option to substitute telephone, FAX, and mail for in-person verification of contacts with claimants, employers, and third parties.

In 1995, quarterly sample sizes were established to assure a representative sample would be selected in each quarter during the year. In addition, the sample levels were again reduced to the range of 360 - 480, and the name was officially changed from Benefits QC to BAM.

In 2001, the investigation of denied claims, know as Denied Claims Accuracy (DCA), was implemented. DCA measures the accuracy of disqualifying monetary, separation, and non- separation determinations. Interstate claims were included in the sample for both paid and claims.

3. Program Scope. State resources are targeted to perform detailed investigations of benefits paid and denied in the largest permanently authorized programs (regular UI including CWC), federally funded programs (UCFE and UCX) and interstate claims. BAM builds on the experience of its predecessors, the BQC and Random Audit programs. The accuracy of

monetary determinations and the proper detection and resolution of eligibility issues are assessed by detailed investigations of "key weeks" and disqualifying determinations of selected claims. This is accomplished through examination of records and contacts with claimants, employers, and other parties such as Job Service, to verify all aspects of the claim that could affect eligibility for payments.

Each case investigated in BAM represents a large number within the UI population. It is very important that staff adhere to accepted methodology to ensure the reliability of data. For example, the fraud investigator can follow a tip on potential fraud, while BAM investigators must limit their cases to those selected by the computer because of a predetermined program. To do otherwise would jeopardize the reliability of inferences made from the data coming out of the investigations.

The states have the responsibility to draw samples, perform investigations, identify errors, compute error rates, analyze data, and initiate corrective action if appropriate. The primary federal responsibilities are to ensure system integrity through monitoring SWA practices and procedures and to analyze BAM data to assess the impact of federal requirements on the UI system.

Data gathered on incorrect payments and disqualifying determinations include such information as amount of error, type of error, responsible party, and cause of error. States can tabulate and analyze these data to plan corrective action focused on those areas where trends have been identified. States can then track the impact of corrective action by monitoring the results of subsequent BAM samples.

a. Relationship with UI System. BAM is different from other SWA efforts to control erroneous payments and disqualifying determinations. For example, while the UI fraud investigator tries to identify specific cases of fraud and recapture any overpayments, the BAM investigator looks at sample cases to produce statistics on the UI program in general. Errors uncovered as a result of BAM are corrected where feasible; however, the primary purpose is to identify system-wide problems, so that when corrected, future errors can be prevented. Likewise, the quality review of nonmonetary determinations accomplished under the Benefits Timeliness and Quality (BTQ) system provides an assessment of the adequacy of the state's factfinding, application of law and policy, and the written determination, but does not inform the system about the accuracy of the determination.

BAM is part of the formal UI system. Therefore, the findings of BAM must be consistent with official rules and written policies of the SWA. Disagreements on the outcome of case investigations between the BAM unit and other units

in the UI system are required to be resolved by higher authority, with the exception of appeals decisions that modify BAM actions.

b. Automation of BAM Data Collection. The BAM system has been designed to be as highly automated as possible. States' UI computers that support BAM operations have the capability to link with both the state mainframe computers and with the DOL host computer. This system is designed to increase the accuracy of data flows by minimizing the number of paper transactions and simplifying data storage and retrieval; to increase the usefulness of the data by simplifying data retrieval and raising the sophistication with which it can be manipulated and combined with other data; and to reduce the amount of time BAM staff must spend in data handling. The system is also designed to allow for the development of state specific fields.

4. **Handbook Organization.** This handbook contains four sections: Overview (Chapter I), Required Procedures (Chapters II-VII), Denied Claims Accuracy (Chapter VIII) and Appendices.

The section on Required Procedures defines the standard methodology to be used in all states for paid and denied claims investigations. These include organization and authority, data record creation, processing and transmission, data collection (for paid claims), classifying propriety of payments (for paid claims), investigative procedures, and record keeping and reporting.

The final section of the Handbook, the Appendices, includes the federal regulation, the Claimant Questionnaire forms, and the Investigative Guide.

CHAPTER II

ORGANIZATION AND AUTHORITY

1. **Organization.** Each BAM unit is required to be organizationally independent of, and not accountable to, any unit performing functions subject to evaluation by the BAM unit. The organizational location of this unit must be positioned to maintain its objectivity, to have access to information necessary to carry out its responsibilities, and to minimize organizational conflict of interest.
2. **Authority.** All conclusions pertaining to the paid claims Key Week, and the Denied Claims Accuracy (DCA) disqualifying eligibility issues that are drawn from the BAM process must be formalized in official agency actions if errors are found, except where prohibited by SWA provisions such as finality. The authority to make determinations and redeterminations resulting from the BAM process must not be impeded by any SWA unit whose work is evaluated by BAM. Where a BAM unit does not possess the authority to make determinations itself, a higher authority must resolve any differences between BAM and the unit making the determinations. Determinations and redeterminations resulting from the BAM process must be in accord with the appeal and fair hearing requirements of federal and state law. Any redetermination that would affect a claimant's right to benefits must also be subject to the principles laid down in the Java decision of the U.S. Supreme Court, as reflected in UIPL No. 1145, dated November 12, 1971, and UIPL No. 04-01, dated October 27, 2000.
3. **Written Procedures.** Each SWA must develop written procedures to guide the operation of the BAM program. The procedures must cover all investigative and administrative functions of the BAM unit. The procedures should be adapted to the particular circumstances of the state, but must adhere to the guidelines contained in this Handbook so as to provide for proper administration of the BAM program. Copies of the procedures must be available for federal review, and, upon request, must be submitted to the appropriate Regional Office of the Department.
4. **BAM Software.** States must load all software distributed by the Department for the UI computer system. SWAs must run the most current software.

SWAs may not alter or otherwise modify any part of the software, including all shell scripts and "C" programs.

CHAPTER III

DATA PROCESSING - SWA MAINFRAME COMPUTER OPERATIONS AND INTERFACES WITH UI ADP SYSTEM

1. **Introduction.** This chapter contains the ADP specifications for the BAM Program. Definitions, coding schemes, and record formats are provided for all required and optional items and tasks. The BAM program involves the collection and analysis of large amounts of data. Of primary importance is the information provided to the BAM unit to assist it in investigating the accuracy of UI payments and disqualifying eligibility determinations, which are sampled on a weekly basis. Other data are collected to create the population or universe from which the BAM paid and denied claims samples are selected, to ensure the statistical validity of the sampling procedures, and to evaluate the representativeness of the BAM samples.

Specifications for three major components are described below:

- The construction of the UI transactions file on the state's mainframe ADP system, which is used to define the populations (sampling frames) from which the samples are selected for paid claims and the three types of denied claims for unemployment compensation: monetary denials, separation issue denials, and denials based on nonseparation issues. **These tasks are performed weekly by each state's ADP staff.**
- The BAM COBOL programs, which 1) edit the population transactions file; 2) select the records that meet the definition for inclusion in the populations; 3) execute a routine to randomly select samples from the appropriate sampling frames; 4) produce an output file of the sampled cases; and 5) produce a file containing aggregate data on the samples and populations which will be used to verify the validity of the samples and the sampling frames. Two separate COBOL programs have been developed. **The source code for the two COBOL programs was distributed by the Department of Labor in 2001 to coincide with the implementation of DCA.**
- The creation of a file containing data which has been downloaded from the state's mainframe for the sampled transactions. This file, referred to as rec1.dat, consists of items for the UI BAM data collection instrument (DCI), which is downloaded to the state's UI Sun system. **This task is performed weekly by each state's ADP staff.**

The BAM program has been designed to be as automated as possible. Each SWA has an ADP system (currently a Sun Ultra SPARC 10) to support BAM

operations. SWAs can pass UI data from their databases to the Sun computer. The Department's National Office electronically picks up BAM data from the Sun for storage in the UI database at the National Office. This system is designed to:

- increase the accuracy of data flows by minimizing the number of paper transactions and simplifying data storage and retrieval;
- increase the usefulness of the data by simplifying data retrieval and raising the sophistication with which it can be manipulated and combined with other data; and
- reduce the amount of time BAM staff must spend in data handling.

2. **State UI Transactions File**

This section discusses the steps to be performed by state ADP staff to produce the UI transactions file, which must be created each week and is the initial task in the population definition and sampling process. State ADP staff are responsible for writing the program(s) to create this file. Data for this file are extracted from the state's UI database and management information system.

The UI transactions file is the input file to COBOL program one, which edits the file, verifies that the records are sorted correctly, and identifies records that meet the criteria for inclusion in the UI benefits and denials sampling frames. Only records that meet the definition for inclusion in one of the four BAM populations -- paid benefits, monetary denials, separation denials, and nonseparation denials -- should be included in the UI transactions file. Records in the UI transactions file are sorted according to the criteria specified below, using a sort utility on the SWA mainframe, before the transactions file is read by the COBOL program.

A. Data Definitions for the UI Transactions File

1) State ID Code

Federal Information Processing Standard (FIPS) numeric code (not the two-letter postal alphabetic code).

Field Size: 2 Digits

2) Batch Number

Indicates calendar year and week that file was created (YYYYWW). Each week of the year is assigned a unique number

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beginning with 01 for the week which includes the first Saturday in January. (A week is 12:00 am Sunday to 11:59 pm Saturday).

Field Size: 6 Digits

3) Social Security Number

Social Security Number of claimant (state use only).

Field Size: 9 Digits

4) Claim Date

Use effective date (MMDDYYYY), if claim type of the record is a new initial, additional, transitional, or reopened claim. Item #16, Claim Type, will be coded 01, 02, 03, or 04.

Use week ending date (MMDDYYYY), if claim type of the record is a week claimed. Item #16, Claim Type, will be coded 12, 13, or 14.

Field Size: 8 Digits

5) Transaction Date

For benefit payments, this is the date (MMDDYYYY) that the payment was made or the date that the offset, withholding or intercept was applied. If amounts are withheld or intercepts applied in one sampling week (for example on a Friday) and the check is not issued until the following sampling week (for example on the following Monday), the payment record will be included in the sampling frame for the week in which the Monday falls.

For denied claims, this is the date (MMDDYYYY) that the monetary, separation, or nonseparation denial was issued by the state agency -- that is, the date printed on the determination notice. If no notice is issued, it is the date that the denial action was entered into the agency's record system or that a permanent stop payment order was issued.

Field Size: 8 Digits

6) Sample Selection Indicator

1 = This record was selected for the BAM sample (paid claims or monetary, separation, or nonseparation denied claims).

2 = This record was not selected for the BAM sample.

NOTE: When the SWA builds the transactions file, all records should be coded "2"; if the record is selected for the sample, the COBOL program will change the code to "1" on the output file.

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Field Size: 1 Digit

7) Transaction (Sample) Type

- 1 = UI paid claims
- 2 = Monetary denials
- 3 = Separation denials
- 4 = Nonseparation denials

Field Size: 1 Digit

8) Gender

- 1 = Male
- 2 = Female
- 8 = Information Not Available or Missing

Field Size: 1 Digit

9) Date of Birth

Claimant's month and year of birth (MMYYYY).

Enter 010001 when information is not available from the state's computer records.

If month only is not available, code month as 06.

Field Size: 6 Digits

10) Race Classification

- 1 = White
- 2 = Black or African American
- 3 = Asian
- 4 = American Indian or Alaska Native
- 5 = Native Hawaiian or Other Pacific Islander
- 8 = Information Not Available or Missing

Note: Ethnicity (Hispanic / non-Hispanic) is not coded in the UI transactions file; it must be entered in the first position of data element b13 in the b_master table or the ethnic data element in b_dca_master in the UI database.

Field Size: 1 Digit

Field Size: 3 Digits

16) Claim Type

- 00 = No week claimed
- 01 = New Claim
- 02 = Additional Claim
- 03 = Transitional Claim
- 04 = Reopened Claim
- 11 = Waiting Week
- 12 = First Payment (optional code)
- 13 = Continued Week (paid or claimed but not paid)
- 14 = Final Payment (optional code)
- 15 = Supplemental Payment (paid previously)

Field Size: 2 Digits

17) Filing Status Indicator

- 1 = Intrastate - a claim filed in the state in which the claimant's wage credits were earned, including combined wage claims, in which claimant wage credits have been transferred from one or more states to the state in which the claim was filed.
- 2 = Interstate liable - a claim filed through the facilities of another (agent) state against this (liable) state.
- 3 = Interstate agent - a claim filed in this (agent) state against another (liable) state.

Field Size: 1 Digit

18) Workshare Percentage

Code percent of unemployment in week due to a workshare agreement.

Use "00" if claimant is not in a workshare agreement or SWA does not collect this information.

Field Size: 2 Digits

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19) Run Date for Program (optional)

Identifies when program to build file was executed (MMDDYYYY).

Field Size: 8 Digits

20) Adjustment Indicator (optional)

1 = This record adjusts previously reported information.
2 = This record has not been previously reported. (Default code if item not collected.)

Field Size: 1 Digit

21) Total Amount "Paid" to Claimant

The sum of item 13 (Amount Paid to Claimant), item 14 (Amount Offset), and item 15 (Amount of Intercept or Withholding).

Field Size: 3 Digits

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B. Record Format for UI Transactions File

<u>Item #</u>	<u>Name</u> <u>Formats</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>
1	State I.D.	2	1-2	FIPS Code
2	Batch #	6	3-8	YYYYWW
3	Social Security #	9	9-17	Actual #
4	Claim Date MMDDYYYY	8	18-25	
5	Transaction Date MMDDYYYY	8	26-33	
6	Sample Select. Ind.	1	34	1 or 2
7	Transaction Type	1	35	1 to 4
8	Gender	1	36	1, 2 or 8
9	Date of Birth MMYYYY or 010001	6	37-42	
10	Ethnic	1	43	1 to 5 or 8
11	Program Type	1	44	1 to 9
12	UI Duration	1	45	1 to 5
13	Amount Paid Whole Dollars	3	46-48	
14	Amount Offset Dollars	3	49-51	Whole
15	Amount of Intercept Whole Dollars or	3	52-54	Withholding
16 15	Claim Type	2	55-56	00-04, 11-

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17	Filing Status	1	57	1 to 3
18	Workshare Pct.	2	58-59	00 to 99
19	Run Date MMDDYYYY	8	60-67	
20	Adjustment Ind.	1	68	1 or 2
21	Total Amount "Paid" Whole Dollars to Claimant	3	69-71	
---	Filler can be state for edit codes.	9	72-80	zero-filled; used by

C. Timing and Frequency

The UI transactions file is created weekly. It may be created by accessing the SWA database each day it is updated or once each week after all updating activity has been completed. The weekly period is defined as 12:00 a.m. Sunday to 11:59 p.m. Saturday. The file must be ready for processing as soon as possible after all transactions for the week have been extracted but no later than the following Monday morning.

If the SWA routinely maintains a cumulative UI transactions file on its ADP system during the defined week, the weekly UI transactions file may be created with a single computer run at the end of the week. If a cumulative file is not maintained, it will be necessary to construct the weekly data file by accessing the SWA database each day it is updated. Each SWA may determine the most efficient file creation procedure in light of its normal operations.

For purposes of illustration, assume that the SWA updates its database five nights per week, Monday through Friday, and that no cumulative file is routinely maintained during this period. In this case, it would be necessary to construct the UI transactions file by accessing the database each night and cumulating the records. The computer program that the state uses to select records for the UI transactions file must be executed on Monday night after the UI transactions database has been updated, and the output must be stored. The same procedure must be repeated on Tuesday, and records selected for Tuesday must be added to the file created on Monday. In this example, the procedure would be applied five times during the week to obtain all of the records for the UI transactions file for that week.

States have the option of including the Run Date in each record in the weekly UI transactions file. If the program the state has written to create the UI transactions file is run only once each week (because the SWA maintains a cumulative file of UI transactions), then one Run Date will be entered for all records selected for the weekly UI transactions file. In contrast, if the program is run on five different days (after the SWA's database is updated each day), then the Run Date for the records in the weekly UI transactions file will have five different values corresponding to the dates on which the records were selected.

D. Distinguishing Between Payments and Weeks

The weekly UI transactions file for paid claims can be constructed without difficulty as long as there is a separate record for each specific week of unemployment insurance paid or offset in the SWA's files. Problems may arise in constructing the transactions file if the SWA's database of UI transactions has a single payment record (or applies a single offset) that meets the definition of an original payment but is for more than a single week of unemployment.

For example, assume that in a case involving a labor dispute, a ruling is issued that an individual claimant must be paid for eight weeks of unemployment claimed after the labor dispute began. If the SWA has only a single record in its computer files at the time all eight weeks of unemployment are paid, the state must create eight individual records on the weekly UI transactions file.

Alternatively, some SWAs create two or more separate records for a single week's payment when, for example, that week is chargeable to two or more programs (e.g., UI/UCFE, UI/UCX), is chargeable to two or more employers, or is for a payment and an offset. If this occurs, the separate records must be combined. The UI transactions file must have a single payment/offset record for each claimant for each week.

These procedures must be followed because the BAM paid claims sample consists of single weeks for which UI benefits were paid or offsets applied. The BAM sampling methodology requires that each element in the paid claims sampling frame (i.e., each record in the transactions file) represent a single week compensated. Also, the specific amount of the payment/offset that applies to each individual week of unemployment must be identified on the record for each week.

E. Definitions of UI Transactions

In order to make statistically reliable inferences about the claimant population, it is first necessary to define the population about which inferences will be made. SWAs should use the following BAM population definitions to identify records on their UI databases for inclusion in the UI transactions file.

1. Paid Claims.

Not all weeks compensated are included in the BAM sampling frame. The survey population will be selected from all weeks for which payments are made or offsets applied during a period that begins at 12:00 a.m. on Sunday and ends at 11:59 p.m. on Saturday. This interval is defined by the run time(s) of the computer programs that issue the checks or apply offsets. The compensated weeks must meet a series of criteria to be included in the survey population. If the criteria listed below do not classify all weeks as either included or excluded weeks, clarification about whether particular weeks should be included or excluded must be obtained by contacting the appropriate Regional Office.

a. Included Weeks. From the total statewide weeks for which payments are made during the time interval defined above, include only weeks that fall into all of the following categories :

1) Regular Program Type Claim. One of:

- | | |
|------------|----------------|
| a) UI | e) UI-UCX |
| b) UCFE | f) UCFE-UCX |
| c) UI-UCFE | g) UI-UCFE-UCX |
| d) UCX | |

- 2) An Original Payment Week. Weeks for which the payments/offsets made are original payments/offsets (except waiting weeks). An original payment/offset is defined as the first valid payment/offset made by the agency to a claimant for that week. The offsets would normally recover overpayments established for previous weeks.
- 3) A Total or Partial Payment/Offset
 - a) Weeks for which "total" payments/offsets are made. Include weeks for which no checks were issued because the entire payment was offset.
 - b) Weeks for which true partial payments/offsets are made.
 - c) Weeks for which part-total payments/offsets are made.
- 4) Weeks for which payments/offsets/intercepted payments are made to intrastate claimants, to interstate claimants by the liable state, or for combined wage claims.

b. Excluded Weeks. Weeks that fall into **any** of the following categories will be excluded from the BAM survey population.

- 1) Weeks for which supplemental payments are made. These "non-original" payment weeks are excluded because original payments/offsets (as defined above) already have been made for the week claimed. For example, if a revised wage statement indicated that a claimant should have been paid \$95/week but the claimant originally was paid \$80 and later received a supplemental payment of \$15, that week would not be included in the population at the time the supplemental payment was made.
- 2) All Waiting Weeks. Exclude whether such weeks are compensated or not.
- 3) Weeks with Stop Payments. All weeks for which checks are written to individuals for whom a "stop payment order" is in effect for the particular week the check is written.
- 4) All weeks paid under the Short Time Compensation (STC) (Workshare), Extended Benefits (EB), Trade Readjustment Allowance (TRA), Disaster Unemployment Assistance (DUA) programs, any temporary federal-state supplemental

compensation programs, or other special programs, such as TEUC.

2. Monetary Denials

Unless otherwise stated, definitions refer to those used in ET Handbook 401, 3rd edition. ETA report cell references are those used in ET Handbook 402, 4th edition.

a. Include all initial claims that meet the definition for inclusion in the ETA 5159 Claims and Activities report on lines 101 (state UI), 102 (UCFE, No UI), and 103 (UCX only), for item 2 (new intrastate, excluding transitional), item 6 (transitional), and item 7 (interstate received as liable state) and for which eligibility was denied because of:

- Insufficient wages,
- Insufficient hours/weeks/days,
- Failure of high quarter wage test,
- Requalification wage requirement, or
- Other state monetary eligibility requirement

b. Exclude denied claims made under the STC, EB, TRA, DUA programs, any temporary federal-state supplemental compensation programs, or other special programs, such as EUC.

Note: In order to allow time for states to request and receive wage credits from out-of-state employers (combined wage claims) or federal wages (UCFE and/or UCX programs), the construction of the sampling frame for monetary denials will be delayed two weeks. Monetary denial records that satisfy the following criteria will be included in the UI transactions file.

- 1) Transaction date (positions 26-33 in the UI transactions file) must be greater (later) than or equal to the date 14 days prior to the beginning date of the batch.
- 2) Transaction date must be less (earlier) than or equal to the date 14 days prior to the ending date of the batch.
- 3) Claim date (positions 18-25 in the UI transactions file) must be less (earlier) than or equal to the transaction date.
- 4) Claimant is monetarily ineligible for unemployment compensation (UC) as of the date that the UI transactions file is created (run date, positions 60-67 in the UI transactions file).

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Example: For batch 200506 (February 6 – 12, 2005), the sampling frame will consist of new initial and transitional claims for which: 1) a determination denying monetary eligibility was issued between January 23 – 29, 2005; 2) the claim date is on or prior to the date of the determination denying eligibility; and 3) the claimant is monetarily ineligible for UC as of the date that the program that constructs the transactions file is run.

3. Separation Denials

Unless otherwise stated, definitions refer to those used in ET Handbook 401, 3rd edition. ETA report cell references are those used in ET Handbook 402, 4th edition.

a. Include all separation determinations that meet the definition for inclusion in the ETA 9052 Nonmonetary Determinations Time Lapse (Detection Date) report in cells c1 (intrastate), c5 (interstate), and c193 (multiclient) and for which eligibility was denied based on any of the following issues:

- Voluntary quit (either personal or work connected),
- Discharge,
- Labor dispute, or
- Other separation issue reportable under definitions in ET Handbook 401

b. Exclude denied claims made under the STC, EB, TRA, DUA programs, any temporary federal-state supplemental compensation programs, or other special programs, such as EUC.

4. Nonseparation Denials

a. Include all nonseparation determinations that meet the definition for inclusion in the ETA 9052 Nonmonetary Determinations Time Lapse (Detection Date) report in cells c97 (intrastate), c101 (interstate), and c193 (multiclient) and for which eligibility was denied based on any of the following issues:

- Able and/or available to work,
- Actively seeking work,
- Disqualifying/unreported income,
- Refusal of suitable work or offer of job referral,
- Refusal of referral to profiling services,
- Failure to report,
- Failure to register with the employment service, or
- Other nonseparation eligibility issue (for example, alien status, athlete, school employee, seasonality, removal of

disqualification, and determination of whether claimant's activities or status constitutes service or employment).

b. Exclude denied claims made under the STC, EB, TRA, DUA programs, any temporary federal-state supplemental compensation programs, or other special programs, such as EUC.

Notes for Separation and Nonseparation Definitions

1. In general, the ETA 9052 report uses the same definitions as the ETA 207 report (ET Handbook 401, pp. I-4-3 to I-4-12). However, nonmonetary redeterminations, which are reported on the ETA 207 report, are not reported on the ETA 9052 report and should not be included in the DCA separation or nonseparation sampling frames. The following actions are not reportable nonmonetary determinations and should not be included in the DCA separation or nonseparation sampling frames:

- Determinations made solely for deciding whether charges should be made to an employer's experience rating account.
- Routine exploration of facts or questioning claimants in association with the claims taking process except under circumstances of disagreement. Several examples of routine questioning or decisions that are not countable are provided in ET Handbook 401.
- Overpayment notices on uncontested earnings detected by any method (for example, crossmatch) should not be included in the DCA nonseparation transactions files.

2. If nonmonetary determinations that deny eligibility were conducted for more than one issue (for example active work search and pension), or for separation issues involving more than one employer in the base period, separate records should be created for each determination, and only the determination selected for the sample will be investigated. SWAs should distinguish these separate records in the UI transactions file by the transaction date, if the determinations were issued on different dates. If the determinations were issued on the same date, states can use positions 72-80 in the UI transactions file to record the separation or nonseparation issue code, or other identifying information, such as an agency-assigned sequence number. The identifying information can be mapped to the appropriate data element in the rec1.dat file.

3. A multiclaimant determination based on a single set of facts which applies to two or more similarly situated individuals and which may result in the issuance of one or more notices, depending upon the number of

individual claimants involved, should be represented by a single record in the DCA transactions files.

F. UI Transactions File Sort

The records in the UI transactions file are sorted first by transaction (sample) type (item 7) in ascending order: 1) UI paid claims, 2) monetary denials, 3) separation denials, and 4) nonseparation denials.

Within each sample type records are sorted in ascending order on two keys. For the UI paid claims sampling frame, the primary sort key is the total amount "paid" to the claimant (item 21). For the three denials sampling frames, the primary sort key is the transaction date of the denial (date the denial was issued by the SWA) (item 5). The secondary sort key for all four sample types is the social security number (SSN) (item 3).

When these primary and secondary sorts are completed, the first record in the UI transactions file will correspond to the UI benefits payment (sample type 1) with the smallest amount paid, offset, intercepted, or withheld and the lowest SSN within that amount. The last record among the UI benefits payments in the UI transactions file will correspond to the payment with the largest amount paid, offset, intercepted, or withheld and the highest SSN within that amount. The first record in each of the three denials sample types (monetary, separation, nonseparation) will correspond to the denial with the earliest transaction date and the lowest SSN within that date. The last record in each of the three denials sample types will correspond to the denial with the latest transaction date and the highest SSN within that date.

3. **Control Record**

The control record is a required input to both BAM COBOL programs. COBOL program one checks the validity of the data in the control record and uses the control record to edit some of the data fields in the UI transactions file. COBOL program two uses the control record in its sample selection algorithm.

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Record Format of the Control Record

<u>Data Element</u>	<u>Positions</u>	<u>Formats / Edit Criteria</u>
State Code	1-2	2-digit numeric (FIPS); must be 1-56, 72, or 78, except for codes 3, 7, and 14.
Current Week's Batch #	3-8	6-digit numeric in format YYYYWW; YYYY must be ≤ current year; WW must be ≥ 01 and ≤ 53.
UI Paid Claims Random #	9-14	6-digit numeric; implied decimal (.xxxxxx).
Monetary Random #	15-20 (.xxxxxx).	6-digit numeric; implied decimal
Separation Random #	21-26	6-digit numeric; implied decimal (.xxxxxx).
Nonmon.-Nonsep. Random # decimal (.xxxxxx).	27-32	6-digit numeric; implied
Batch Week Beginning Date	33-40	8-digit numeric in format MMDDYYYY; MM must be ≥ 01 and ≤ 12; DD must be ≥ 01 and ≤ max. days in MM; YYYY must be ≤ current year.
Batch Week Ending Date	41-48	8-digit numeric in format MMDDYYYY; must be ≥ Batch Week Beginning Date; MM must be ≥ 01 and ≤ 12; DD must be ≥ 01 and ≤ max. days in MM; YYYY must be ≤ current year.
UI Paid Claims Sample Size	49-50	2-digit numeric; must be ≥ 2.
Monetary Denials Sample Size	51-52	2-digit numeric; must be ≥ 2.
Separation Denials Sample Size	53-54	2-digit numeric; must be ≥ 2.

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Nonmon.-Nonsep. Denials 2. Sample Size	55-56	2-digit numeric; must be \geq
Max Pay	57-59 maximum dependents'	3-digit numeric; whole dollars; the WBA in the state, including allowances.
Filler	60-80	zero-filled

4. **COBOL Population Edit and Sample Selection Programs**

The BAM COBOL programs can be compiled on IBM OS/VS or COBOL II compilers. States must write the job control language to compile the source code. Because ADP systems vary from state to state, some SWAs may have to modify the source code in order to successfully compile the COBOL programs on their state ADP systems. States should permanently store the executable (object code) COBOL files in a program library or partition on its ADP system from where it can be run on a routine basis.

The COBOL programs perform the following tasks, which are described in detail in the subsequent sections:

COBOL Program 1

- edits the input control record to identify data element codes which do not meet the specified format or range;
- verifies that the UI transactions file is sorted according to the specifications in section 2 (F), above;
- edits the UI transactions file to 1) identify records with data element codes which do not meet the specified format or range and 2) identify records that meet the definition for inclusion in the sampling frames for UI paid claims and the three types of denials;
- produces an error report of records which fail any of the edits and the identification of the failed edit(s);
- creates a file consisting of the records in the UI transactions file that meet the definition for inclusion in the sampling frames.

COBOL Program 2

- selects the sample cases according to the prescribed algorithm;
- writes records selected for the samples to the properly formatted output file;
- creates a file of aggregate sample and population information for UI paid claims and the three types of denials, and produces a report for each of the four transaction types which summarizes the aggregate data.

A. Editing the Input Control Record

Both BAM COBOL programs require an input control record, which is prepared by each state. Input control data are used in the sample selection algorithm and to edit the input file of UI transactions. This information includes the two-digit state FIPS code; two eight-digit dates for beginning and ending dates of the batch (weekly sample) being selected; a six-digit number for the batch; four six-digit random start numbers (for sample selection), which are provided by the Department; four two-digit numbers, which are provided by the BAM supervisor, that designate the number of cases to be selected for the weekly UI paid claims, monetary, separation, and nonseparation denials samples; and the maximum amount of UI benefits payable in the state.

COBOL program one edits the input control record to insure that the fields contain valid entries. If any of the edits fail, the appropriate error message will be displayed and the program will terminate. The required formats and definitions for the input control record data are provided in section 3 of this document.

B. Verifying the Sort of the UI Transactions File

Samples are selected for BAM using a systematic selection algorithm. With systematic selection, the first sample case is selected at random and subsequent cases are selected at a fixed interval. The procedure will therefore produce a sample which reflects the way in which the records in the sampling frame file are sorted. Because of this, it is critical that the records in the UI transactions file be sorted according to the specifications in section 2 (F) (page III-14).

COBOL program one verifies that:

- The first N_1 records in the file are UI benefit payments (Sample Type "1"), the next N_2 records in the file are monetary denials (Sample Type "2"), the next N_3 records in the file are separation denials (Sample Type "3"), and the last N_4 records in the file are nonseparation denials (Sample Type "4").

Note: All four types of records may not be present in the file. If more than one type of record is in the file, the program verifies the proper sort sequence, as described in the preceding paragraph. If only one type of record is present, the program verifies that the records are sorted according to the appropriate primary and secondary sort keys, as described in the following two sections.

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- The primary sort key for the UI benefit records is the total amount "paid" to the claimant (item 21) (ascending) and the secondary sort key is the social security number (item 3) (ascending).
- The primary sort key for the three denials sampling frames is the transaction date of the denial (date the denial was issued by the SWA) (item 5) (ascending) and the secondary sort key is the social security number (item 3) (ascending).

If the UI transactions file fails the sort edit, the COBOL program will terminate, identify the record(s) out of sequence, and display an error message advising the user to resort the UI transactions input file.

C. Editing the UI Transactions File

The COBOL program one uses the following criteria to edit the UI transactions file. The program generates an error report, which will include all records that fail one or more of the edits. Data elements failing an edit will be flagged. An example of the format of the error report is shown on page III-19.

<u>Data Element # and Name</u>	<u>Edit Criteria</u>
1. State I.D. Code	Must be valid numeric FIPS code for SWA from input control record; must be 1-56, 72, or 78, except for codes 3, 7, and 14.
2. Batch Number	Must match batch # in input control record: 6-digit numeric YYYYWW; YYYY must be < current year; WW must be > 01 and < 53. ¹
3. Social Security Number	Must be numeric > 0.
4. Claim Date	8-digit numeric MMDDYYYY; MM must be > 01 and < 12; DD must be > 01 and < max. days in MM; YYYY must be < current year. Can be all zeros if Transaction Type (item 7) equals 3 (separation denial) or 4 (nonseparation denial) and Claim Type (item 16) equals 0.
5. Transaction Date	8-digit numeric MMDDYYYY; MM must be > 01 and < 12; DD must be > 01 and < max. days in MM; YYYY must be < current year. Must be greater (later) than or equal to Item 4 (Claim Date). ^{1, 2} If Transaction Type (item 7) equals 1, 3, or 4: Must be greater (later) than or equal to Batch Week Beginning Date from input control record. ¹ Must be less (earlier) than or equal to Batch Week Ending Date from input control record. ¹ If Transaction Type (item 7) equals 2 (monetary denial): Must be greater (later) than or equal to 14 days prior to the Batch Week Beginning Date from input control record. ¹ Must be less

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	(earlier) than or equal to 14 days prior to the Batch Week Ending Date from input control record. ¹
6. Sample Selection Indicator	Must equal 2.
7. Transaction (Sample) Type	Must equal 1, 2, 3, or 4. ¹
8. Gender	Must equal 1, 2, or 8 (INA).
9. Date of Birth	6-digit numeric MMYYYY; MM must be > 01 and < 12; YYYY must be > (current year - 100) and < YYYY of Item 4 (Claim Date); can be 0001(INA).
10. Ethnic Classification	Must equal 1-5 or 8 (INA).
11. Program Type	Must equal 1-7 (UI, UCFE, UCX, UI-UCFE, UI-UCX, UI-UCFE-UCX, UCFE-UCX), or 9 (missing). ¹
12. Unemployment Duration Code	Must equal 1 (regular UI) or 3 (state additional, no EB). ¹
13. Amount Paid to Claimant	Must be equal to or less than max. WBA from input control record. Can be all zeros.
14. Amount Offset Applied	Must be equal to or less than max. WBA from input control record. Can be all zeros.
15. Amount of Intercept or Withholding	Must be equal to or less than max. WBA from input control record. Can be all zeros.
<p>¹ Record must meet edit criteria for inclusion in sampling frame. ² Edit criteria may vary from state to state for this item. In some states it is possible for the Transaction Date to be greater than the Run Date, so this data element is edited against the Claim Date.</p>	
<u>Data Element # and Name</u>	<u>Edit Criteria</u>
16. Claim Type	<p>For UI paid claims (Sample Type "1"): must equal 12, 13, or 14.¹</p> <p>For monetary denials (Sample Type "2"): must equal 01 (new) or 03 (transitional).¹</p> <p>For separation denials (Sample Type "3"): must equal 01 (new), 02 (additional), 12 to 14 (week claimed) or 00 (no week claimed).¹</p> <p>For nonseparation denials (Sample Type "4"): must equal 01 (new), 02 (additional), 03 transitional), 04 (reopened claim), 12 to 14 (week claimed) or 00 (no week claimed). Denied claims for waiting week credit should be coded 13.¹</p> <p>If Claim Type = 12 or 14, item 21 must be > 0.</p>
17. Filing Status Indicator	Must equal 1 (intrastate) or 2 (interstate liable). ¹

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18. Workshare Percentage	Must equal 00. ¹
19. Run Date for Program	8-digit numeric MMDDYYYY; can be all zeros; If greater than 0: MM must be > 01 and < 12; DD must be > 01 and < max. days in MM; YYYY must be < current year. Must be greater (later) than Item 4 (Claim Date). Must be greater (later) than or equal to Batch Week Beginning Date from input control record.
20. Adjustment Indicator	Must equal 1 or 2. Must equal 1 if Item 16 = 15.
21. Total Amount "Paid" to Claimant	<p>Must be equal to the sum of items 13, 14 and 15. Must be equal to or less than max. WBA from input control record. Can be all 0's.</p> <p>For UI paid claims (Sample Type "1"): item 21 must be greater than 0.¹</p> <p>For monetary denials (Sample Type "2"): item 21 must equal 0.¹</p> <p>For separation and nonmonetary nonseparation denials (Sample Types "3" or "4"): item 21 can be equal to or greater than 0.¹</p>
<p>¹ Record must meet edit criteria for inclusion in sampling frame.</p>	

BAM UI Transactions File Error Report

Page 1

State of XX

Run

Date: 01/08/2001

Field	Code	Field	Code	Field	Code
1	99	2	199701	3	11122333 3
4	12281996	5	01031997	6	2
7	1	8	1	9	071971
10	1	11	1	12	1
13	180	14	000	15	000
16	13	17	3*	18	00
19	01051997	20	2		
1	99	2	199701	3	44455666 6
4	12071996	5	12301996	6	2
7	3	8	0+	9	111968
10	3	11	2	12	1
13	000	14	000	15	000
16	01	17	1	18	00
19	01051997	20	2		

* Field failed edit for inclusion in sampling frame.

+ Field failed coding edit.

D. Extract Flag for UI Paid Claims and Denials Sampling Frames

The information that is collected for the cases in the BAM samples is used to make inferences about the claimant population. To ensure that these inferences are statistically reliable, the populations must be defined consistently each week. The COBOL program performs this task by editing the UI transactions file to insure that only those records defined in section 2 (E) are included in the UI paid claims and monetary, separation, and nonseparation denials sampling frames.

A record in the UI transactions file must meet several criteria, which are denoted in section 4 (C), to be included in the sampling frame file. COBOL program one sets an extract flag for each field (data element) that meets the selection criteria. Records meeting all of the criteria will be written to a sampling frame file from which the four BAM samples are selected.

E. Selecting the UI Paid Claims and Denials Samples

COBOL program two uses a systematic random sampling procedure to select the UI paid claims and three denials samples from the sampling frames created each week. The COBOL program uses the sample sizes and random start numbers from the input control record in the sample selection algorithm.

The weekly sample sizes and random start numbers are provided by the Department for each state for inclusion in the input control record. The random start numbers must be updated in the input control record each week. The annual sample sizes for UI paid claims and the three types of denials are fixed by the Department for the calendar year. BAM supervisors may change the weekly sample sizes in the input control record to accommodate investigator vacation schedules or other staffing contingencies. However, SWAs are expected to pull at least the minimum number of cases each week. States may not over sample during a portion of the year in order to meet the annual sample allocation and then suspend sampling for the remainder of the calendar year. The minimum weekly and quarterly samples, based on current annual sample allocations are:

Sample	Annual Allocation	Normal Weekly	Minimum Weekly	Normal Quarterly	Minimum Quarterly
Paid Claims	360*	7	5	90	81
Paid Claims	480	9	6	120	108
Denials	150/450**	3	2	37-38	32

* Allocation for ten smallest states in terms of UI workload.

** 150 cases each of monetary, separation, and nonseparation denials will be selected each year, for a total of 450 DCA cases.

F. Systematic Sampling Procedure

COBOL program two counts the number of records included in the sampling frame. A skip interval is computed by dividing the number of records in the sampling frame by the number of records to be sampled that week. The first sample case selected is determined by multiplying the skip interval by the random start number assigned in the input control record for that sample (UI paid claims, monetary, separation, or nonseparation denials). The random start number is a six-place decimal with a value greater than zero and less than one. The product of the skip interval and the random start number is rounded to the nearest integer. If the rounded integer is zero, the case corresponding to the rounded skip interval is selected as the first case in the sample.

For example, assume the following:

Number of Records in the Sampling Frame (N) = 118
 Random Start Number (r) = .260903.
 Total Number of Cases to be Sampled (n) = 4.
 Skip interval (k) = $118 / 4 = 29.5$
 Initial case selected (i) = $.260903 \times 29.5 = 7.697 = 8$ (rnd)

Record 8 in the sampling frame is the first record selected for the sample. Subsequent cases are selected using systematic sampling.

1. Select the initial sample case as described above.
2. Select the next (n-1) cases by adding multiples of the skip interval (k), rounded to the nearest integer, to the case number of the initial selection (i): $i + \text{round}(jk)$, where $j = 1, 2, \dots, (n - 1)$.

In the example, cases 8, 38, 67, and 97 will be selected from the sampling frame of 118 records.

If the last case designated for selection by the sampling algorithm is greater than the size of the sampling frame (N), the case will be selected from the beginning of the sampling frame. That is, the sampling frame will be considered to be circular. For example, if the last case selected is $N + 1$, the 1st case in the sampling frame will be selected.

The general rule is:

if $(i + \text{round}(jk)) > N$, select case h, where $h = [(i + \text{round}(jk)) - N]$ and $1 < h < i$.

The Sample Selection Indicator will be changed from a value of 2 to a value of 1 for all records selected for one of the four samples: UI paid claims, monetary denials, separation denials, and nonseparation denials.

G. Output Files and Reports

After the sample selection procedure has been completed, COBOL program two produces two output files and related reports:

1. HITFILE (see example below) consists of the records selected for the samples. The records in this file are in the same format and sort sequence as the UI transactions file: UI paid claims records will be written first, followed by monetary, separation, and nonseparation denials.

JOB [JOB NO.] COMMISSION	[STATE] EMPLOYMENT SECURITY HITFILE OF BAM SAMPLE CASES
RUN DATE: 01/08/2001	HITFILE OF BAM SAMPLE CASES
99200101111223333122820001231200011107197111104000000013100 0108200120400000000000	
99200101444556666122820000103200111202196811107500000013100 0108200120750000000000	
99200101777889999122120001230200011211196222114500000013100 0108200121450000000000	
99200101111335555122820000102200111108196531102515000013100 0108200121750000000000	
99200101222446666122120001230200011210194812120000000013100 0108200122000000000000	
99200101777991357122820000103200111104197451122500000013100 0108200122250000000000	
99200101444668642122820001230200012203197011100000000001100 0108200120000000000000	
99200101999119753122820000103200112101195723100000000001100 0108200120000000000000	
99200101666880123122120001231200013112195511100000000001100 0108200120000000000000	
99200101555004321122820000103200113205197741100000000002100 0108200120000000000000	
99200101888224466122820001230200014209195021100000000013100 0108200120000000000000	
99200101987654321122120000102200114102195911100000000013100 0108200120000000000000	

The SSNs and claim dates of the sample cases are used to query the SWA database to create a file of claimant data, rec1.dat, which is used in investigating the accuracy of the payment or denial. The rec1.dat file is described in section 5, "Downloaded Files".

SWA BAM supervisors may request additional information for each case sampled, for example the claimant's name, local address, phone number, and UI claim history or wages. These optional data elements will be produced only for the benefit of the SWA BAM unit and will not be picked up by the Department. State optional data must be downloaded in the format described in section 5 and is currently available only for paid claims. A future release of the DCA software will accommodate state option data for denied claims.

In addition to creating the HITFILE, the COBOL program will produce a hard copy report consisting of all of the UI transactions file data elements for each of the sampled cases:

2. Sfsum.dat (see example on page III-30) consists of aggregate data for the population and sample cases for several claimant characteristics: gender, ethnic group, age, and program type. In addition to these characteristics, the amount paid to the claimant will be used to check the validity of the UI paid claims population and sample. This summary data is used to check the representativeness of the weekly UI paid claims and denials samples. This file is analogous to the PRELUDE_SF_SUM file created by the original BAM COBOL program, although the format of this file is different from PRELUDE_SF_SUM. The sfsum.dat file is described in section 5.

In addition to creating the sfsum.dat file, the COBOL program will produce a hard copy report consisting of the data elements described in Attachment C for each of the four sample types.

The following are examples of the SFSUM hard copy reports for the UI paid claims and monetary denials samples and populations.

JOB [JOB NO.]

[STATE] EMPLOYMENT SECURITY COMMISSION

SFSUM REPORT

**RUN DATE: 01/08/2001
BENEFITS**

TRANSACTION TYPE: 1 - UI

**State: 99
200101**

Batch:

SIZE	06	005382
DOLLARS	00860	000805231
VARIANCE	2718.432	2919.341
MALE	03	002823
FEMALE	03	002559
GENDER MISS	00	000000
WHITE	03	003542
NON-WHITE	03	001840
ETHNIC MISS	00	000000
AGE < 25	01	000639
AGE 25-34	03	001863
AGE 35-44	01	001295
AGE 45-64	01	000871
AGE 65+	00	000714
AGE MISS	00	000000
< \$51	01	000540
\$ 51-\$100	01	000904
\$101-\$150	01	001482
\$151-\$200	02	001983
\$201+	01	000473
AMOUNT MISS	00	000000
UI	06	005001
UCFE/UCX	00	000381
PROGRAM MISS	00	000000

=====
===
SKIP INTERVAL 000897
RANDOM NUMBER 217658
FIRST SELECT 000195
=====
===

JOB [JOB NO.]

[STATE] EMPLOYMENT SECURITY COMMISSION

SFSUM REPORT

**RUN DATE: 01/08/2001
MONETARY
DENIALS**

TRANSACTION TYPE: 2 -

**State: 99
200101**

Batch:

SIZE	02		000245
MALE		01	000132
FEMALE	01		000113
GENDER MISS	00		000000
WHITE	01		000177
NON-WHITE	01		000068
ETHNIC MISS	00		000000
AGE < 25	00		000021
AGE 25-34	01		000073
AGE 35-44	01		000065
AGE 45-64	00		000048
AGE 65+	00		000038
AGE MISS	00		000000
UI	02		000202
UCFE/UCX	00		000043
PROGRAM MISS	00		000000
=====			
===			
SKIP INTERVAL			000123
RANDOM NUMBER			725190
FIRST SELECT			000089
=====			
===			

H. COBOL Program Specifications

A description of the COBOL program modules, installation procedures, and the technical specifications of the input and output files are provided in Attachment A.

5. **Downloaded Files**

Each week, two files are downloaded from the SWA mainframe ADP system to the UI Sun ADP system: rec1.dat, which consists of claimant data obtained from the SWA database for the cases selected for the four BAM samples, and sfsun.dat, which is created by COBOL program two. The Department will provide software to convert data in these files to the Informix database on the Sun computer. This software requires the data passed from the SWA mainframe to the Sun computer to be in a specific format. It is the responsibility of the SWA to assure that data transferred to the Sun computer adhere to these formats, which are described in detail below.

SWA data processing staff are also responsible for any modifications to the job control language of the COBOL program and any additional programming needed to download the rec1.dat and sfsun.dat files to the Sun computer, using ftp or another file transfer utility, for example. States are responsible for securing login permission and permission to download files from their state ADP system to the Sun computer.

States may choose to manually enter the population and sample comparison data and sample case information into the Sun computer by using the software provided by the Department

A. Output File of Sampled Cases

COBOL program two creates a file of records selected for the UI paid claims and three denials samples (HITFILE). This file is used to query the SWA database to identify information on an individual claimant including demographic characteristics, employment history, benefit year data, and information specific to the initial or continued claim. Data reflect status at the time of sample selection for such items as number of base period employers, base period wages, weekly benefit amount, etc. All data available in the SWA UI databases must be extracted to create the rec1.dat file for downloading to the Sun computer.

The control keys for selecting data from the SWA database are social security number (SSN) and claim date, which is the effective date of the initial claim or the week ending date of a week claimed.

1. Timing and Frequency. SWAs will create the rec1.dat file each week as soon as possible after the samples of UI benefit payments and denied UI claims have been selected by the COBOL program. The file must be available on Monday morning for assignment of cases to the BAM investigators. The file is downloaded to the Sun computer either electronically or by tape and stored in /opt/bqc/data/tmp/rec1.dat.

2. Data Element Definition. The data elements and formats for rec1.dat records are provided in Attachment B. Some of the fields may be missing, optional, or not applicable and are left blank, as indicated.

3. Data Corrections. Experience from the BAM program has shown that claimants are occasionally sampled in error, or that claimant identifiers change during the course of an investigation. The BAM supervisor will normally be the person who identifies sample or identifier errors. Provisions have been made for reconciliation of either of these errors on the Sun computer system. Upon the written request of the SWA, the Department will log on to the Sun computer in order to code a sample case that does not meet the definition for inclusion in the UI paid claims or denials universe.

The Sun computer cannot correct errors on the SWA mainframe. Therefore, the BAM supervisor is responsible for alerting the SWA ADP unit regarding changes or errors.

4. File Format for Transfer to the Sun Computer. States must download the rec1.dat file from their mainframe computer to the Sun ADP system. These data are stored in the UI database on the Sun. Successful case conversion depends on fixed formats and file-naming conventions, which are described in this section. SWAs are responsible for the programming which creates the rec1.dat file in the required format.

Each record in the rec1.dat file consists of ten 80-character lines. The total size of each record is 800 bytes. Positions 1 through 79 of each line must contain data or spaces (HEX '20', octal '040', for example). Position 80 on each line must be coded with a line feed (ASCII - 10, HEX '0A', EBCDIC 25, octal '012', for example).

The first three lines are defined by the Department and cannot be changed. As indicated in the following table, some fields wrap from one line to the next line. Line four is reserved for future use and will remain blank. The remaining six lines are reserved for state use and can contain such information as the names and addresses of UI claimants. BAM supervisors are responsible for providing the record formats of optional fields to their ADP staffs. All ten lines must be formatted and transferred whether or not the state optional lines are used for data. Positions not used for data must be filled with spaces, not null.

The following table summarizes the contents of each line of the rec1.dat file record. The data elements and formats for rec1.dat records are provided in Attachment B.

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<u>Line #</u>	<u>rec1.dat Data Element Numbers</u>	
<u>Positions</u>		
1 - 79	Items 1 thru 24 (first position)	1
2 - 158	Items 24 (last position) thru 50	80
3	Items 51 thru 66 (40 spaces reserved in remainder of line 3) 237)	159 - 197 (198 -
4	Leave blank (spaces); reserved for future use.	
5-10	Lines reserved for state use.	

Note: Positions refer to the format of the rec1.dat file record in Attachment B. An example of a rec1.dat file (partial listing of records) is shown on the following page.

Example of rec1.dat File

```
12345678499199906012319990112      11811061961111208021998
    07181998
0099405630          37509750          1
  5 10-2-200375000000000000000000
```

```
12345678599199906012319990510      55003101957111201101999
    12121998
0117756170          29907774          1
  5 10-2-200307000000000000000000
```

```
12345678699199906013019990204      31012281934111212061998
    09101998
0258105170          37509750          1
  5 10-2-200375000000000000000000
```

```
12345678799199906010219990420      13004281951121202081998
    01251998
0301185270          07501950          1
  5 10-2-200075000000000000000000
```

```
12345678899199906013019990208      21005101955211207261998
    05021998
0325502300          16504290          1
  5 10-2-200145000000000000000000
```

```
12345678999199906012319990616      510122619481112001031999
    12101998
0388725490          29607696          1
  5 10-2-200296000000000000000000
```



B. Population and Sample Comparison File

COBOL program two will aggregate population and sample data for selected claimant characteristics to evaluate the statistical validity of the UI paid claims and denials samples. These aggregated data are written to the sfsum.dat file and are downloaded to the UI Sun computer either electronically or by tape. The file will be stored in “ /opt/bqc/data/tmp/sfsum.dat “ on the Sun computer. Software provided by the Department will store the aggregated data in the UI database. The Department will pick up this data for storage on the National Office UI database.

This file will include the following information:

- 1) The total size of the UI paid claims or denials population file from which the sample was selected.
- 2) The skip interval (K) calculated.
- 3) The random start number provided by the Department and specified in the input control record.
- 4) The sequence number of the first sampled case.
- 5) Aggregate sample and population data for gender, ethnic group, age, and program. For UI paid claims, aggregate sample and population data for the amount paid to the claimant and the sample and population variances for the amount paid will also be produced.

File Format. The sfsum.dat file consists of four records of three 80-character lines, which are summarized in the following table. Position 80 of each line is coded with a line feed. The first record in the file is for UI paid claims, followed in order by records for monetary, separation, and nonseparation denials. The data elements and formats for sfsum.dat records are provided in Attachment C.

<u>Line #</u>	<u>Positions</u>	<u>sfsum.dat File Data Element Numbers</u>
1 - 79		Items 1 thru 19 (first 4 positions) 1
2 158		Items 19 (last 2 positions) thru 39 (first 3 positions) 80 -

(6 spaces reserved in remainder of line 3)
(232-237)

Note: Positions refer to the format of the sfsun.dat file record in Attachment C.

Example of sfsun.dat File

```
2000451020104784258690523900022310100494901005529000000000100
74790100296200000037000
0087100002360010030640100390300000275000000050200996100000517
00000000000000810000069
4010014770000178001006446000000000042500226440107812500048121
26
2000452020001414258690007050000300100006901000072000000000100
01020100003800000001000
0002200000039020000390000003900000002000000000200011400000027
000000000000000000000000000000000000000000000000000000000000
000000000000000000000000000000000000000000000000000000000000
00
2000453020002714258690013550000580100012201000149000000000100
01570100011400000000020
0027100000000000000000000000000000000000000000000000020002700000001
000000000000000000000000000000000000000000000000000000000000
000000000000000000000000000000000000000000000000000000000000
00
2000454020001004258690005000000210100003201000068000000000100
00640100003600000000020
0010000000000000000000000000000000000000000000000000020000980000002
000000000000000000000000000000000000000000000000000000000000
000000000000000000000000000000000000000000000000000000000000
00
```


**UI BAM Population Edit and Sample Selection
COBOL Program Specifications and Installation**Installation of the COBOL Programs

The BAM denials COBOL software consists of two source code files: the edit program and the sampling program. The source program code is written in ASCII. Transfer the COBOL program source code files from the UI Sun computer to your state mainframe computer system or network.

The two programs must be compiled separately and given names consistent with the naming conventions at your state's ADP site. The programs have been compiled and tested under both IBM OS/VS COBOL and COBOL II. If the program code will be compiled using a different compiler, the source code may need to be modified to conform to your local ADP environment. After compiling the COBOL program source code, permanently store the executable (object code) files in a program library or partition on your state's ADP system where it can be run on a routine basis.

In the redesign of the COBOL program all internal COBOL sorts have been replaced with SORT utility steps that run before the edit program. Sample JCL for executing the programs on IBM compatible systems is provided at the end of this section.

The main processing steps are as follows:

1. Using programs specific to your ADP site, create the weekly file of UI benefit payments in the new format, as described in section 2 of this documentation.
2. Using a sort control statement similar to the one in step 010 in the sample JCL, sort the UI payment transactions by total amount paid and by SSN.
3. Using programs specific to your site, create a transactions file for the three types of denials: monetary, separation and nonseparation.
4. Using a sort control statement similar to the one in step 020 in the sample JCL, sort the denials transactions by TRANTYPE, TRANYYYY, TRANMMDD, and SSN.
5. Concentrate the UI payment and denial files (step 030).
6. Execute the edit program to create the sampling frame and error report (step 040).

7. Execute the sampling program to create the HITFILE (sample cases) and SFSUM files (step 050).
8. Using programs specific to your ADP site, create the rec1.dat file in the new format, as described in section 5 and Attachment B of this documentation.

COBOL Program Files

1. Input Files

a. **UI Transactions File**

This file contains all the weekly UI transactions records which contain data extracted from the SWA mainframe database.

record order: UI paid claims (Transaction Type 1): amount paid, offset, intercepted, withheld or deducted (item 21 in UI transactions record) and social security number (item 3), in ascending order;

Monetary, separation, and nonseparation denials (Transaction Types 2, 3, and 4): transaction date (item 5 in UI transactions record) and social security number (item 3), in ascending order.

access mode: sequential

record length: 80 bytes

retention: save on tape or disk for 120 days

b. **Control Record**

This file contains a single record which provides control information for each weekly run (for example, random number, number of records to be sampled each week, batch number, etc.). Certain data in the record must change each week (batch #, random #, and dates).

access mode: single record

record length: 80 bytes

retention: none

2. Output Files and Reports

a. **Error Listing**

This report consists of records in the UI transactions file for which the COBOL program has identified data range, format, or relational errors. The report should be reviewed to correct data value or format problems.

b. **Sampling Frame of UI Transactions**

This file contains all records meeting the edit criteria for inclusion in the UI paid claims, monetary denials, separation denials, and nonseparation denials sampling frames.

record order: Same as UI Transactions File
 access mode: sequential
 record length: 80 bytes
 output media: disk or tape
 retention: none

c. **HITFILE**

This file contains the records selected for the four BAM samples: UI paid claims and monetary, separation, and nonseparation denials. Record format is the same as the UI transactions file. The HITFILE is used to extract data from the state's UI database to create the rec1.dat file, which is downloaded to BAM tables in the UI database on the Sun computer.

record order: Same as sampling frame and transactions file
 access mode: sequential
 record length: 80 bytes
 output media: disk or tape
 retention: optional

d. **sfsun.dat**

This file contains aggregate sample and population data for the four types of UI transactions included in BAM: UI paid claims and monetary, separation, and nonseparation denials. The data consists of selected characteristics which are used to weigh the BAM data and conduct statistical tests of sample validity. Data in this file is downloaded to the **b_comparison** table in the UI database on the Sun computer.

access mode: sequential
 record length: 80 bytes (3 lines per record)
 output media: disk or tape
 retention: retain hard copy SFSUM report for 120 days; data in the **b_comparison** and **b_dca_comparison** tables in the UI database are permanently retained on disk or archived.

Sample Job Control Language

```

//*****
//* SAMPLE JCL TO SORT 'ALLOW' AND 'DENY' TRANSACTIONS AND RUN
//* THE EDIT AND SAMPLE PROGRAMS.
//* STEP010 - SORT UC TRANS BY TOTAL PAID, SSN
//* STEP020 - SORT DENIAL TRANS BY TRANTYPE, TRANYYYY, TRANMMDD, /*
AND SSN
//* STEP030 - CONCATENATE THE TWO FILES (TRANTYPES 1,2,3,4)
//* STEP040 - EDIT THE CONTROL AND TRANSACTION FILES
//* STEP050 - CREATE HITS AND SFSUM FILES
//*****
//STEP 010 EXEC PGM=SORT
//SORTIN DD DSN=YOUR.INITIAL.CLAIMS.TRANSACTIONS,
// DISP=(OLD,DELETE,KEEP)
// DD DSN=YOUR.CONTINUED.CLAIMS.TRANSACTIONS,
// DISP=(OLD,DELETE,KEEP)
//SORTOUT DD DSN=YOUR.SORTED.TYPE1.TRANSACTIONS,
// UNIT=STORAGE,MGMTCLAS=IMSTD,
// DISP=(NEW,CATLG,DELETE),AVGREC=K,
// DCB=(LRECL=80,RECFM=FB),
// SPACE=(80,(50,20),RLSE)
//SYSOUT DD SYSOUT=*
//SYSIN DD *
SORT FIELDS=(69,3,CH,A,9,9,CH,A)
/*
//STEP020 EXEC PGM=SORT
//SORTIN DD
DSN=YOUR.UNSORTED.DENIALS.TRANS,DISP=(OLD,DELETE,KEEP)
III-A-4 R-4/2001
ET HANDBOOK NO. 395
//SORTOUT DD DSN=YOUR.SORTED.DENIALS,TRANS,
// UNIT=STORAGE,MGMTCLASS=IMSTD,
// DISP=(NEW,CATLG,DELETE),AVGREC=K,
// DCB=(LRECL=80,RECFM=FB),
// SPACE=(80, (30,10),RLSE)
//SYSOUT DD SYSOUT=*
//SYSIN DD *
SORT FIELDS=(35,1,CH,A,30,4,CH,A,26,4,CH,A,9,9,CH,A)
/*
//STEP030 EXEC PGM=IEBGENER
//SYSUT1 DD DSN=YOUR.SORTED.TYPE1.TRANSACTIONS,
// DISP=(OLD,DELETE,KEEP)
// DD DSN=YOUR.SORTED.DENIALS.TRANS,DISP=(OLD,DELETE,KEEP)
//SYSUT2 DD DSN=YOUR.UNEDITED.TRANSACTIONS.FILE,
// UNIT=STORAGE,MGMTCLAS=IMSTD,
// DISP=(NEW,CATLG,DELETE),AVGREC=K,

```

```
// DCB=(LRECL=80,RECFM=FB),
// SPACE=(80,(30,10),RLSE)
//SYSPRINT DD SYSOUT=*
//SYSIN DD DUMMY
//*
//STEP040 EXEC PGM=?????? /*YOUR NAME FOR THE EDIT PROGRAM*/
//INCNTRL DD DSN=YOUR.NAME.FOR.THE.CONTROL.FILE,DISP=SHR
//INTRAN DD
DSN=YOUR.UNEDITED.TRANSACTION.FILE,DISP=(OLD,DELETE,KEEP)
//OTTRAN DD DSN=YOUR.NAME.FOR.THE.SAMPLE.FRAME,
// MGMTCLAS=IMSHORT,STORCLAS=ISFAST,
// DISP=(NEW,CATLG,DELETE),AVGREC=K,
// DCB=(RECFM=FB,LRECL=80),
// SPACE=(80,(100,100),RLSE)
//OTERROR DD SYSOUT=*,
// DCB=(RECFM=FBA,LRECL=81)
//SYSOUT DD SYSOUT=*
//SYSABEND DD SYSOUT=*
//SYSUDUMP DD SYSOUT=*
//SYSABOUT DD SYSOUT=*
//SYSDBOUT DD SYSOUT=*
//*
//STEP050 EXEC PGM=?????? /*YOUR NAME FOR THE SAMPLING PGM*/
//INCNTRL DD DSN=YOUR.NAME.FOR.THE.CONTROL.FILE,
III-A-5 R-4/2001
ET HANDBOOK NO. 395
// DISP=SHR
//INTRANS DD DSN=YOUR.NAME.FOR.THE.SAMPLE.FRAME,
// DISP=(OLD,DELETE,KEEP)
//OTPRINT DD SYSOUT=*,
// DCB=(RECFM=FBA,LRECL=133)
//OTSAMPL DD DSN=YOUR.NAME.FOR.THE.HITS.FILE,
// DISP=(NEW,CATLG,DELETE),
// SPACE(80,(5,2),RLSE),AVGREC=K,
// DCB=(RECFM=FB,LRECL=80)
//OTSFSUM DD DSN=YOUR.NAME.FOR.THE.SFSUM.FILE,
// DISP=(NEW,CATLG,DELETE),
// SPACE=(80,(5,2),RLSE),AVGREC=K,
// DCB=(RECFM=FB,LRECL=80)
//SYSOUT DD SYSOUT=*
//SYSABEND DD SYSOUT=*
//SYSUDUMP DD SYSOUT=*
//SYSABOUT DD SYSOUT=*
//SYSDBOUT DD SYSOUT=*
/*
```

Record Format for rec1.dat File

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>	<u>Formats/Codes</u> ¹
1 use only)	Social Security #	9	1-9		9-digit SSN (state
2	State ID	2	10-11		2-digit FIPS Code
3	Batch Number		6	12-17	YYYYWW
4	Claim Date (Week Ending or Effective Date)	8	18-25		MMDDYYYY
5	Local Office Number		4	26-29	State-assigned #
6 Blank	U.S. Citizen		1	30	1 to 3 or
7	Education	2	31-32		00 to 12, 14 to 16, 20 or Blank
8 ² Blank	Voc/Tech Training		1	33	1 to 3 or
9 ²	In Training	2	34-35		00, 11 to 14, 21 to 24 or Blank
10 ² Blank	Occupation Code (Last Employer)	3	36-38		3-digit major and minor SOC/O*NET code or
11 Blank	Date of Birth		8	39-46	MMDDYYYY or
12	Gender		1	47	1, 2 or Blank
13 Blank	Ethnic Classification		1	48	1 to 6, 9 or
14 Blank	Program Code		1	49	1 to 8 or

¹ Unless otherwise noted, refer to Chapter IV for paid claims and Chapter VIII for denied claims for data element codes.

² Required for UI paid claims cases only; optional for denials cases.

15	Combined Wage	1	50	1 to 6 or Blank
16 Blank	Benefit Yr. Beginning		8 51-58	MMDDYYYY or
17	Initial Claim Filing Method	1	59	1 to 6 or Blank

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>	<u>Formats/Codes</u> ¹
18 ²	# Prior Nonsep Issues	2	60-61	2 digits or Blank	
19 ²	# Prior Nonsep Issues (Disqualifying)	2	62-63	2 digits or Blank	
20	Reason for Separation (Before Investigation)	2	64-65	10 to 69 or Blank	
21 Blank	Date of Separation (Before Investigation)	8	66-73	MMDDYYYY or	
22 ² Blank	Recall Status (Before Investigation)	1	74	0, 1, 2 or	
23 ²	NAICS Last Employer digits) or	4	75-78	NAICS code (first 4 Blank	
24	# Base Period Employers (Before Investigation)	2	79-80	2 digits or Blank	
25	Base Period Wages (Before Investigation)	6	81-86	6 digits (whole dollars) or Blank	
26 ² digits) or	NAICS Primary Base Period Employer	4	87-90	NAICS code (first 4 Blank	
27 dollars)	High Quarter Wages (Before Investigation)	5	91-95	5 digits (whole or Blank	
28	# Weeks Worked in BP (Before Investigation)	3	96-98	3 digits or Blank	
29 dollars) or	WBA (Before Invest.)	3	99-101	3 digits (whole	

¹ Unless otherwise noted, refer to Chapter IV for paid claims and Chapter VIII for denied claims for data element codes.

² Required for UI paid claims cases only; optional for denials cases.

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>	<u>Formats/Codes</u> ¹
30 dollars) or	MBA (Before Invest.)	5	102-106	5 digits (whole	Blank
31	Monetary Redeterm. (Before Investigation)	1	107	1, 2 or Blank	Blank
32 dollars)	Remaining Balance (As of week paid or denial) determination)	5	108-112	5 digits (whole or Blank	Blank
33	# Dependents Claimed (Before Investigation)	2	113-114	2 digits, 00 or Blank	
34	Dependents Allowance (Before Investigation)	3	115-117	3 digits (whole dollars) or Blank	
35 ²	First CWE Date	8	118-125	MMDDYYYY or Blank	
36 ² Blank	Date of First Pay't.	8	126-133	MMDDYYYY or	
37 ² Blank	Key Week Cert. Method	1	134	1 to 3 or	
38 ³ Blank	Week Claimed/Paid Filing Method	1	135	1 to 6 or	
39	(Relocated to Item # 62)	3	136-138	Blank	
40	(Relocated to Item # 63)	3	139-141	Blank	
41	(Relocated to Item # 64)	3	142-144	Blank	

¹ Unless otherwise noted, refer to Chapter IV for paid claims and Chapter VIII for denied claims for data element codes.

² Required for UI paid claims cases only; optional for denials cases.

³ Required for UI paid claims cases and any denial decision when a week was claimed; leave blank for denial decisions if no week was claimed.

42	(Relocated to Item # 65)	3	145-147	Blank
43	(Relocated to Item # 66)	3	148-150	Blank
44 ²	Required to Seek Work	1	151	1 to 5 or Blank
45 ² Blank	JS Registration Required	1	152	1 to 4 or
46 ²	Actively/Currently Registered w/ JS	1	153	1 to 4 or Blank

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>	<u>Formats/Codes</u> ¹
47 ² Blank	Reason JS Reg. Deferred		1	154	1 to 6 or
48 ²	# of JS Referrals	2	155-156	2 digits or Blank	
49 ² Blank	Union Referral Status		1	157	0 to 3 or
50 ⁵ Blank	Union Service		1	158	0 to 3 or
51 ⁵	Union Assistance Requested	1	159		0 to 4 or Blank
52 ⁵ Blank	Claimant Union Assisted		1	160	0, 1, 2 or
53 ⁵ Blank	Monetary Denial Reason		2	161-162	00 thru 59 or
54 ⁵ Blank	Nonmonetary- Nonseparation Denial Reason		2	163-164	00 thru 79 or
55 ⁵	Claim Type	1	165		0 to 5
56 ⁵ Blank	Initial Determination Appealed ⁶		1	166	0 to 3 or
57 ⁵ Blank	Result of Initial Determination Appeal ⁶		1	167	0 to 6 or

¹ Unless otherwise noted, refer to Chapter IV for paid claims and Chapter VIII for denied claims for data element codes.

² Required for UI paid claims cases only; optional for denials cases.

⁵ Data element added for denied claims.

⁵ Data element added for denied claims.

⁶ Appeal status at time case was selected for sample; data element can be updated if status changes before case is closed.

58 ⁵	Sample Type	1	168	1 to 4
59	Ethnicity	1	169	0, 1 or Blank
60 ⁵ Blank	Separation Issue No.	2	170-171	0 to 99, -2 or
61 ⁵ Blank	Nonseparation Issue No.	2	172-173	0 to 99, -2 or

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>	<u>Positions</u>	<u>Formats/Codes</u> ¹
62 ⁴	Amount Paid and/or Offset		5	174-178	5 digits (whole dollars) or Blank
63	Total Earnings (Before Investigation)		4	179-182	4 digits (whole dollars) or Blank
64	Earnings Deduction (Before Investigation)		4	183-186	4 digits (whole dollars) or Blank
65	Other Deductible Income (Before Investigation)		6	187-192	6 digits (whole dollars) or Blank
66	Other Deduction (Before Investigation)	5	193-197		5 digits (whole dollars) or Blank

¹ Unless otherwise noted, refer to Chapter IV for paid claims and Chapter VIII for denied claims for data element codes.

⁴ Required for UI paid claims cases. For denials cases, leave blank if there is no payment associated with the denial determination. Otherwise, enter the amount paid, offset, intercepted, withheld or deducted for the weeks affected by denial determination.

Record Format for sfsum.dat File
(All Fields are Numeric)

<u>Item #</u>	<u>Name</u>	<u>Field</u>	<u>Size</u>
<u>Positions</u>			
1	Batch	6	1-6
2 ¹	Sample Type	1	7
3	Sample Size	2	8-9
4 15	Population Size	6	10-
5 ² 21	Random Start #	6	16-
6 ³ 27	Skip Interval	6	22-
7 33	Initial Case Selected	6	28-
8 35	Sample - Male	2	34-
9 41	Population - Male	6	36-
10 43	Sample - Female	2	42-
11 49	Population - Female	6	44-
12 51	Sample - Gender Missing	2	50-
13 52-57	Population - Gender Missing	6	
14 59	Sample - White	2	58-

15 60-65	Population - White	6	
16 66-67	Sample - Non-white	2	
17 73	Population - Non-white	6	68-

¹ The first record will be for UI paid claims (sample type = 1), followed by monetary denials (sample type =2), separation denials (sample type = 3), and nonseparation denials (sample type =4).

² Reported with six digits, implied decimal (.xxxxxx).

³ Reported with one implied decimal (xxxx.xx).

<u>Item #</u> <u>Positions</u>	<u>Name</u>	<u>Field</u> <u>Size</u>	
18 74-75	Sample - Ethnic Missing	2	
19 76-81	Population - Ethnic Missing	6	
20 82-83	Sample - Age < 25	2	
21 89	Population - Age < 25	6	84-
22 90-91	Sample - Age 25-34	2	
23 97	Population - Age 25-34	6	92-
24 98-99	Sample - Age 35-44	2	
25 105	Population - Age 35-44	6	100-
26 106-107	Sample - Age 45-64	2	
27 113	Population - Age 45-64	6	108-
28 114-115	Sample - Age 65+	2	
29 116-121	Population - Age 65+	6	
30 122-123	Sample - Age Missing	2	
31 124-129	Population - Age Missing	6	

32 ⁴ 130-131	Sample - UI Program	2	
33 ⁴ 132-137	Population - UI Program	6	
34 ⁵ 138-139	Sample - UCFE/UCX	2	
35 ⁵ 145	Population - UCFE/UCX	6	140-
36 146-147	Sample - Program Missing	2	
37 148-153	Population - Program Missing	6	

⁴ UI program codes include regular UI, UI-UCFE, UI-UCX or UI-UCFE-UCX (program type codes 1, 2, 3, and 4 in the UI transactions file).

⁵ Program codes include UCFE and/or UCX only (program type codes 5, 6 and 7 in the UI transactions file).

<u>Item #</u> <u>Positions</u>	<u>Name</u>	<u>Field</u> <u>Size</u>
38 ⁶ 154-155	Sample - <= \$50 Paid	2
39 ⁶ 156-161	Population - <= \$50 Paid	6
40 ⁶ 162-163	Sample - \$51-100 Paid	2
41 ⁶ 164-169	Population - \$51-100 Paid	6
42 ⁶ 170-171	Sample - \$101-150 Paid	2
43 ⁶ 172-177	Population - \$101-150 Paid	6

44 ⁶ 178-179	Sample - \$151-200 Paid	2	
45 ⁶ 180-185	Population - \$151-200 Paid	6	
46 ⁶ 186-187	Sample -> \$200 Paid	2	
47 ⁶ 188-193	Population -> \$200 Paid	6	
48 ⁶ 194-195	Sample - Amount Paid Missing	2	
49 ⁶ 196-201	Population - Amount Paid Missing	6	
50 ⁶ 206	Sample - Amount Paid	2	202-
51 ⁶ 207-215	Population - Amount Paid	6	
52 ^{6,7} 216-223	Sample - Amount Paid Variance	2	
53 ^{6,7} 224-231	Population - Amount Paid Variance	6	

⁶ For the monetary, separation, and nonseparation denials, this item will equal zero

⁷ Reported with three implied decimal places (xxxxx.xxx).

CHAPTER IV

DATA COLLECTION

1. **Introduction.** Data from each case sampled for BAM are entered into an automated system. The data are obtained both from existing records and from case investigations. This chapter identifies the data elements collected for each paid claim case. Chapter VIII identifies the data elements collected for each denied claim case. Collectively, the data elements in this chapter and Chapter VIII are referred to as the DCI (data collection instrument), and apply to the investigation of both paid and denied claims.

2. **Overview.**

a. Computer Record. The data from BAM paid claim investigations are collected and arrayed in a computer record including the following parts (screens):

- Part A - Case Control Information
- Part B -- Claimant Information
- Part C -- Benefit Year Information
- Part D -- Separation Information
- Part ME - Monetary Eligibility Information
- Part F -- Benefit Payment History
- Part G -- Registration/Work Search Information

Note: Part A data is information automatically downloaded from the rec1.dat file. The information contains unique characteristic specific for the case being investigated, such as the Social Security number, state identification code, batch and sequence number of the case, local office number and the investigator identification number to whom the case is assigned.

Note: "E" is the system command for Exit; therefore, "ME" is used to record monetary eligibility data.

The definitions for classifying the propriety of payments and closing cases, screens H and I, are covered in chapter V.

b. Features of the Data Entry Program. A program designed specifically for data entry is provided all states and is intended to make data recording relatively simple. As many data elements as possible are electronically transferred (downloaded) from the SWA's computerized UI files to the BAM record at the time that the sample cases are selected. Thus, many of the data elements are completed prior to any action. The remaining data elements will have blank fields awaiting data entry because of the BAM investigation. Most of the fields in Parts H and I are preset to zeros since not all fields in this part are used for every case that is

completed. By setting fields to zero, the need to enter zeros is eliminated for those data elements that are not required for a particular case.

All data is numeric or a special alpha character. Numeric data must be right justified and zero-filled from the left. For example, if six positions have been allocated to a data element, but the BAM investigation finds it to have a value of 450 (requiring only three positions), the element should be entered as 000450. The exception to this are data elements C5 (Benefit Rights Given) and E14 (Error Responsibility) for paid claims and Nos. 26 and 101 for denied claims. These elements require multiple entries, as each distinct position within the field ABCD is Boolean (true/false). The valid codes are summarized in tables in the description part of each of these data elements.

c. Responsibility for Data Entry. The SWA determines who enters the data into the automated record (e.g., investigator, clerk, etc.). SWAs may find it advantageous to develop a method to organize the data prior to entry (i.e., coding sheet).

3. **Data Elements and Descriptions.** The balance of this chapter contains the data elements to be gathered and verified by the BAM investigator for each case. Although some elements may be downloaded from the mainframe computer to this record and the software assigns others, most data must be entered manually. For each data element, the following information is provided:

- **NAME:** full name of data element
- **SHORT NAME:** as abbreviated for printout
- **Definition:** provides specific instructions for each data element and lists the codes available for each data element

The following general instructions are applicable for data elements involving money:

Entries must be in whole dollars, with the exception of hourly wages that require both dollars and cents. For those entries requiring whole dollars, SWAs that have formal policies regarding the rounding of dollars should follow those policies. Other SWAs should round to the nearest whole dollar, i.e., drop decimals of (4) or less; round up decimals of (5) or more.

PART B -- CLAIMANT INFORMATION

(b1) NAME: Primary Method by which Claimant BAM Information Obtained

SHORT NAME: Method Info Obt

Definition: Enter the code which best describes the method by which the information contained on the claimant questionnaire is obtained.

- 1 = In-person interview
- 2 = Telephone interview
- 3 = Mail
- 1 = Not obtained

(b2) NAME: United States Citizenship

SHORT NAME: Citizen

Definition: Enter applicable code after appropriate verifications.

- 1 = U.S. Citizen
- 2 = Alien eligible under 3304(a)(14)FUTA
- 3 = Alien ineligible under 3304(a)(14)FUTA
- 1 = Missing or information not available

(b3) NAME: Education

SHORT NAME: Education

Definition: Enter highest level of academic education completed after appropriate verifications.

- 00 = Never attended school
- 01 thru 11 = Highest grade completed
- 12 = High school graduate or GED
- 14 = Some college (but no degree)
- 15 = Associate's degree
- 16 = BA or BS Degree
- 20 = Graduate Degree (Masters, MD, PhD, JD, etc.)
- 1 = Missing or information not available

Note regarding this element and (b4): If the experience leads to a certificate it is to be considered vocational or technical (voc/tech) school training. If the individual gets a degree (diploma), it is considered "formal" education. If training is post high school and claimant indicates training is for a certificate, proceed to voc/tech question. If it does not lead to a degree, it is to be considered voc/tech training.

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(b4) NAME: Vocational or Technical School Training
SHORT NAME: Voc/Tech School

Definition: Enter applicable code after appropriate verification.

- 1 = Never attended
- 2 = Attended, but not certified
- 3 = Attended and received certificate
- 1 = Missing or information not available

(b5) NAME: Training Status during Key Week
SHORT NAME: In Training

Definition: Enter the applicable code after verification

- 00 = Not in training
- 1 = Missing or information not available

- | | |
|------------------------------|----------------------------------|
| <u>UI Approved Training:</u> | <u>Not UI Approved Training:</u> |
| 11 = Tech./voc. | 21 = Tech./voc. |
| 12 = WIA | 22 = WIA |
| 13 = Academic | 23 = Academic |
| 14 = Other | 24 = Other |

(b6) NAME: Occupational Code (Last job prior to filing most recent Initial/Additional Claim)
SHORT NAME: Occ Code Last

Definition: Enter the first three digits of the SOC / O*NET code (major and minor occupation group level) for claimant's last job.

Code	SOC Major Group	Code	SOC Major Group
11	Management Occupations	35	Food Preparation and Serving Related Occupations
13	Business and Financial Operations Occupations	37	Building and Grounds Cleaning and Maintenance Occupations
15	Computer and Mathematical Occupations	39	Personal Care and Service Occupations
17	Architecture and Engineering Occupations	41	Sales and Related Occupations
19	Life, Physical, and Social Science Occupations	43	Office and Administrative Support Occupations
21	Community and Social Services Occupations	45	Farming, Fishing, and Forestry Occupations
23	Legal Occupations	47	Construction and Extraction Occupations
25	Education, Training, and Library Occupations	49	Installation, Maintenance, and Repair Occupations

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27	Arts, Design, Entertainment, Sports, and Media Occupations	51	Production Occupations
29	Healthcare Practitioners and Technical Occupations	53	Transportation and Material Moving Occupations
31	Healthcare Support Occupations	55	Military Specific Occupations
33	Protective Service Occupations		

-1 = Missing or information not available

- (b7) NAME:** Occupational Code For Usual Job
SHORT NAME: Occ Code Usual

Definition: Enter the first three digits of the SOC / O*NET code (major and minor occupation group level) for claimant's usual (primary) occupation (see chart in **b6**).

-1 = Missing or information not available

- (b8) NAME:** Normal Hourly Wage, Usual Job
SHORT NAME: Normal Hr Wage

Definition: Enter normal hourly wage for the claimant's primary occupation after appropriate verifications. Express without decimal point in dollars and cents per hour (e.g., \$5.00 per hour is coded as 500).

Use state conversion formula when other than hourly wages is given. If no state formula, use the appropriate formula provided below:

Weekly wages - divided by 40 or normal weekly hours for claimant's usual occupation.

Monthly wages - divide by 4.33, then divide by 40 or normal weekly hours for claimant's usual occupation.

Yearly wages - divide by 52, then divide by 40 or normal weekly hours for claimant's usual occupation.

-1 = Missing or information not available

- (b9) NAME:** Occupational Code (Seeking Work)
SHORT NAME: Occ Code Seeking

Definition: Enter the first three digits of the SOC / O*NET code (major and minor occupation group level) for type of work that claimant is seeking (see chart in **b6**).

-1 = Information missing or not available

-3 = Same as (b6) (Occupational Code for Last Job)

- (b10) NAME:** Lowest Acceptable Hourly Wage
SHORT NAME: Lowest Hr Wage

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Definition: Enter lowest hourly wage that the claimant was willing to accept during the Key Week. Express without decimal point in dollars and cents per hour. If no state formula, use appropriate formula provided in **b8** above.

-1 = Missing or information not available

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(b11) NAME: Date of Birth
SHORT NAME: Birth Date

Definition: Enter Date of Birth (MM/DD/YYYY). If month of birth is not available, code "MM" as 06. If day of birth is not available, code "DD" as 01.

If date of birth is missing or information is not available, code as "01/01/0001".

(b12) NAME: Sex
SHORT NAME: Sex

Definition: Enter appropriate code.

1 = Male
 2 = Female

-1 = Not available from any source

(b13) NAME: Ethnicity and Race Classification Code
SHORT NAME: Race-Ethnic

Definition: This is a two-position data element. Enter appropriate ethnic code in the first position, and appropriate race code in the second position.

FIRST POSITION → SECOND POSITION ↓	0 - Not Hispanic or Latino	1 - Hispanic or Latino	9 - Ethnic ity Unkn own
1 - White	01	11	91
2 - Black or African American	02	12	92
3 - Asian	03	13	93
4 - American Indian or Alaska Native	04	14	94
5 - Native Hawaiian or Other Pacific Islander	05	15	95
6 - Multiple Categories Reported	06	16	96

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9 - Race Unknown	09	19	99
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PART C -- BENEFIT YEAR INFORMATION

(c1) NAME: Program Code
SHORT NAME: Program

Definition: Enter the code that identifies the type of claim that was taken:

- 1 = UI
- 2 = UI-UCFE
- 3 = UI-UCX
- 4 = UI-UCFE-UCX
- 5 = UCFE
- 6 = UCFE-UCX
- 7 = UCX
- 8 = EUC

Code Interstate claims in one of the above categories

(c2) NAME: Combined Wage Claim
SHORT NAME: CW Claim

Definition: Enter code that applied at the time the Key Week payment was made.

- 1 = CWC Intrastate Claim
- 2 = No combined wages, Intrastate Claim
- 3 = Pending out-of-state wages, Intrastate Claim
- 4 = CWC Interstate Claim
- 5 = No combined wages, Interstate Claim
- 6 = Pending out-of-state wages, Interstate Claim

Use codes 1 or 4 if out-of-state wages were used for the monetary determination.

Use codes 2 or 5 if there are no out-of-state wages OR if claimant declined to combine wages.

Use codes 3 or 6 if out-of-state wages have been requested but not received or acted upon at the time that the Key Week payment was made.

(c3) NAME: Benefit Year Beginning
SHORT NAME: Ben Year Beg

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Definition: Enter effective date of most recent new or transitional claim, not reopened or additional (MM/DD/YYYY).

(c4) NAME: Initial Claim Filing Method
SHORT NAME: Init Clm File

Definition: Enter filing method for the most recent new, additional, or transitional claim.

- 1 = In-Person Claim
- 2 = Mail Claim (including e-mail)
- 3 = Telephone Claim (including automated, interactive telephone systems)
- 4 = Employer-Filed Claim
- 5 = Other (other than e-mail)
- 6 = Internet claim

- 1 = Missing or information not available

(c5) NAME: Benefit Rights Given
SHORT NAME: BRI

Description: Enter all codes that apply regarding method by which claimant was given Benefit Rights Interview.

Each distinct position within the field **ABCD** is Boolean (true/false), where **A** is In-person interview, **B** is Group interview, **C** is Booklet or pamphlet, and **D** is Video / Electronic (including Internet)/other multimedia. The valid codes are summarized in the following table.

BENEFITS RIGHTS GIVEN	
<p><u>A = In-person Interview</u> 0 - Not given 1 - In-person interview given</p>	<p><u>B= Group Interview</u> 0 - Not given 2 - Group interview given</p>
<p><u>C = Booklet / Pamphlet</u> 0 - Not given 3 - Booklet / Pamphlet given</p>	<p><u>D = Video/Electronic/Other Multimedia</u> 0 - Not given 4 - Video/Electronic (including Internet/Other Multimedia given</p>

-1 = Missing or information not available

(c6) NAME: Number of Eligibility Review Program Interviews (ERPs) Held, Current Benefit Year
SHORT NAME: ERPs

Definition: Enter number of ERPs (1-9) held during the claimant's current benefit year up to and including the Key Week. If more than 9 were held, enter 9.

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0 = Claimant should have had ERP but did not

-1 = Missing or information not available

-2 = Not applicable (claimant not required to have ERP or first ERP scheduled after the Key Week)

(c7) NAME: Last ERP Date

SHORT NAME: Last ERP

Definition: Enter date (MM/DD/YYYY) of claimant's most recent ERP up to and including Key Week.

-1 = Missing or information not available

-2 = Not applicable

(c8) NAME: Number of Prior Nonseparation Determinations Made

SHORT NAME: Prior Nonsep Issues

Definition: Enter number of prior nonseparation issues disposed of in current benefit year through the Key Week. This includes both formal and informal determinations (meeting workload validation criteria) made during this period. Exclude issues detected by the BAM process.

0 = None

(c9) NAME: Number of Prior Disqualifications for Nonseparation Issues

SHORT NAME: Prior Nonsep Disq

Definition: Enter number of prior disqualifications that resulted from nonseparation issues identified in **(c8)**. Exclude denials reversed by appeal if the decision was issued before the Key Week ending date. All other reversals should also be excluded, including those reversed at the Local Office or other levels, which may occur prior to the official appeal.

0 = None

PART D -- SEPARATION INFORMATION

(d1) NAME: Reason for Separation Before Investigation
SHORT NAME: Reason Sep Before

Definition: Enter the code that identifies the reason the claimant was separated from the last job up to and including the Key Week. Code the separation that caused the period of unemployment (new/additional claim) for the Key Week. This element reflects the information contained in the agency records.

10 = Lack of Work (e.g., RIF, temporary lay off)
20 = Voluntary Quit
30 = Discharge
40 = Labor Dispute
50 = Other (include military separation)
60 = Not separated (partial)

The second digit of the code is reserved for SWA use. For example, at the SWA's option different reasons for Voluntary Quit or Discharge could be identified.

(d2) NAME: Reason for Separation After Investigation
SHORT NAME: Reason Sep After

Definition: Enter the code that the investigation establishes as the correct reason for separation for the period of unemployment in which the Key Week occurred. The separation to be coded is the most recent employment that affects the claimant's eligibility for benefits. This information may reflect an employer other than the one identified in **d1**.

10 = Lack of Work (e.g., RIF, temporary lay off)
20 = Voluntary Quit
30 = Discharge
40 = Labor Dispute
50 = Other (include military separation)
60 = Not separated (partial)

The second digit of the code is reserved for SWA use. For example, at the SWA's option different reasons for Voluntary Quit could be identified.

(d3) NAME: Date of Separation Before Investigation
SHORT NAME: Date Sep Before

Definition: Enter date (MM/DD/YYYY) of separation as defined by state law/policy, from last employer used to determine code assigned in **(d1)**. If the claimant has not been separated, enter the last day worked, but no later than the Key Week ending date, if code in **(d1)** is 60-69.

(d4) NAME: Date of Separation After Investigation
SHORT NAME: Date Sep After

Definition: Enter the date (MM/DD/YYYY) of separation as defined by state law/policy, from last employer after investigation as identified in **(d2)**.

If the claimant has not been separated, enter the last day worked, but no later than the Key Week ending date, if code in **(d2)** is coded 60-69.

-1 = Missing or information not available

(d5) NAME: Recall Status Before Investigation
SHORT NAME: Recall Stat Before

Definition: Enter the code that indicates claimant's recall status for the Key Week.

0 = No recall
1 = Definite recall (specific return date)
2 = Indefinite recall (no specific return date)

-1 = Missing or information not available
-2 = Not applicable (e.g., partial)

(d6) NAME: Recall Status After Investigation
SHORT NAME: Recall Stat After

Definition: Enter the correct recall status code as of Key Week.

0 = No recall
1 = Definite recall (specific return date)
2 = Indefinite recall (no specific return date)

-1 = Missing or information not available
-2 = Not applicable (e.g., partial)

(d7) NAME: Tax Rate for Last Employer
SHORT NAME: Tax Rate Last Emp

Definition: Enter last employer's UI tax rate at the time of filing for the most recent new or additional claim.

Round to nearest hundredth of a percent (e.g., 14.92% is entered as 1492; 3.6% is entered as 360; 7.478% is entered as 748).

Enter 9999 if employer reimburses fund. (Decimal field will display "99.99".)

Enter -1 if non-subject employing unit or information is not available.

(d8) NAME: Industry Code (Last Employer)
SHORT NAME: Ind Code Last Emp

Definition: Enter first four digits (industry group level) of NAICS code for the claimant's last employer as identified in (d2). If only a two-digit NAICS sector level is available on the state's computer system, enter the two digits followed by two zeros. For example, if the only industry code available is 17, enter 1700.

Enter -1 if missing or information not available.

11	Agriculture, Forestry, Fishing, Hunting	53	Real Estate, Rental and Leasing
21	Mining	54	Professional, Scientific, and Technical Services
22	Utilities	55	Management of Companies and Enterprises
23	Construction	56	Administrative Support, Waste Management and Remediation Services
31-33	Manufacturing	61	Education Services
42	Wholesale Trade	62	Health Care and Social Assistance
44-45	Retail Trade	71	Arts, Entertainment and Recreation
48-49	Transportation and Warehousing	72	Accommodation and Food Services
51	Information	81	Other Services (except Public Administration)
52	Finance and Insurance	92	Public Administration

PART E -- MONETARY ELIGIBILITY

(e1) NAME: Number of Base Period Employers Before Investigation
SHORT NAME: BP Emps Before

Definition: Enter number of subject base period employers, before investigation. Include wages from seasonal, school, and out-of-state employers if they were used in the monetary determination from which the Key Week payment was made.

(e2) NAME: Number of Base Period Employers After Investigation
SHORT NAME: BP Emps After

Definition: Enter number of subject base period employers after investigation. Include wages from seasonal, school, and out-of-state employers if they should have been used in calculating the monetary determination from which the Key Week payment was made.

0 = No base period employers as a result of the investigation
(monetarily ineligible)

(e3) NAME: Base Period Wages Before Investigation
SHORT NAME: BP Wages Before

Definition: Enter total amount of all base period wages from subject employers. Express in whole dollars. Include wages from seasonal, school, and out-of-state employers if they were used in the monetary determination from which the Key Week payment was made.

(e4) NAME: Base Period Wages After Investigation
SHORT NAME: BP Wages After

Definition: Enter total amount of all base period wages from subject employers identified in **(e2)** even if claimant is determined to be monetarily ineligible. Express in whole dollars.

Must be zero (0) if **(e2)** is zero.

- (e5) NAME:** High Quarter Wages Before Investigation
SHORT NAME: High Qtr Wages Before

Definition: Enter whole dollar amount of claimant's high quarter base period wages (before investigation) used in the monetary determination from which the original Key Week payment was made. Include seasonal wages and school wages, if used.

Enter 99999 if greater than \$99999.
Enter -2 if not applicable and/or not in state records.

- (e6) NAME:** High Quarter Wages After Investigation
SHORT NAME: High Qtr Wages After

Definition: Enter whole dollar amount of claimant's high quarter base period wages (after investigation) that should have been used for the monetary determination for the Key Week.

Enter 99999 if greater than \$99999.
Enter zero (0) if **(e2)** is zero.

-2 = Not applicable AND not obtained by the investigator.

- (e7) NAME:** Number of Weeks Worked in Base Period Before Investigation
SHORT NAME: Wks Worked Before

Definition: Enter number of actual weeks, as defined by state law and procedures that the claimant worked in base period prior to the investigation. Complete this item if required by state law for computing monetary eligibility.

-2 = Not Applicable if the number of weeks worked is not required.

- (e8) NAME:** Number of Weeks Worked in Base Period After Investigation
SHORT NAME: Wks Worked After

Definition: Enter number of actual weeks, as defined by state law and procedures that the claimant worked in base period after investigation. Complete this item if required by state law for computing monetary eligibility.

Enter zero (0) if **(e2)** is zero.

-2 = Weeks of work are not required

(e9) NAME: Weekly Benefit Amount (WBA) Before Investigation
SHORT NAME: WBA Before

Definition: Enter claimant's WBA for the Key Week, based on the monetary determination from which the original Key Week payment was made.

Express in whole dollars. Disregard dependents' allowances, pension deductions, or Key Week earnings (if any). Do not use adjusted WBA based on monetary redetermination made because of nonmonetary issues (i.e., a separation issue or administrative penalty).

(e10) NAME: Weekly Benefit Amount (WBA) After Investigation
SHORT NAME: WBA After

Definition: Enter claimant's correct WBA based on the monetary determination that should have applied at the time the original Key Week payment was made.

Express in whole dollars. Disregard dependents' allowances, pension deductions, or Key Week earnings (if any). Disregard WBA resulting from a monetary redetermination caused by nonmonetary issues (i.e., a separation issue or administrative penalty).

Must be zero (0) if **(e2)** is zero.

(e11) NAME: Maximum Benefit Amount (MBA) Before Investigation
SHORT NAME: MBA Before

Definition: Enter MBA based on monetary determination from which original Key Week payment was made.

Express in whole dollars. Do not use adjusted MBA based on monetary redetermination made because of nonmonetary issues (i.e., a separation issue or administrative penalty). Disregard any EB or FSC benefit entitlement, state supplemental payments, dependents' allowances or any other deductions.

(e12) NAME: Maximum Benefit Amount (MBA) After Investigation
SHORT NAME: MBA After

Definition: Enter MBA based on the monetary determination that should have applied to Key Week at the time that the original payment for Key Week was made.

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Express in whole dollars. Disregard MBA resulting from a monetary redetermination caused by nonmonetary issues (i.e., a separation issue or administrative penalty). Disregard any EB or FSC benefit entitlement, state supplemental payments, dependents' allowances or any other deductions.

Must be zero (0) if (**e2**) is zero.

(e13) NAME: Number of Dependents Claimed Before Investigation
SHORT NAME: Depend Before

Definition: Enter the number of dependents claimed.

Enter zero (0) if none and state has a dependency provision.
Enter -2 if state does not have a dependency provision.

(e14) NAME: Number of Dependents Claimed After Investigation
SHORT NAME: Depend After

Definition: Enter the correct number of dependents that should be claimed.

Enter zero (0) if none and state has a dependency provision.

-2 = State does not have a dependency provision

(e15) NAME: Dependents' Allowance Before Investigation
SHORT NAME: Depend Allow Before

Definition: Enter the whole dollar amount of dependents' allowance before investigation, if any that was paid to the claimant for the Key Week.

Enter zero (0) if claimant is not eligible for allowance and state has a dependency provision.

-2 = State does not have a dependency provision

(e16) NAME: Dependents' Allowance After Investigation
SHORT NAME: Depend Allow After

Definition: Enter the correct whole dollar amount of dependents' allowance that should have been paid to the claimant during the Key Week.

Enter zero (0) if claimant not eligible for allowance and state has a dependency provision.

-2 = State does not have a dependency provision

(e17)NAME: Industry Code (Primary Base Period Employer)
SHORT NAME: Ind Code Primary Emp

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Definition: Enter first four digits (Industry group level) of NAICS code for claimant's primary base period employer from whom the most wages were earned. If only two-digit major group is available on the state's computer system, enter the two digits followed by two zeros.

-1 = Information missing or not available

11	Agriculture, Forestry, Fishing, Hunting	53	Real Estate, Rental and Leasing
21	Mining	54	Professional, Scientific, and Technical Services
22	Utilities	55	Management of Companies and Enterprises
23	Construction	56	Administrative Support, Waste Management and Remediation Services
31-33	Manufacturing	61	Education Services
42	Wholesale Trade	62	Health Care and Social Assistance
44-45	Retail Trade	71	Arts, Entertainment and Recreation
48-49	Transportation and Warehousing	72	Accommodation and Food Services
51	Information	81	Other Services (except Public Administration)
52	Finance and Insurance	92	Public Administration

(e18)NAME: Monetary Redetermination Before Investigation

SHORT NAME: Mon Redet Before

Definition: Enter appropriate code that indicates if SWA redetermined claimant's monetary eligibility prior to Key Week payment date. Do not consider redeterminations resulting from a nonmonetary issue (i.e., a separation issue or administrative penalty).

1 = Yes

2 = No

(e19) NAME: Remaining Balance (RB) as of KW Ending Date

SHORT NAME: Remaining Bal

Definition: Enter remaining balance of claimant's benefits at the time the Key Week was claimed even though it was paid at a later date. Deduct amount of Key Week payment regardless of date paid when

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computing remaining balance. Exclude amounts for dependency allowances.

0 = balance is exhausted

EXAMPLE: Week 01 is Key Week. MBA is \$2600 and WBA is \$100. Key Week was paid the week after week 02 was paid. The SWA record will indicate a balance of \$2400 based on the Key Week payment date. However, for BAM purposes, the remaining balance is \$2500 since payments are arrayed chronologically by compensable week ending date.

COMPUTE REMAINING BALANCE AS FOLLOWS: Array payments in chronological order by compensable week ending date. Sum dollar amount of all weeks paid including Key Week. Deduct this amount from Maximum Benefit Amount. Result is remaining balance.

PART F -- BENEFIT PAYMENT HISTORY

(f1) NAME: Total Earnings for Key Week Before Investigation
SHORT NAME: KW Earnings Before

Definition: Enter whole dollar amount of earnings during KW regardless of effect on the amount paid. Do NOT include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

Enter 999 if \$999 or more.
Enter zero (0) if none.

(f2) NAME: Total Earnings for Key Week After Investigation
SHORT NAME: KW Earnings After

Definition: Enter whole dollar amount of earnings during KW regardless of effect on the amount paid. Do NOT include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

Enter 999 if \$999 or more.
Enter zero (0) if none.

(f3) NAME: Earnings Deduction for Key Week Before Investigation
SHORT NAME: Earn Deduct Before

Definition: Enter actual amount, in whole dollars, deducted from WBA because of earnings. Do NOT include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

This amount may be less than amount reported on the certification by claimant because of earnings disregarded by law in computation of amount deducted.

Enter zero (0) if no earnings deduction.

(f4) NAME: Earnings Deduction for Key Week After Investigation
SHORT NAME: Earn Deduct After

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Definition: Enter whole dollar amount that should have been deducted from WBA because of earnings. Do NOT include other deductible income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

Enter zero (0) if no earnings deduction.

- (f5) NAME:** Total Other Deductible Income for KW Before Investigation
SHORT NAME: Other Income Before

Definition: Enter total whole dollar amount of other income (deductible under state law) received (or prorated) before the provisions of state law are applied to deduct it from benefits paid. Include pension received for the Key Week, regardless of effect on the payment amount, using the SWA's method to determine the weekly amount of the pension. Also, include all deductible income such as holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

Enter zero (0) if none.

- (f6) NAME:** Total Other Deductible Income for KW After Investigation
SHORT NAME: Other Income After

Definition: Enter total whole dollar amount of other income (deductible under state law) received (or prorated) before the provisions of state law are applied to deduct it from benefits paid. Include pension received for the Key Week, regardless of effect on the payment amount, using the SWA's method to determine the weekly amount of the pension.

- (f7) NAME:** Other Income Deductions for Key Week Before Investigation
SHORT NAME: Other Deduct Before

Definitions: Enter actual amount, in whole dollars, deducted from WBA due to a pension, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. before investigation of Key Week.

Enter zero (0) if no other income deduction.

- (f8) NAME:** Other Income Deductions for Key Week After Investigation
SHORT NAME: Other Deduct After

Definition: Enter whole dollar amount that should have been deducted from WBA for the Key Week due to a pension, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

Enter zero (0) if no other income deduction.

- (f9) NAME:** First Compensable Week Ending Date
SHORT NAME: First CWE Date

Definition: Enter Week Ending Date (MM/DD/YYYY) of first week compensable (paid/offset, totally or partially) in the benefit year as defined for the First Payment Time Lapse Report (ETA 9050).

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NOTE: This is NOT necessarily the first compensated week as defined for the Claims and Payment Activities Report (ETA 5-159, Part B).

(f10) NAME: Date of First Compensable Week
SHORT NAME: Date First Payment

Definition: Enter date payment was made (or offset applied) for the first compensable week identified in **(f9)** (MM/DD/YYYY).

(f11) NAME: Key Week Filing Method
SHORT NAME: KW File Meth

Definition: Enter filing method for Key Week claim.

1 = Mail Claim
2 = In-person Claim
3 = Employer filed (i.e., partial)
4 = Telephone
5 = Other (i.e. electronic)
6 = Internet Claim

-1 = Missing or information not available

(f12) NAME: Key Week Certification Procedure
SHORT NAME: KW Cert

Definition: Enter appropriate code.

1 = Key Week claimed on a weekly cycle.
2 = Key Week claimed on a bi-weekly cycle.
3 = other (greater than bi-weekly cycle)

(f13) NAME: Original Amount Paid and/or Offset for Key Week
SHORT NAME: Orig Amt Pd

Definition: Enter original whole dollar amount paid. Include in this amount dependent allowance and child support intercepted, (if any), federal, state and/or local income tax withholding, and the recovery of overissuances of food stamp coupons for Key Week. Code \$98.00 as 98 without a leading zero.

PART G - LABOR EXCHANGE REGISTRATION/WORK SEARCH

(g1) NAME: Work Search Requirements
SHORT NAME: WS Requirements

Definition: Enter the appropriate code that applied at the time eligibility for the Key Week was determined.

1 = Required to actively seek work (in addition to union contact if applicable)

2 = An agency directive (written or verbal) temporarily suspended the claimant's normal work search for the Key Week.

3 = Union deferral (seeking work only through union)

4 = Job attached deferral (temporary lay-off, recall, partial, industry attached)

5 = Other deferrals (disability, school, etc.)

-2 = Not Applicable, if no active work search policy

(g2) NAME: Labor Exchange Registration Required for Key Week
SHORT NAME: LE Reg Req

Definition: Enter the appropriate code that applies to the Key Week according to law and policy.

1 = Yes, per state law

2 = No

3 = Yes, as a result of profiling

4 = Yes, for both reasons

Use code 2 only if the state does not require registration OR there is written law/policy that provides for non-registration under certain circumstances (e.g., temporary lay-off, union membership), and such non-registration policy is applicable to claimant.

(g3) NAME: Labor Exchange Registration and Services as of Key Week

SHORT NAME: LE Reg/Services

Definition: Enter the appropriate code that applies to the Key Week. State written law, policy, and procedures govern whether claimants are required to be registered with the Job Service and what constitutes registration. BAM coding should be consistent with such law, policy, and procedures.

1 = Registered with the Labor Exchange and has received one or more

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staff-assisted service during the current benefit year (for example, job referral, placement in training, reemployment or assessment services, job search activities, or other service reportable on the ETA 9002 report.

2 = Not registered with Labor Exchange and has not used self-help services from the One-Stop delivery system during the current benefit year.

3 = Not registered with Labor Exchange and has used only self-help services from the One-Stop delivery system during the current benefit year.

4 = Registered with the Labor Exchange but has received no staff-assisted services during the current benefit year.

-1 = Information missing or not available.

(g4) NAME: Reason Labor Exchange Registration Deferred
SHORT NAME: LE Defer

Definition: Enter appropriate code.

1 = Union member	5 = Approved training
2 = Job attached	6 = Local Office policy
3 = Partial	7 = Other
4 = Seasonal	

-2 = Not Applicable, if claimant not deferred

(g5) NAME: Number of Labor Exchange Referrals
SHORT NAME: LE Refers

Definition: Enter number of times Labor Exchange referred claimant for employment during current benefit year (CBY) up to and including Key Week.

Enter zero 0 if no referrals while registered in CBY.

-1 = Information missing or not available.

-2 = Claimant not registered or received no services during CBY.

(g6) NAME: Registered with Private Employment Agency
SHORT NAME: Regis Priv Agency

Definition: Enter code that applied as of the Key Week.

1 = registered with private agency
2 = not registered with private agency

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-1 = Information missing or not available.

(g7) **NAME:** Number of Private Employment Agency Referrals
SHORT NAME: Priv Agency Refers

Definition: Enter number of times the claimant was referred for employment by a Private Employment Agency during Key Week.

Enter zero (0) if registered but not referred.

-1 = Information missing or not available.

-2 = Claimant not registered.

(g8) NAME: Union Referral Status
SHORT NAME: Union Status

Definition: Enter appropriate code that applies to the Key Week after appropriate verification.

0 = Claimant NOT a member of a union.

1 = Claimant is a member of a union with a hiring hall and was eligible to be referred by the union during the Key Week.

2 = Claimant is a member of a union with a hiring hall but was not eligible for union referral during the Key Week.

3 = Claimant is a member of a non-hiring-hall union.

-1 = Missing or not available

(g9) NAME: Number of Union Referrals for the Key Week
SHORT NAME: Union Refers

Definition: Enter number of times that a union with a hiring hall referred claimant for employment during the Key Week. All such referrals are to be verified. Do not include referrals associated with a non-hiring-hall union; however, contacts resulting from such referrals may be included in (g10).

-1 = Information Not Available, or (g8) coded 1.

-2 = Not Applicable, or (g8) is code 0, 2, or 3.

(g10) NAME: Number of Job Contacts Listed for KW
SHORT NAME: KW Contacts

Definition: Enter number of all Key Week job contacts indicated from any source. Note: If claimant sought work in Key Week although not required to do so, enter number of contacts and make appropriate verifications.

Enter zero (0) if no contacts were indicated.

Enter -1 if claimant does not know or INA.

Enter -2 if not required to and did not seek work. Cannot be -2 if (g1) equals code 1.

(g11) **NAME:** Number of Job Contacts Made Prior to Key Week but used to Satisfy Work Search Requirements for KW
SHORT NAME: Prior KW Contacts

Definition: Enter number of work search contacts made prior to Key Week only if used to satisfy the state's work search requirements.

Enter -2 if state does not allow contacts outside the KW to satisfy work search requirements.

Enter zero (0) if no contacts were indicated or KW contacts were sufficient to meet the requirements.

Enter -1 if claimant does not know or INA.

(g12) **NAME:** Number of Work Search Contacts Investigated for Key Week Eligibility
SHORT NAME: Contacts Inv

Definition: Enter total number of work search contacts investigated by the BAM unit, regardless of investigation determination regarding acceptability. Do not include here any work-search contacts that were not investigated by BAM unit.

Enter zero (0) if no job contacts were investigated and enter zeros for **(g13)**, **(g14)**, and **(g15)**.

This number cannot exceed the sum of **(g10)** and **(g11)**.

(g13) **NAME:** Number of Acceptable Work Search Contacts
SHORT NAME: Contacts Acc

Definition: Include only work search contacts for which documentation exists in BAM file that such contacts were made by claimant and were acceptable contacts within state's written law/policy on active search for work.

This number must be less than or equal to the number in **(g12)**.

Must be zero (0) if **(g12)** is zero.

(g14) NAME: Number of Unacceptable Work Search Contacts
SHORT NAME: Contacts Unacc

Definition: Include only job contacts for which written documentation exists in BAM file that such contacts were not made at all by claimant or were made but are unacceptable within the framework of state's written law or policy.

This number must be less than or equal to the number in **(g12)**.
Must be zero (0) if **(g12)** is zero.

(g15) NAME: Number of Work Search Contacts for KW that Could not be Verified as Either Acceptable or Unacceptable
SHORT NAME: Contacts Unver

Definition: Include here the work search contacts for which there were insufficient information to make a judgment of either acceptable or unacceptable, within the state's written law/policy on work search.

This number must be less than or equal to the number in **(g12)**.

CHAPTER V

CLASSIFYING PROPRIETY OF PAYMENTS

1. **Introduction.** The outcome of each case investigated is a set of data about that claim and classification as to whether or not the payment was proper. Each payment sampled for BAM must be accounted for in the coding and analysis of program data, because a single case represents a very large number of payments in the statewide population. At the end of a set measurement period, the coded findings of all completed cases are analyzed on the basis of information available.

The previous chapter (IV) contains the definitions of all data elements collected during the investigation of each sampled case (screens B-G). This chapter provides specific instructions for recording the propriety of payments and for closing cases (screen H) and classifying errors detected during the investigations (screen I).

There are 11 elements in Screen H:

- (h1) Key Week Action Code Flag
- (h2) Amount That Claimant Should Have Been Paid
- (h3) Total Dollar Amount of Overpayments
- (h4) Total Dollar Amount of Underpayments
- (h5) Total Overpayment Amount for Key Week
- (h6) Total Underpayment Amount for Key Week
- (h7) Investigation Completed
- (h8) Investigation Completion Date
- (h9) Supervisory Review Completed
- (h10) Supervisor Completion Date
- (h11) Supervisor Identification

2. **Coding Proper Payments.** Most cases are proper, and the system is designed to accommodate this condition. When the investigator has completed the case and entered all of the codes into screens B-G and determined that the case is a **proper** payment, a "1", "2", or "3" is entered in the "Key Week Action Code Flag" (**h1**) element. Most of the time the investigator will enter "1" as a correct payment/offset.

(h1) NAME: Key Week Action Code Flag
SHORT NAME: Action Code Flag

1 = Correct payment/offset.

2 = Overpayment established or WBA, Key Week dependents' allowance (KWDA) entitlement, MBA, or remaining balance (RB) decreased which was later "officially" reversed. BAM agrees with the "official" action.

3 = Supplemental check issued/offset applied, which was later "officially" reversed. BAM agrees with the "official" action.

3. **Coding Improper Payments.** The payment error coding system accommodates underpayments as well as overpayments. Multiple actions taken for a single issue, multiple issues detected for a single case, and various extents of agreement or disagreement between the BAM unit and other units in the UI system concerning official policy or actions taken for the sampled cases also are provided for. As a result, the instructions for assigning the Key Week codes reflect many complexities that may occur.

The payment error coding system records findings of case investigations as applied to official (written) policies. It is important to clarify the relationship between BAM and the formal UI system, as BAM is a part of the system. The BAM payment error coding system encompasses appealable actions taken by any SWA unit, including BAM, which modify actions taken on payment errors, e.g., monetary redeterminations, establishment of overpayments, etc. It encompasses actions in progress by units other than BAM on improper Key Week payments, of which actions BAM is in agreement. It also encompasses findings when no actions are permitted, e.g., because of SWA finality provisions.

a. **Screen I.** If the payment was **not** a proper payment, a code "9" is entered into data element (**h1**) Key Week Action Code Flag:

9 = Improper Payment - Improper payment codes are defined in the Error Issue (ERRISU) Table. Data entry of code 9 in this data element will trigger Screen I for data input.

Additional codes are available for use **ONLY** when **reopening** previously closed PCA cases. These are PCA cases selected for crossmatching with the State Directory of New Hires (SDNH) and state UI wage records files to provide information, in part to

- estimate the magnitude of overpayments attributable to unreported earnings that are not detected through current BAM audit methods but are detected through the use of SDNH or wage record crossmatch; and
- identify other issues that might affect the eligibility for the compensated week selected for the BAM sample (for example, voluntary quit or discharge from employment in the benefit year).

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- 4** = Payment correct after original BAM investigation at time of supervisor sign-off; payment also correct after crossmatch with State Directory of New Hires or state UI wage record files.
- 5** = Payment improper after original BAM investigation at time of supervisor sign-off; no additional Key Week error issues detected after crossmatch with State Directory of New Hires or state UI wage record files.
- 7** = Payment correct after original BAM investigation at time of supervisor sign-off; payment improper after crossmatch with State Directory of New Hires or state UI wage record files (requires entry of data in the error issue table).
- 8** = Payment improper after original BAM investigation at time of supervisor sign-off; additional Key Week error issues identified through the crossmatch with State Directory of New Hires or state UI wage record files, or additional information is identified through the crossmatch which requires revision of the previous coding (requires entry of data in the error issue table).

When code 9 is entered into (**h1**), Screen I is retrieved by the system for data entry of issues. This interrupts data entry into Screen H. The user will see a new screen into which individual issues or mispayments are to be recorded. The system has the capacity to record up to 20 individual issues. If there are more than 20 issues, select and code the 20 largest issues.

Note: If Key Week Action Code Flag (**h1**) = 1, 2, or 3 (proper payment), Screen I will not be displayed.

Identify all issues/actions that affect the Key Week payment. This includes issues where official action may be taken and also where official action is prohibited. Screen I has eight data elements that require information to be recorded for each issue:

- (ei1) Dollar Amount of Key Week Error
- (ei2) Key Week Action
- (ei3) Error Cause
- (ei4) Error Responsibility
- (ei5) QC Detection Point
- (ei6) Prior Agency Action
- (ei7) Prior Employer Action
- (ei8) QC Action Regarding Key Week Appealed

SWAs may modify the last digits of the codes of four of these items in Screen I to provide more detailed information for their use: Cause code (**ei3**), Detection Point code (**ei5**), Prior Agency Action code (**ei6**), and Prior

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Employer Action code (**ei7**). The last digit in each of these codes is zero. SWAs may choose to develop additional categories using any digits from 1-9 to provide further detail in these areas.

Definitions and explanations for the data elements of Screen I are detailed on the following pages.

(1) (ei1) Dollar Amount of Key Week Error.

Enter the total whole dollar amount of the error (overpayment or underpayment) for the Key Week as determined or confirmed by the BAM investigation. Exclude dollars that affect weeks other than the Key Week.

(2) (ei2) Key Week Action.

Enter the code that identifies what type of error/issue was revealed by the BAM investigation. Select one code from either the overpayment group or the underpayment group below:

(a) Overpayment Codes

10 = Fraud Overpayment/Voided Offset.

11 = Nonfraud Recoverable overpayment/voided offset.

12 = Nonfraud Nonrecoverable Overpayment or official action taken to adjust future benefits by decreasing WBA, MBA, KWDA, or RB.

13 = QC determines payment was too large, although payment is "technically" proper due to finality rules.

14 = QC determines payment was too large except for formal warning rule that prohibits official action. Payment "technically" proper due to law/rules requiring formal warnings for unacceptable work search efforts.

15 = QC determines payment was too large, although payment "technically" proper due to rules other than finality or formal warning rule.

16 = Overpayment established or WBA, KWDA entitlement, MBA, or RB decreased which was later "officially" reversed, revised, adjusted, or modified and BAM disagrees with "official" action (e.g., Appeals unit reverses BAM determination and BAM disagrees).

(b) Underpayment Codes

20 = Supplemental Check Issued/Offset applied or increase in WBA, KWDA, or RB.

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21 = QC determines payment was too small, although payment "technically" proper due to finality rules.

22 = QC determines payment was too small, although payment "technically" proper due to rules other than finality.

23 = Supplemental check issued/offset applied which was later "officially" reversed, revised, adjusted, or modified, and BAM disagrees with the "official" action (e.g., Appeals unit reverses BAM determination and BAM disagrees).

(3) (ei3) Error Cause. Each payment error must be assigned a Cause code. The listings of these codes are presented below grouped by major category. Enter the one code from the six major categories below that best identifies the cause of the payment error. The last digit is reserved for SWA use to provide greater detail.

(a) In the **Benefit Year**, unreported or errors in reporting/recording earnings or days/hours of work affecting the Key Week due to:

100 = Unreported (concealed) earnings or days/hours of work.

110 = Earnings or days/hours of work incorrectly estimated/reported/recorded or deducted.

120 = Errors in reporting or unreported Severance Pay.

130 = Errors in reporting or unreported Vacation Pay.

140 = Errors in reporting or unreported Social Security or Pension Benefits.

150 = Other causes related to reporting or recording of earnings or days/hours of work.

(b) In the **Base Period**, errors in Reporting/Recording Earnings or Weeks, Days, or Hours of Work affecting the Key Week due to:

200 = Earnings or weeks/days/hours of work incorrectly estimated/reported/recorded.

210 = One or more base period employers not reported by claimant.

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220 = Other causes related to errors in reporting or recording earnings or weeks/days/hours of work for base period.

(c) **Separation Issues** due to:

300 = Voluntary Quits

310 = Discharges

320 = Other causes related to separation issues.

(d) **Eligibility Issues** due to:

400 = Ability to work

410 = Availability for work

420 = Active work search

430 = Refusal of suitable work

440 = Self-employment

450 = Illegal alien status

460 = Job Service registration

470 = Other causes related to eligibility issues.

480 = Claimant filed UI claim using the identity of another person - Identity Theft

(e) **Dependents' Allowances** Incorrect due to:

500 = Dependents' information incorrectly reported/recorded or allowance incorrectly calculated.

510 = Other causes related to dependents' allowances.

(f) **Other Causes** due to:

600 = Benefits paid during a period of disqualification, even though a stop-pay order was in effect.

610 = Redetermination (at deputy level) or reversal (appeal or higher authority).

620 = Back pay award.

630 = All other causes.

(4) (ei4) Error Responsibility. Each payment error must be assigned a Responsibility code. Enter ALL the appropriate code to indicate the party responsible (by action or inaction) for the payment error. Do not repeat a given code even if more than one per category applied, e.g., if more than one employer was responsible, or more than one of the other parties was responsible. Each distinct position within the field **ABCD** is Boolean (true/false), where **A** is the Claimant, **B** is the Employer, **C** is the Agency and **D** is any Third Party. The valid codes are summarized in the following table.

ERROR RESPONSIBILITY	
<u>A = Claimant</u>	<u>B= Employer</u>
0 - Not responsible	0 - Not responsible
1 - Responsible	2 - Responsible
<u>C = Agency</u>	<u>D = Third Party</u>
0 - Not responsible	0 - Not responsible
3 - Responsible	4- Responsible

The Responsibility codes given above may be difficult to assign to certain cases. Although it would be desirable to define a set of rules that would lead everyone, regardless of background or training, to assign exactly the same code to each payment error, this cannot be done. Rather, the informed judgments of the BAM staff must be relied on to determine the most appropriate code for each case.

(5) (ei5) BAM Detection Point. For each payment error, enter the code which indicates the point where the error was first detected by the BAM investigation. The last digit of this code is reserved for SWA use in providing greater detail.

- 10 = Verification of work search contact
- 20 = Verification of wages and/or separation
- 30 = Claimant interview
- 40 = Verification of eligibility with 3rd parties
- 50 = UI Records
- 60 = Job Service/Employment Service records

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70 = Verification with union

80 = Crossmatch of claimant SSN with State Directory of New Hires.

90 = Crossmatch of claimant SSN with state wage record files.

(6) (ei6) Prior Agency Action. For each payment error, a code is assigned which indicates any action(s) taken by the SWA on the Key Week issue as of the date sample selected. Enter appropriate code from below. The last digit is reserved for SWA use to provide greater detail regarding prior action.

10 = Official procedures had been followed and forms had been fully completed but KW issue was not detectable by normal procedures.

20 = SWA was in the process of resolving KW issue prior to sample being selected or SWA had correctly resolved issue between the time the original record for the KW was created and the time the BAM sample was selected thereby resulting in the correct action being taken and all issues resolved before the BAM investigation was completed.

30 = SWA identified KW issue prior to KW selection but took incorrect action.

40 = SWA had sufficient documentation to identify that there was a KW issue but did not resolve the issue.

50 = Official procedures/forms had not been properly followed/completed by SWA thereby precluding ability to detect KW issue.

60 = State agency had detected payment error as a result of crossmatch of claimant SSN with State Directory of New Hires and had taken official action to establish overpayment for recovery (or issued supplemental check or increased claimant's WBA, MBA, RB) before the BAM investigation was completed.

70 = State agency had detected payment error as a result of crossmatch of claimant SSN with state wage record files and had taken official action to establish overpayment for recovery (or issued supplemental check or increased claimant's WBA, MBA, RB) before the BAM investigation was completed.

(7) (ei7) Prior Employer Action. For each payment error a code is assigned to indicate action(s) taken by the employer affecting the KW issue as of the date sample was selected. Enter the appropriate code from below. The last digit is reserved for state use to provide greater detail regarding employer actions.

10 = Employer provided adequate information to SWA in a timely manner for determination.

20 = Employer provided adequate information after due date for determination.

30 = Employer provided inadequate/incorrect information in a timely manner for determination.

40 = Employer provided inadequate/incorrect information after due date for determination.

50 = Employer did not respond to request for information.

60 = Employer, as an interested party, was not requested by agency to provide information for determination.

70 = Not an employer related issue.

(8) (ei8) BAM Action Regarding Key Week Appealed. Information must be recorded on appeals filed as a result of BAM action on the Key Week. Enter the appropriate code from below to identify the appeal status for the issue:

1 = No appeal filed against BAM determination, or not applicable.

2 = Claimant appealed BAM determination, and employer was an interested party.

3 = Claimant appealed BAM determination, and employer was not an interested party.

4 = Employer appealed BAM determination, and claimant was an interested party.

5 = Both claimant and employer appealed BAM determination.

6 = SWA appealed BAM determination.

(9) (ei9) Prior Claimant Action. For each payment error a code is assigned to indicate action(s) taken by the claimant affecting the KW issue as of the date sample was selected. Enter the appropriate code from below. The last digit of this code is reserved for SWA use to provide greater detail regarding claimant action.

10 = Claimant provided adequate and timely information to SWA for determination.

20 = Claimant provided adequate information to SWA after due date for determination.

30 = Claimant provided timely but inadequate information to SWA for determination.

40 = Claimant provided inadequate/incorrect information to SWA after due date for determination.

50 = Claimant did not respond to SWA request for information.

60 = SWA did not request the claimant to provide information.

For each additional issue (up to 20 per case), repeat the above steps (**ei1-ei9**) in screen I.

b. Amount That Claimant Should Have Been Paid (h2). Enter the correct whole dollar amount that the claimant should have received for the Key Week.

(h2) NAME: Amount That Claimant Should Have Been Paid
SHORT NAME: Amt Should Have Been Paid

Definition: Enter the whole dollar amount that the claimant should have received for the Key Week if the payment had been made correctly. Include all issues regardless of whether they are "technically proper." Only exclude action codes 14, 16, and 23.

If the Key Week is a proper payment, i.e., (**h1**) is coded 1, 2, or 3, the system will automatically stamp the amount in (**f13**).

If the Key Week payment is an improper payment, calculate the result of errors that affect the Key Week payment. This includes overpayments, underpayments, and denied weeks listed in screen I, except formal warnings or appeal reversals (Key Week Action codes 14, 16, and/or 23 of item **ei2**).

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If the Key Week should have been totally denied as a result of one or more issues, no matter what other additional changes affect the WBA, enter 0.

Refer to Key Week Error Summary Worksheet (section 4, below) for assistance with multiple issues.

c. Total Dollar Amount of Overpayments (h3). This element captures the total amount of overpayments established for the claimant as a result of the BAM investigation.

(h3) NAME: Total Whole \$ Amount of Overpayments (include KW)
SHORT NAME: Total Amt OP

Definition: Enter whole dollar amount of all overpayments, voided offsets, or adjustments (to either the WBA or MBA), including Key Week, officially established as a result of BAM investigation.

Include in this figure only overpayments, etc., officially established for weeks claimed or paid.

Include payments from any extended benefit programs.

Do not adjust (i.e., net) amount due to the establishment of underpayments.

Include amounts from prior benefit years if applicable.

Exclude any prospective savings relating to weeks not claimed and any penalty or interest amount.

If an overpayment established as a result of BAM investigation is reversed on appeal, this amount must be reduced by the amount involved in the reversal.

Note: Code only overpayments for this claimant.

d. Total Dollar Amount of Underpayments (h4). This element captures the total amount of underpayments established for the claimant as a result of the BAM investigation.

(h4) NAME: Total Whole \$ Amount of Underpayments (include KW)
SHORT NAME: Total Amt UP

Definition: Enter whole dollar amount of all underpayments, offsets applied, or adjustment (to either WBA or MBA), including Key Week, established as a result of BAM investigation. Include in this figure only underpayments, etc., established for weeks actually claimed or paid. Include amounts from prior benefit years if applicable.

Include payments from any extended benefit programs.

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Do not adjust (i.e., net) amount due to establishment of overpayments.

Exclude any prospective errors relating to weeks not claimed.

If a supplemental check was issued or offset applied which was later officially reversed on appeal and BAM agrees with the official action (code 03) then this amount must be reduced by the amount involved in the reversal.

Note: Code only underpayments for this claimant.

e. Total Overpayment Amount for the Key Week (h5). This element captures the total amount of Key Week overpayments in a case, except for those recorded as formal warnings or officially reversed appeal decisions with which BAM disagrees.

(h5) NAME: Total Overpayment Amount for the Key Week
SHORT NAME: Total KW OP

Definition: Enter the whole dollar amount of the total overpayment due to overpayment issues. It must not exceed the original amount paid (item **f13**). Exclude action codes 14 and 16.

Refer to Key Week Error Summary Worksheet (section 4, below) for assistance with multiple issues.

f. Total Underpayment Amount for Key Week (h6). This element captures the total amount of Key Week underpayments in a case, except for those recorded as officially reversed appeal decisions with which BAM disagrees.

(h6) NAME: Total Underpayment Amount for the Key Week
SHORT NAME: Total KW UP

Definition: Enter the whole dollar amount of the total underpayment due to underpayment issues. Include all underpayment issues regardless of whether they are "technically" proper. Exclude action code 23.

The total cannot exceed the state maximum WBA.

4. **Key Week Error Summary Sheet.** When a case has multiple issues affecting the Key Week, it can be difficult to compute the proper dollar amounts for:

- Amount Claimant Should Have Been Paid (**h2**),
- Total Overpayment Amount for Key Week (**h5**), and
- Total Underpayment Amount for Key Week (**h6**).

Each SWA must develop a standard BAM form to be available for use in computing the entries for the above items. The form must contain, at a minimum, the capacity to record the information on the two-page facsimile that follows in section (a). The format of the facsimile should be adequate for most SWAs; however, some SWAs, i.e., those with dependents allowances, will need to make modifications. The form must be completed

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for all cases with multiple issues. When utilized, it must be retained in the case file. (See Chapter VII.)

a. **Key Week Error Summary Sheet -- Facsimile.**

KEY WEEK ERROR SUMMARY WORKSHEET

Record issues (overpayments and underpayments) as independent actions in section A or B below as appropriate, but exclude formal warnings and officially reversed actions (Key Week Action codes 14, 16, and 23 from **ei2** of Screen I).

Cause Code -- Enter the Error Cause code (**ei3**).

\$ Amount -- Dollar Amount of Key Week issue.

DQW (Disqualified Week) -- Enter X if this issue would cause the claimant to be disqualified for the entire week for nonmonetary reasons, e.g., VQ denial, not able and available, paid for waiting week, etc.

Case ID:	(f13) Amount Paid: \$
----------	-----------------------

A. Overpayments		
Cause Code	\$ Amount	DQW
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total OP:		

B. Underpayments		
Cause Code	\$ Amount	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total OP:		

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C. (h2) Amount That Claimant Should Have Been Paid		
Complete one of the following to determine (h2):		
1.	If KW is DQW, (h2) = 0:	
or		
2. a	If KW is not DQW, enter WBA After Investigation (e10)	
2. b	List specific adjustments to WBA for KW, e.g., reduction for earnings: _____ _____ _____	
	Enter total \$ amount of adjustments:	\$
2. c	Subtract 2(b) from 2(a); h2 =	\$

D. (h5) Total Key Week Overpayments		
1.	Enter the Total OP from A, page 1:	\$
2.	Enter the Amount Paid for KW (f13):	\$
Total KW OP equals lesser of (1) or (2)		(h5): \$

E. (h6) Total Key Week Underpayments		
1.	Enter the SWA maximum WBA:	\$
2.	Enter the Amount Paid for KW (f13):	\$
3.	(1) - (2)	\$
4.	Enter the Total UP from B, page 1:	\$
Total KW UP equals lesser of (3) or (4)		(h6): \$

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b. **Instructions.** On the front page of the worksheet, list all errors/issues in the applicable boxes (A for overpayments or B for underpayments), with the exception of formal warnings and officially reversed actions. (Key Week Action codes 14, 16, and 23 are not used in the official error rate; therefore, they cannot be included in these calculations.)

For each error/issue, enter the Error Cause code that has been coded in (ei3) and the Dollar Amount of Key Week Error that has been coded in (ei1). If this error would cause the claimant to be ineligible for the entire Key Week or cause a disqualification for the entire Key Week, enter an X in the DQW column. Add the dollar amounts in each box, and enter the total at the bottom.

Complete the backside of the worksheet as follows:

(1) **Box C.** This can be used to figure the dollar amount for (**h2**), the Amount Claimant Should Have Been Paid. If an X has been entered in the DQW column on any line in box A of page 1, enter 0 on item 1, and go no further.

If there is no X in box A, complete item 2. Enter the amount coded for DCI element (**e10**), WBA After Investigation, in (a).

If there are adjustments to the WBA to be made to the payment for the Key Week, list each in (b), and enter the total dollar amount of the adjustments. Subtract the amount in (b) from (a) to obtain the amount that the claimant should have been paid for the Key Week, and enter in (c).

(2) **Box D.** This can be used to figure the dollar amount for (**h5**), Total Key Week Overpayments.

Enter the total from the bottom of box A of page 1. Enter the amount of the original Key Week payment as coded in DCI item (**f13**). Compare the two figures, and enter the lesser as (**h5**), Total Key Week Overpayments.

(3) **Box E.** This can be used to figure the dollar amount for (**h6**), Total Key Week Underpayments.

Enter the maximum WBA payable in the SWA on line (1). Enter the amount of the original Key Week payment on line (2). For line (3), subtract the figure in (2) from that in (1). Enter the total from the bottom of box B of page 1 onto line (4). Compare the figures in (3) and (4), and enter the lesser as (**h6**), Total Key Week Underpayments.

c. Completed Examples of Key Week Error Summary Sheets. Three completed examples are presented on the following pages. It should be noted that the figures entered on the worksheets are for illustration only; they are not accurate for any particular SWA since calculations will be based upon each SWA's own formulas for monetary determinations, wage reductions, etc.

COMPLETED EXAMPLE #1

KEY WEEK ERROR SUMMARY WORKSHEET

Record issues (overpayments and underpayments) as independent actions in section A or B below as appropriate, but exclude formal warnings and officially reversed actions (Key Week Action codes 14, 16, and 23 from **ei2** of Screen I).

Cause Code -- Enter the Error Cause code (**ei3**).

\$ Amount -- Dollar Amount of Key Week issue.

DQW (Disqualified Week) -- Enter X if this issue would cause the claimant to be disqualified for the entire week for nonmonetary reasons, e.g., VQ denial, not able and available, paid for waiting week, etc.

Case ID: Example #1	(f13) Amount Paid: \$117
---------------------	--------------------------

A. Overpayments			
	Cause Code	\$ Amount	DQW
1	100	25	
2	130	65	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total OP:			
\$90			

B. Underpayments		
	Cause Code	\$ Amount
1	200	5
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total OP:		
\$5		

ET HANDBOOK NO. 395, 4TH EDITION

C. (h2) Amount That Claimant Should Have Been Paid		
Complete one of the following to determine (h2):		
1.	If KW is DQW, (h2) = 0:	
or		
2.a	If KW is not DQW, enter WBA After Investigation (e10)	\$ 122
2.b	List specific adjustments to WBA for KW, e.g., reduction for earnings: <u>\$25 - unreported earnings</u> <u>\$65 - vacation pay</u> Enter total \$ amount of adjustments:	\$ 90
2.c	Subtract 2(b) from 2(a); h2 =	\$ 32

D. (h5) Total Key Week Overpayments		
1.	Enter the Total OP from A, page 1:	\$ 90
2.	Enter the Amount Paid for KW (f13):	\$ 117
Total KW OP equals lesser of (1) or (2)		(h5): \$ 90

E. (h6) Total Key Week Underpayments		
1.	Enter the SWA maximum WBA:	\$ 220
2.	Enter the Amount Paid for KW (f13):	\$ 117
3.	(1) - (2)	\$ 103
4.	Enter the Total UP from B, page 1:	\$ 5
Total KW UP equals lesser of (3) or (4)		(h6): \$ 5

COMPLETED EXAMPLE #2

KEY WEEK ERROR SUMMARY WORKSHEET

Record issues (overpayments and underpayments) as independent actions in section A or B below as appropriate, but exclude formal warnings and officially reversed actions (Key Week Action codes 14, 16, and 23 from **ei2** of Screen I).

Cause Code -- Enter the Error Cause code (**ei3**).

\$ Amount -- Dollar Amount of Key Week issue.

DQW (Disqualified Week) -- Enter X if this issue would cause the claimant to be disqualified for the entire week for nonmonetary reasons, e.g., VQ denial, not able and available, paid for waiting week, etc.

Case ID: Example #2	(f13) Amount Paid: \$ 150
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A. Overpayments			
	Cause Code	\$ Amount	DQW
1	100	\$ 60	x
2	300	\$ 150	x
3	420	\$ 150	
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total OP:			\$ 360

B. Underpayments		
	Cause Code	\$ Amount
1	200	\$ 15
2	210	\$ 40
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total OP:		\$ 55

ET HANDBOOK NO. 395, 4TH EDITION

C. (h2) Amount That Claimant Should Have Been Paid		
Complete one of the following to determine (h2):		
1.	If KW is DQW, (h2) = 0:	0
or		
2.a	If KW is not DQW, enter WBA After Investigation (e10)	
2.b	List specific adjustments to WBA for KW, e.g., reduction for earnings: _____ _____ _____	
	Enter total \$ amount of adjustments:	\$
2.c	Subtract 2(b) from 2(a); h2 =	\$ ---

D. (h5) Total Key Week Overpayments		
1.	Enter the Total OP from A, page 1:	\$ 360
2.	Enter the Amount Paid for KW (f13):	\$ 150
Total KW OP equals lesser of (1) or (2)		(h5): \$ 150

E. (h6) Total Key Week Underpayments		
1.	Enter the SWA maximum WBA:	\$ 200
2.	Enter the Amount Paid for KW (f13):	\$ 150
3.	(1) - (2)	\$ 50
4.	Enter the Total UP from B, page 1:	\$ 55
Total KW UP equals lesser of (3) or (4)		(h6): \$ 50

COMPLETED EXAMPLE #3

KEY WEEK ERROR SUMMARY WORKSHEET

Record issues (overpayments and underpayments) as independent actions in section A or B below as appropriate, but exclude formal warnings and officially reversed actions (Key Week Action codes 14, 16, and 23 from **ei2** of Screen I).

Cause Code -- Enter the Error Cause code (**ei3**).

\$ Amount -- Dollar Amount of Key Week issue.

DQW (Disqualified Week) -- Enter X if this issue would cause the claimant to be disqualified for the entire week for nonmonetary reasons, e.g., VQ denial, not able and available, paid for waiting week, etc.

Case ID: Example #3	(f13) Amount Paid: \$ 120
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A. Overpayments			
Cause Code		\$ Amount	DQW
1	200	\$ 40	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total OP:		\$ 40	

B. Underpayments		
Cause Code		\$ Amount
1	200	\$ 60
2	200	\$ 65
3	200	\$ 70
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total OP:		\$ 195

ET HANDBOOK NO. 395, 4TH EDITION

C. (h2) Amount That Claimant Should Have Been Paid		
Complete one of the following to determine (h2):		
1.	If KW is DQW, (h2) = 0:	-----
or		
2. a	If KW is not DQW, enter WBA After Investigation (e10)	\$ 220
2. b	List specific adjustments to WBA for KW, e.g., reduction for earnings: _____ _____ _____	
	Enter total \$ amount of adjustments:	\$ -----
2. c	Subtract 2(b) from 2(a); h2 =	\$ 220

D. (h5) Total Key Week Overpayments		
1.	Enter the Total OP from A, page 1:	\$ 40
2.	Enter the Amount Paid for KW (f13):	\$ 120
Total KW OP equals lesser of (1) or (2)		(h5): \$ 40

E. (h6) Total Key Week Underpayments		
1.	Enter the SWA maximum WBA:	\$ 220
2.	Enter the Amount Paid for KW (f13):	\$ 120
3.	(1) - (2)	\$ 100
4.	Enter the Total UP from B, page 1:	\$ 195
Total KW UP equals lesser of (3) or (4)		(h6): \$ 100

5. **Case Completion.** The following elements (**h7**) through (**h11**), are utilized to close the case files.

(h7) NAME: Investigation Completed
SHORT NAME: Inv Completed

Definition: Enter code of 1 when case investigating has been completed, i.e., after the investigator has finished all field work, reports, determinations, and coding.

Entry of this character will only be allowed if all previous data elements have been coded. It will cause the current system date to be stamped in (**h8**).

(h8) NAME: Investigation Completion Date
SHORT NAME: Inv Complete Date

Definition: The BAM software will automatically enter the current date when Investigation Completed (h7) has been coded 1.

(h9) NAME: Supervisory Review Completed
SHORT NAME: Supv Rev Completed

Definition: Enter code of 1 when BAM Manager/BAM Supervisor has reviewed and approved completed case. Data entry in this field will cause The BAM software to enter the current date in (**h10**) and the login ID of the user in (**h11**).

0 = the completed case has not been reviewed

When either 1 or 0 is entered the case will be closed. Subsequent adjustments to the case data must be made by reopening the case.

(h10) NAME: Supervisor Completion Date
SHORT NAME: Supv Complete Date

Definition: The BAM software will automatically enter the current date when Supervisory Review Completed (**h9**) has been coded 1 or 0.

(h11) NAME: Supervisor Identification

SHORT NAME: Supv ID

Definition: The BAM software will automatically enter the login ID of the person performing this supervisory function.

6. **Reopening Cases.** On occasion, completed cases must be reopened to make corrections or to update coded records. The following elements are used:

(ro1) NAME: Reopen Case
SHORT NAME: Reopen Case

Definition: Enter one of the following codes:

3 = SWA has recognized an error in the data of this closed case and has made the correction(s).

4 = an appeal decision requires changes to the data of a closed case.

5 = data of a closed case were changed as a result of a monitor review.

6 = case reopened pending further information.

(ro2) NAME: Reopen Case Date
SHORT NAME: Reopen Case Date

Definition: The current system date entered by the QC software when ro1 is 3, 4, or 5. The system will enter 00/00/0000 when the Reopen Case (**ro1**) code is 6.

(ro3) NAME: Reopen Case Identification
SHORT NAME: Reopen ID

Definition: The login ID of the person performing the reopen function.

CHAPTER VI

INVESTIGATIVE PROCEDURES

1. Introduction. The BAM investigation is the mechanism for intensively reviewing payments to determine if they were made to eligible claimants and, if so, whether payments were made in the proper amounts. Each case selected for BAM is an original payment for a specific week of unemployment, referred to as a "Key Week". Each Key Week is investigated to verify that all information pertaining to eligibility and payments is treated in conformity with state written law and policy. In addition, denied claims, identified as Denied Claims Accuracy (DCA) are investigated for accuracy of determinations covering disqualifying monetary, separation, and non-separation issues. The data obtained from these investigations will be used to draw inferences about the claimant population as a whole. It is important, therefore, that the investigative requirements are adhered to for each case.

The investigation also involves gathering data about the claimants and claims sampled for entry into an automated database. These data, in combination with the classification of the case findings, will be used for state analysis and corrective action.

These investigative procedures apply equally to PCA and DCA investigations. For more information on where DCA investigations differ, see Chapter VIII.

2. Standard Forms. Each BAM unit must develop standard forms to be used in investigations for:

- Claimant Questionnaire - adapted to state law (see required format in Appendix B)
- Work Search Verification - Employer
- Work Search Verification - Labor Organization
- Base Period Employment - Wage / Employment Attachment Verification
- Separation / Intervening Separation / Recall Status Verification
- Benefit Year Earnings / Current Employment Status / New Hire Reporting Compliance Verification
- Disqualifying - Deductible Income Verification
- Authorization to Release Information (where required)
- Fact-finding Statement
- Dependency Eligibility Verification (if applicable)
- Interstate Request
- Summary of Investigation

The questions on all forms that address eligibility must be adequate to obtain information that the SWA requires to determine adherence to provisions of law and written policy. All forms used for interviews must provide space for the name or signature of the person being interviewed, the SWA investigator's signature, the method used to obtain the information, and the date of the interview.

In SWAs where an "Authorization to Release Information" form is required, the investigator must have this form signed and dated by the claimant.

3. Investigative Requirements. Investigators must adhere to the minimum requirements presented in the Investigative Guide (Appendix C) that summarizes the data sources, initial action, and documentation required for each data item gathered during the investigation. This means the investigator must assure that:

- (1) all issues have been identified;
- (2) all issues have been pursued to a supportable conclusion;
- (3) all issues identified have been properly resolved; and
- (4) all required BAM methodology and procedures have been followed.

The findings of BAM must be consistent with laws, official rules, and written policies of the SWA and all conclusions pertaining to the key week or denial must be formalized in official agency action if errors are found, except where prohibited by SWA finality provisions.

The following general requirements must also be adhered to during the course of BAM investigations:

a. Investigative Method. Investigations are comprised of reviews of SWA records and interviews of claimants, employers, and third parties. Initially all BAM investigation interviews were conducted in person. In 1993, alternative methodologies were implemented which allowed states the option to substitute telephone, FAX, e-mail and standard mail for in-person verification of contacts with employers, third parties and on some work search verifications.

Regardless of the method used, it is intended that states obtain the information needed to complete their BAM cases. States must attempt to obtain the information required for investigations using any and all of the following methods: in-person, telephone, FAX, mail or e-mail. States have the option of using any of these methods that it determines to be the most efficient and effective based on the circumstances of each case. States are to document all attempts made in procuring needed information in each case's summary. Within this framework, it is important to note that the audit process differs substantially from normal UI operations in terms of cost, time, and effort. **BAM investigators must exhaust all avenues in obtaining**

information. This contrasts to UI operations, which are held to a reasonable attempts standard.

The regulation establishing Quality Control (QC), now referred to as BAM, procedures for UI (20 CFR, Part 602) stipulates several standard methods, including the requirement that states, "Use a questionnaire, prescribed by the Department, which is designed to obtain such data as the Department deems necessary for the operation of the QC program; require completion of the questionnaire by claimants in accordance with the eligibility and reporting authority under state law" [20 CFR §602.21]. For BAM purposes, failure to report or respond means:

- failure to complete the claimant questionnaire by the due date specified in the cover letter that accompanies a mailed claimant questionnaire;
- reporting, calling or e-mailing at a time other than assigned by BAM;
- failing to respond via e-mail, failing to report, call or be available by phone at an appointed time to provide information or to complete the claimant questionnaire;
- failing to respond to a call-in notice, appointment notice, or e-mail notice; and / or
- failing to respond to potential issues identified for the completion of necessary new and original fact-finding.

The claimant should be notified in advance that failure to report when directed or to complete the questionnaire by the due date may result in a delay or in a denial of benefits. The BAM investigation requires completion of the questionnaire in accordance with the eligibility and reporting authority under state law.

BAM investigators must attempt to obtain information from all employers relevant to the paid or denied claim audited and require employer reporting compliance in accordance with state law. However, it is the responsibility of the investigator to take the initiative in the discovery of information. This responsibility may not be passed on to the claimant or the employer.

Standard BAM investigative procedures must be in place to ensure that: sufficient information is collected to determine whether the Key Week payment or denial determination is proper; and accurate data is collected and recorded for analytical purposes.

b. Investigative Focus. Investigations begin with the assumption that the Key Week was properly paid; however, all areas of eligibility are explored that could directly affect the Key Week. BAM investigators must examine all issues regardless whether they are new issues encountered during the investigation leading up to and including the Key Week or prior issues or payment adjustments resolved by the agency -- and make an independent decision whether the issue or payment adjustment has the potential to affect

the Key Week payment. This makes a distinction between issues that could directly affect the Key Week and those that potentially involve a disqualification or ineligibility which could not affect the Key Week. BAM staff should refer issues to another SWA unit, when the investigator decides that no potential exists to affect the Key Week.

However, if the potential to affect the Key Week exists, then BAM investigators must continue the investigation. All areas of eligibility are explored that could directly affect the Key Week payment. The investigator must conduct new and original fact-finding on newly arising issues or on previous issues not adequately adjudicated. Additionally, the investigator must independently verify established facts in instances where previously resolved issues or payment adjustments appear to have been handled properly. This includes the entire period between the benefit year begin date and the Key Week end date.

BAM investigators do not have to examine weeks after the Key Week. In some instances where a disqualification is imposed for fraud or a separation, weeks compensated after the Key Week may be improper. In addition, the BAM investigator may identify a disqualifying issue that occurs after the Key Week (i.e. new hire hit with the first day worked after the Key Week end date). BAM investigators should refer newly arising or improperly resolved issues, which they have independently determined cannot affect the Key Week payment accuracy, to the appropriate SWA unit.

c. Fact-finding. Investigators must conduct new and original fact-finding in accordance with the Secretary's Standard for Claim Determinations as prescribed in sections 6010-6015, part V of the ES Manual on all issues that have not been detected previously. In addition, the facts of previously resolved issues affecting the Key Week must be verified. State laws or policy which might make an issue moot (e.g., when a decision becomes final by virtue of the expiration of the appeal period without an appeal being filed) must not preclude pursuit of issues for BAM purposes. The issues must be pursued until a supportable conclusion is reached. Issues not affecting the Key Week should be referred to other SWA staff for pursuit and resolution unless adjudication by BAM staff would only involve incidental time and resources.

"New and original fact-finding" means interviewing the best witnesses available, obtaining the best evidence available, and using open-ended inquiries. New and original fact-finding is applicable not only to newly arising issues, but also to those developed in attempted verification of facts (see next paragraph). BAM investigators must conduct fact-finding in accordance with BAM investigative procedures using any reasonable method to obtain the needed information or provide an adequate explanation as to why it was not done.

"Verify facts" means confirming previously established statements, reviewing previously established records, using standard forms for inquiries and requiring form completion. Verification of facts applies to previously resolved issues, but if a new issue is developed, new and original fact-finding is employed. (See previous paragraph.) BAM investigators must verify facts in accordance with BAM investigative procedures or provide an adequate explanation as to why it was not done.

d. Evidentiary Facts. Investigations of new issues must be conducted by obtaining evidentiary facts, as distinguished from ultimate conclusions. Open-ended questions must be asked, and if the contact is made in-person, employer records should be reviewed and may be copied by the investigator.

e. Information/Source Documentation. Where information is obtained in-person, the signature of the person providing the information must be obtained on the verification and/or fact-finding statement. Where information is obtained using standard mail, e-mail, telephone or FAX, the name of the person providing the information should be printed in the signature block by the BAM investigator. In some instances, the forms developed for the remaining sections of this chapter will provide ample space to record the statements. In other instances, it will be more convenient to utilize separate documents. For these latter situations, SWAs must either develop formats to use exclusively for BAM or utilize forms already in use for other purposes.

f. State Law and Policy. States' written laws and policies are the bases for all determinations. Written policy is that policy that is distributed SWA-wide and upon request, may be made available to the public.

g. Conclusions and Agency Actions. All conclusions pertaining to the Key Week or denial, that are drawn from the BAM process, must be formalized in official agency actions if errors are found, except where prohibited by SWA provisions such as finality.

h. Supporting Documentation. All determinations made as a result of BAM investigations must have supporting documentation.

i. Non-English Speaking Claimants. All requirements that SWAs normally apply to contacts with non-English speaking claimants must also be applied to contacts for BAM.

4. Investigative Methodology. Investigative methodology is a system of principles, procedures and practices that have been designed to obtain the information necessary to classify the propriety of benefit payments. The investigator must interview claimants, employers, and third parties to: (1) verify the information originally used in the claim, and (2) gather information to determine if there are undetected issues or issues that were improperly

treated. The methods of contact to be used are: in-person, telephone, FAX, e-mail, and standard mail or any combination of these methods.

States should structure the investigation in a manner that will permit them to obtain the best information possible. Studies have shown that for claimant interviews and work search verifications, the in-person method of contact provides the best quality of information, while the use of telephone, FAX and/or mail appears to work equally well for prior employer and third party verifications.

a. Claimant Interview. The claimant interview anchors the BAM investigation and is a major detection point for a number of overpayments and underpayments. The claimant questionnaire is a required standard form (see Appendix B) to be completed by the claimant.

States must alter the questionnaire to satisfy unique aspects of their laws. States cannot introduce conditions of eligibility not reasonably related to the fact or cause of unemployment. Department of Labor approval must be obtained prior to making any change to the questionnaire that alters the content. Such approval may be obtained by sending a copy of the requested changes to the appropriate DOL Regional Office. All requirements that SWAs normally apply to contacts with non-English speaking claimants must also be applied to contacts for BAM. If the claimant questionnaire is translated into another language, a copy must be sent to appropriate DOL Regional Office for approval.

States with dependency allowance provisions in their laws must develop a section of the questionnaire for determining eligibility for dependency allowances. Department of Labor approval for this section must be obtained by sending a copy to the appropriate DOL Regional Office.

The questionnaire must be signed by the investigator in the space provided to certify the information was obtained in accordance with the SWA requirements. If the questionnaire was not completed, an explanation, signed by the investigator must be entered on (or attached to) the signature page. In this case, it will be sufficient to retain this page only in the case folder in lieu of retaining the entire questionnaire. If a claimant fails to complete the questionnaire, then the BAM investigator must hold the claimant to the same reporting and eligibility requirements that are used by the SWA. A claimant's return to work or exhaustion of benefits is not, in and of itself, adequate justification for failure to conduct the interview or obtain the questionnaire. If the claimant questionnaire is received after the case has been closed, then the BAM investigator must reopen the case to incorporate any new information in the case coding and/or address any additional issues, which could affect the Key Week payment accuracy.

b. Employer Interviews. Contact with all prior or current employers, with whom employment could affect the Key Week, must be made by the investigator to verify the facts of separation, base period wages, and benefit year earnings. In situations where the employer uses an agent or representative, BAM investigators should also contact the agent to verify any information received from that source.

All employer verifications may be conducted using the method determined by the state to be the most appropriate given the circumstances of the case. State BAM procedures must provide guidance to investigators on escalation strategies and timing of these procedural steps. This includes method and timing of multiple requests for information and/or escalating requests to higher authority of the employer (e.g. managers or corporate officers).

When changes in wages, earnings, or separations are detected, state law and policy should be the catalyst in determining the method of follow-up contact to be utilized. For example, in cases where there is potential fraud, SWA law and policy may require an in-person visit to obtain signatures or other documentation necessary to effect official determinations. In verifying separation information, all contacts must be made in accordance with accepted SWA fact-finding procedures. Regardless of the method of contact used, the name and position of the person providing any information must be obtained.

If a third-party represents an employer and it is state policy that all requests for information affecting UI claims must be made with this party, then BAM investigators must initially follow state procedures. However, if the third-party representative fails to respond in a timely or complete manner, then BAM investigators must contact the employer of record directly, unless prohibited by state law, rule or SWA policy. (As noted above, written policy is that policy that is distributed SWA-wide and upon request may be made available to the public.)

c. Work Search Interviews. BAM staff must investigate a sufficient number of contacts to establish whether the claimant has met the state's work search requirement. States may choose to (but are not required to) investigate additional work search contacts if they have reason to believe potential eligibility issues (for example, refusal of work, availability, etc.) could be identified. BAM investigators should follow their SWA's policy with respect to the use of Web-based job search engines and databases as an acceptable work search activity. This will vary from state to state, and may vary from claimant to claimant, and occupation to occupation. For example, if SWA policy allows the claimant to satisfy the work search requirement by registering with a job search site and posting a resume that can be disseminated to or accessed by employers, BAM investigators can verify the claimant's registration status (comparable to verification of registration with

the employment service or union hiring hall). In any case, investigators need to document in the case summary the basis and method of verification.

The investigator must investigate Key Week work search contacts, including any referrals by union halls, Job Service or Labor Exchange, and private employment agencies, to verify that the contact satisfied state requirements and to uncover any potential issues bearing on eligibility and payment of benefits. While the method of contact to be used is at the state's discretion, this is an area similar to the claimant interview where tests have shown a significant loss in quality when methods other than in-person were used to obtain information.

If state law and/or policy permits job contacts made during other weeks to be applied to the Key Week, then BAM staff must investigate a sufficient number of contacts to establish whether the claimant has met the state's work search requirement. These verifications are to be made following the same guidelines as Key Week contacts. In states where law and/or policy permits work search contacts to be made by e-mail, Internet, or other electronic methods, these contacts may be verified using these same methods, which govern SWA authentication procedures.

If SWA records or the investigation indicates that the claimant is a labor union member and obtains work through that labor union, verification must be made with the labor union following the general guidelines for verifying work search contacts. This is done to detect potential issues resulting from labor union referrals to employers, referral refusals, or job refusals and to confirm that any deferrals from Job Service or Labor Exchange registration and/or work search requirements have been properly granted.

d. Third-Party Verifications. Third-party verifications are required when issues arise that could affect a claimant's eligibility.

Potential able and available issues related to a medical condition, school attendance, etc. must be verified. The method of contact to be used is at the discretion of the state. Registration with Job Service may be verified and documented by obtaining a printout or a copy of the Job Service records that indicate whether the claimant is actively registered for referral during the Key Week. State written law, policy, and procedures govern whether claimants are required to be registered with the Job Service and what constitutes registration. BAM coding should be consistent with such law, policy and procedures.

Prior verification by the state of alien status will be acceptable for BAM purposes if properly documented. If SWA records are inadequate to verify alien status, BAM investigators must conduct verification.

Interstate third-party verifications should be completed by the investigator using the method of telephone, FAX or e-mail to the extent possible. Assistance may be requested from the other state where the third party is located, if necessary.

The potential for claimant employment during the benefit year should be verified using the National Directory of New Hires. This new hire directory is mandatory under section 453A of the Social Security Act, and BAM investigators must access this resource.

e. National Directory of New Hires. Section 453(i) of the Social Security Act (SSA) [42 U.S.C 653(i)] directs the Secretary of Health and Human Services to maintain an automated database of the State Directory of New Hires records in the National Directory of New Hires (NDNH). Section 453(j) (8) SSA authorizes use of the NDNH “for purposes of administering an unemployment compensation program under federal or state law.” BAM investigators must utilize this resource as part of the audit of paid claims to detect and investigate claimant employment during the benefit year to determine its affect on the claimant’s eligibility for UI.

This requirement became effective for all states beginning with BAM batch 200801 (sampling week beginning December 30, 2007, and ending January 5, 2008). All BAM paid claims sample cases for batch 200801 forward must be matched against the NDNH using the uniform matching procedures for all state BAM operations outlined in UIPLs 3-07 and 3-07, Change 1. These procedures do not coincide with procedures followed by most Benefit Payment Control (BPC) operations, particularly with respect to the timing of the matches and the period of time for which matching is requested. States will match the SSNs of the BAM sample cases with the NDNH records that include the period from the claimant’s benefit year beginning (BYB) date (or 365 days prior to the Key Week ending date, whichever is shorter) to 30 days after the Key Week ending date of the sampled week.

For the purpose of case review and monitoring, the case file of all BAM paid claims samples selected for batch 200801 forward must include documentation that a crossmatch with the NDNH was performed, whether or not the claimant SSN matched the new hire record. BAM cases previously crossmatched to NDNH by BPC must be resubmitted using the BAM crossmatch procedures outlined in UIPLs 3-07 and 3-07, Change 1. Additionally, with appropriate advance notice, SWAs must be prepared to provide a copy of both the printout of the "SWA Input Header Record" of sample cases submitted by the BAM and a printout of the “SWA Input detail records” to demonstrate compliance with BAM NDNH crossmatch parameters.

The new hire “hits” that NDNH returns to the state should not be subjected to filters that BPC may apply. In other words, the BAM unit must have access

to all records returned regardless if a week was claimed or compensated or whether the claimant reported earnings. BAM investigators must review all new hire hits from the BYB to 30 days after the Key Week and evaluate whether the “hit” has the potential to affect the Key Week payment. The important issue here is assuring coverage for the entire period from the claimant’s benefit year beginning date to the 30-day period after the Key Week ending date.

BAM must wait at least 37 days after the Key Week end to date to incorporate NDNH crossmatch results that affect the Key Week. If new hire crossmatch is pending when the case is closed, then the BAM unit ***must always reopen*** the case (reopen code 7), investigate and document the case file, record the crossmatch outcome (h1 = 4, 5, 7, 8), and code any error identified. This means that if the case is closed before 37 days after the Key Week end date, then the case must be reopened. The requirement to reopen a closed case does not depend on a “new hire hit.” It depends on the transaction times associated with the NDNH crossmatch process. BAM must wait 30 days after the Key Week end date to send its SSN to NDNH. The transmission file must request all new hires reported for that claimant from the benefit year begin date to 30 days after the Key Week end date. BAM must wait at least five business days after its request file is transmitted to NDNH so that there is adequate time for a crossmatch response or new hire hit.

Point of Detection, BAM data element ei5, must be coded 80 through 89 for all payment errors identified through the NDNH. Codes 81 through 87 indicate the detection point at which the agency documented the payment error in their investigation subsequent to NDNH matching.

Prior Agency Action, BAM data element ei6, must reflect the actions of BPC and other agency claimstaking activities. Detection of the payment error prior to the BAM audit will be documented with the appropriate code (60 - 69 for new hire matching and 70 - 79 for wage record matching). If the BAM audit process identifies agency responsibility (including BPC activities) for not identifying the issue, failing to pursue the issue, or not following procedures, BAM investigators must document the prior agency action with the appropriate code.

Additionally, BAM investigators must identify issues associated with employer new hire reporting timeliness or failures to report new hires or Name/SSN verification problems. This requirement is not unlike other BAM procedures, where the program independently collects all information related to payment decisions and arrives at an autonomous payment determination. This BAM audit finding must be documented in Prior Employer Action, BAM data element ei7.

5. Disqualifying/Deductible Income Verifications. Verifications must be made of receipt of all remuneration that could directly affect the Key Week for which claimants could be disqualified or have benefits reduced. States should verify this income by using the method of contact determined by the state to be the most appropriate.

6. Dependency Eligibility Verifications. In states with dependency allowance provisions in their laws, the investigator must verify the dependents that were claimed. This verification must, at a minimum, consist of the methods prescribed by state law and/or policy.

7. UCFE. To better integrate federal program with states' claims processing systems, procedures for obtaining wage and separation information for both the UCFE and UCX programs have been automated to the extent possible. For the UCFE program, an Interstate Connection Network (ICON) application has been developed which states use to generate electronic and/or hardcopy requests to federal agencies, as appropriate, and to receive electronic responses. For the UCX and UCFE programs, the Claim Control File System maintained by the Federal Claims Control Center (FCCC) has been redesigned to support a more effective exchange of information and for integrity purposes.

BAM staff should work with the SWA's Federal Programs Coordinator to determine the most expedient way of obtaining wage, separation, earnings, and work search information from federal installations. If in-person verification is deemed necessary by the state, the Federal Programs Coordinator may be able to assist BAM investigators in gaining access to federal installations. Additionally, the BAM review of the original claim file must include examination of the response from the FCCC and any subsequent state reconciliation actions to ensure that the federal wages were not used more than once to pay a claim. If no documentation is on file to indicate that the FCCC was notified of the claim, the BAM unit is to initiate a request as specified in the UCFE Handbook (No. 391) and examine the response from FCCC when it is received.

8. UCX. As mentioned above, procedures for securing UCX information has changed. UIPL 47-01 and UIPL 27-06 describe the key procedures for the electronic exchange of wage and separation information for the UCFE/UCX programs. Key UCX procedures include the following:

- The Department of Labor's copy of the "Defense Department Form 214", which is often shortened to be called a DD 214, maintained at the FCCC is now the official source of wage and separation information for use in establishing UCX entitlement and eligibility;
- The FCCC will calculate the claimant's UCX employment and wages and provide the information to SWAs; and

- The state is authorized to determine UCX eligibility under an affidavit process, using the claimant's copy four (4) of his/her DD 214, upon receipt of a notice from the FCCC that there is no DD 214 on file. This procedure will eliminate any potential delay in the determination of UCX eligibility pending receipt of the Department's copy of the DD 214.

In-person employer contacts are not to be made with the military. Verifications of military wages and separations are accomplished through review of claim documents.

When a UCX claim is taken, the SWA sends an inquiry to the FCCC. The FCCC response to each inquiry enables the SWA to (1) validate the legitimacy of the DD 214 that the claimant used to establish the claim and (2) detect potential duplicate claims. The response contains the following data:

- beginning and ending dates of military service,
- tabulation of net amount of time served,
- number of days of accrued leave paid,
- character of service, pay grade, and
- date of receipt by FCCC of any previous notice of claim filed.

BAM investigators must compare the DD 214 to the response from the FCCC to verify that the wages have not been previously assigned. The pertinent information on the DD 214 must be compared with the corresponding information on the FCCC response to ensure that the DD 214 has not been altered. Ensure that the information on the claims documents has been accurately copied from the DD 214. Also, ensure that the monetary determination was based on the appropriate Federal Schedule of Remuneration, i.e., the one in effect at the time the claim was filed.

Copies of the DD 214, the response from the FCCC, and the Federal Schedule of Remuneration should be retained in the BAM case file. If the FCCC has not been contacted, or if potential issues have not been resolved, they must be pursued by BAM investigators.

9. Interstate Requests. Some investigations require contacting claimants, employers, or other parties in another state. The same procedures apply to interstate that apply to intrastate verifications. Interstate contacts may be conducted using the method of contact determined by the state to be the most appropriate given the circumstances of the case. If unable to obtain adequate information, assistance may be requested of the other state where necessary. However, each state has the final responsibility of obtaining all the necessary data to complete the case investigation.

10. Summary of Investigation. Each completed case must contain a Summary of Investigation. Each SWA must develop a format which includes, at a minimum, a narrative that explains the pertinent facts of the case: the basis for any decision that an error was made and any complexities of the case, e.g., difficulty obtaining information, evaluation of statements taken (i.e. how the investigator resolved a conflict in statements or why one party was found to be more credible the other), reasons for delay, or any special circumstances that occurred. Alternately, this may be satisfied by appropriate reference to explanations elsewhere in the case file. The summary should not introduce any new information. In other words, the summary must be substantiated by documentation in the case file. The investigator must sign and date the document.

The Summary should describe and call attention to agency or systemic errors identified, so that these may be addressed. The major objectives of the BAM system are to: assess the accuracy of UI payments, assess improvements in program accuracy and integrity, and, encourage more efficient administration of the UI program. The coding system is complex and supports these objectives. However, based on the errors identified and information gathered, SWAs develop plans and implement corrective actions to ensure accurate administration of state law, rules, and procedures. In this pursuit, the Summary of Investigation is a critical tool for communicating findings. Therefore, the Summary of Investigation must be able to stand on its own.

The Department encourages BAM units to communicate a summary of the results of its investigations within their agency in order to promote improved program performance and administration.

11. Appeals. All unemployment insurance appeals hearings resulting from BAM determinations affecting the Key Week must be attended by the BAM investigator responsible for obtaining the information that led to the determination. The investigator will provide testimony concerning any questions on the BAM process and the facts upon which the determination was based. When an appeals hearing is not attended by a BAM staff member, an explanation must be provided in the BAM case file.

12. Completion of Cases and Timely Data Entry. Prompt completion of investigations is important to ensure the integrity of the information being collected by questioning claimant and employers before the passage of time adversely affects recollections. Prompt entry of associated data is necessary for both the SWA and the Department of Labor to maintain current databases. Therefore, the following time limits are established for completion of all cases for the year. (The "year" includes all batches of weeks ending in the calendar year.):

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- a minimum of 70 percent of cases must be completed within 60 days of the week ending date of the batch, and 95 percent of cases must be completed within 90 days of the week ending date of the batch; and
- a minimum of 98 percent of cases for the year must be completed within 120 days of the ending date of the calendar year.

A case is complete when the investigation has been concluded as required, all official actions for the Key Week (except appeals) have been completed, the supervisor has signed off, and the results have been entered into the computer.

If a SWA's rates for completion of cases sampled for investigation for the year are less than the requirements, and it believes that such failure was attributable to reasons beyond its control, the SWA may submit a documented analysis to the DOL Regional Office requesting relief from Departmental actions (i.e., requirement to submit a corrective action plan and a footnote in the BAM Annual Report). The analysis must demonstrate that all time limits would have been met had the uncontrollably delayed cases been timely.

13. Reopening Cases. Cases may be reopened for the following reasons:

- to correct errors detected by either the SWA or federal reviewers;
- to update information as a result of appeal decisions;
- to update payment accuracy status or other information after the new hire or wage record crossmatch is completed; or
- to update payment accuracy status or other information as a result of responses from claimants, employers, or third parties after a failure to respond timely to BAM requests for information.

Case completion timeliness will be recalculated when a case is reopened to correct errors detected by the SWA. Exceptions are provided for cases reopened to update information as a result of investigation following the match of a claimant's SSN with either new hire directory records or wage records or to update information based on responses from the claimant, employer, or third party following documented failures to respond to requests for information, or to update coding following an appeal. Therefore, it is important to minimize reopening by ensuring that, to the extent possible, the data are complete and correctly entered initially.

If information requested as a result of a new hire crossmatch is pending when the case is closed, then the BAM unit ***must always reopen*** the case (Reopen Case code (ro1) = 7), investigate and document the case file, record the crossmatch outcome (Key Week Action Code (h1) = 4, 5, 7, or 8), and code any error identified. This means that if the case is closed before 37

days after the Key Week date, then the case must be reopened. **Case completion timeliness will not be recalculated.**

BAM cases that need to be reopened due to information obtained as a result of the investigation subsequent to a wage record match must be reopened using Reopen Case code (ro1) = 8, and the appropriate Key Week Action Code (h1) = 4, 5, 7, or 8 will be entered. **Case completion timeliness will not be recalculated.**

If BAM requested information from the claimant, employer, or third party and that information was not provided until after the case has been closed, the case must be reopened using Reopen Case code (ro1) = 9. The case file must include documentation of the initial and follow-up requests for information to demonstrate that BAM provided an adequate period for timely response and that contact procedures had been exhausted.

For example, if the claimant responds following a period of ineligibility for a failure to report to BAM (that is, the claimant failed to complete the questionnaire by the due date) and the case has been closed or the employer (or third party) responds after case closure and supplies information that would change the case coding, then BAM unit **must reopen** the case using Reopen Case code (ro1) = 9, and the appropriate Key Week Action Code (h1) = 4, 5, 7, or 8 will be entered. **Case completion timeliness will not be recalculated.**

For cases reopened using codes "7", "8", or "9", the appropriate Key Week Action Code (h1) "4", "5", "7", or "8" will be entered:

- Use Key Week Action Code 4 if the payment was proper at time of supervisor sign-off, and no Key Week error issues were detected **as a result of new hire or wage record matching or additional information obtained through late claimant, employer, or third party response.**
- Use Key Week Action Code 5 if the payment was improper at time of supervisor sign-off, but no additional Key Week error issues were detected **as a result of new hire or wage record matching or additional information obtained through late claimant, employer, or third party response.**

Example 1: The initial BAM investigation identified an A & A issue in the Key Week and the investigation of the NDNH match determines that no wages were paid during the Key Week and that there are no other issues arising from benefit year employment that affect the claimant's eligibility for the Key Week.

Example 2: The initial BAM investigation identified a BYE issue in the Key Week and the investigation of the NDNH match verifies that the information

coded based on the original investigation (amount of error, B-2 Attachment B type of error, responsibility, etc.) is correct.

- Use Key Week Action Code 7 if the payment was proper at time of supervisor sign-off, but is improper **as a result of new hire or wage record matching or additional information obtained through late claimant, employer, or third party response.**
- Use Key Week Action Code 8 if the payment was improper at time of supervisor sign-off, but additional Key Week error issues were identified or the coding of an issue identified in the initial BAM audit is revised **as a result of new hire or wage record matching or additional information obtained through late claimant, employer, or third party response**

Example 1: The initial BAM investigation identified a reporting issue in the Key Week, and the investigation of the NDNH match verifies that the claimant was employed during the Key Week and identifies an overpayment due to BYE.

Example 2: The original BAM investigation identified a Key Week BYE issue and the investigation of the NDNH match identifies additional information that requires revision of the information coded based on the original investigation (amount of error, type of error, responsibility, etc.).

CHAPTER VII

RECORDS AND REPORTING

1. Introduction. This chapter designates the requirements for records and reporting. During the period for which records and reports are required to be maintained, they must be available for federal monitoring.

2. Documentation. Each case file must contain, at a minimum, a copy of all agency documents from the claimant's original claim file in addition to any documents pertaining to the BAM investigation that were utilized. These documents include but are not limited to:

- Claimant Questionnaire
- Copy of Key Week Certification
- Disqualifying Ineligibility Ruling
- Copy of Claimant Identification
- Authorization to Release Information, if required by SWA
- Signed statements on factfinding issues
- Work Search Verification - Employer
- Work Search Verification - Labor Organization
- Work Search Verification - Private Employment Agency
- Employment/Wages/Earnings Verification
- Disqualifying Income Verification
- Verification of Dependents, if applicable
- Monetary determinations/redeterminations
- Nonmonetary determinations/redeterminations
- Key Week Error Summary Worksheet
- Overpayment/underpayment actions
- Appeals decisions
- Summary of Investigation

3. Retention of Records. Case files (folders) are to be retained by the SWA for the same periods of time required by the SWA for other claims records.

4. Transmission of Data to the National Office. BAM records must be available for daily electronic transmittal of data from states to the National Office.

CHAPTER VIII

DENIED CLAIMS ACCURACY

1. Introduction. The BAM program has continued to measure the accuracy of paid claims in all states, the District of Columbia and Puerto Rico since it became mandatory in 1987. In 2001, after extensive testing, the investigation of denied claims, know as Denied Claims Accuracy (DCA), was implemented. DCA measures the accuracy of disqualifying monetary, separation, and non-separation determinations for both intra-and interstate claims.

2. Overview of DCA. As in the investigation of paid claims, states will have the responsibility to draw samples, perform investigations, identify errors, compute error rates, analyze data, and initiate corrective action if appropriate. The primary federal responsibilities are to ensure system integrity, reduce non-sampling errors through monitoring SWA practices and procedures, and analyze DCA data to assess the impact of federal requirements on the UI system.

The Attachment to this chapter contains the Data Collection Instrument (DCI), with instructions and database specifications for DCA.

Each BAM unit must ensure that the DCA program meets the Methods and Procedures requirements for organization, authority, and written procedures as indicated in Chapter II.

3. Investigative Requirements. DCA investigations will be conducted in accordance with the procedures described in detail in Chapter VI, of this Handbook. The following general requirements must be adhered to, and differ from the investigation of paid claims:

a. Additional Requirements for Denied Claims Investigations. Investigations consist of the review of agency records, contact with the claimant, employer(s), and all other relevant parties to verify information pertinent to the determination that denied eligibility. Unlike the investigation of paid claims, in which all prior determinations affecting claimant eligibility for the compensated week are evaluated, the investigation of denied claims is limited to the issue upon which the denial determination is based. For example, if a continued week claim is denied because the agency determined that the claimant was not available for work, only that availability issue is to be investigated. The monetary, separation, and any other nonmonetary determinations that could have affected eligibility will not be investigated. The DCA investigator must maintain this “narrow focus” for the specific issue throughout the investigation. As in the investigation of paid claims, states have the flexibility to conduct the investigation of denied

claims utilizing in-person interviews, telephone, mail, e-mail or fax to collect information.

Regardless of the method used, it is intended that states obtain the information needed to complete their cases. States must attempt to obtain the information required for investigations using any and all of the following methods: in-person, telephone, FAX or mail. States have the option of using any of these methods that it determines to be the most efficient and effective based on the circumstances of each case. States are to document all attempts made in procuring needed information in each case's summary.

b. Verification of Facts. DCA investigators must verify facts contained in the case file, obtain any missing information, as well as conduct new and original factfinding that may be relevant to the denials determination. This may involve contacting employers, or third parties who had not been contacted previously by the agency.

4. DCA Investigative Methodology.

a. Sample Design and Sample Sizes. Each week, states will select systematic random samples from three separate sampling frames constructed from the universes of UI claims for which eligibility was denied for monetary, separation, or nonseparation reasons. States must use the BAM population edit and sample selection software program to select the weekly samples.

All states will sample a minimum of 150 cases of each type of denial in each calendar year. The annual sample allocation of 150 cases for each of the three types of denials is the minimum necessary to produce a sufficient number of error cases to produce program improvement information. These sample allocations also take into account the difficulty of obtaining information from claimants who were denied benefits and the possibility that DCA case completion rates will be less than the completion rate for BAM paid claims.

b. Claimant Interview. The claimant interview for DCA will remain an integral part of the investigation. The claimant questionnaires are required forms (see appendix B) to be completed by the claimant. Unlike BAM paid claims, it will be necessary to have more than one claimant questionnaire in order to address the three types of disqualifying issues: monetary, separations, and nonseparations. The investigator must obtain the completed questionnaire for the applicable denials issue. Every effort should be made to complete the claimant questionnaire even though locating the claimant may be somewhat difficult since they will not be in a "paid" status. All other requirements for DCA claimant questionnaires are the same as paid claims.

5. Interstate Requests. Interstate claims are included in the DCA sample selection process. The same procedures apply to interstate that apply to intrastate verifications. Interstate contacts may be conducted using the method of contact determined by the state to be the most appropriate means of contact. In cases where the state is unable to obtain adequate information, assistance may be requested of the other state's BAM unit. However, each state has the final responsibility of obtaining all the necessary information to complete the case investigation.

6. Other Verifications. Where applicable for DCA, the following investigative processes are the same as BAM paid claims: Employer Interviews; Work Search Interviews; Third-Party Verifications; Disqualifying/Deductible Income Verifications; Dependency Eligibility Verifications; UCFE Verifications; UCX Verifications; Summary of Investigation; Appeals; and Reopening Cases.

7. Completion of DCA Cases and Timely Data Entry. As in paid claims, prompt completion of investigations is important to ensure the integrity of the information being collected by questioning claimant and employers before the passage of time adversely affects recollections. Prompt entry of associated data is necessary for both the SWA and the Department to maintain current databases. However, due to the fact that contacting the claimant and obtaining claimant information is more difficult than in paid claims, the timeliness standards differ as the following indicates:

- a minimum of 60 percent of cases must be completed within 60 days of the week ending date of the batch, and 85 percent of cases must be completed within 90 days of the week ending date of the batch; and
- a minimum of 98 percent of cases for the year must be completed within 120 days of the ending date of the Calendar Year.

8. Data Elements and Descriptions. The balance of this chapter contains the data elements to be gathered and verified by the BAM investigator for each case. Although some elements may be downloaded from the mainframe computer to this record and others are assigned by the software, most data must be entered manually. For each data element, the following information is provided:

- **NAME:** full name of data element
- **SHORT NAME:** as abbreviated for printout
- **Definition:** provides specific instructions for each data element and lists the codes available for each data element

The following general instructions are applicable for data elements involving money:

- Entries must be in whole dollars, with the exception of hourly wages that require both dollars and cents.
- For those entries requiring whole dollars, SWAs that have formal policies regarding the rounding of dollars should follow those policies. Other SWAs should round to the nearest whole dollar, i.e., drop decimals of (4) or less; round up decimals of (5) or more.

CASE CONTROL AND CLAIMANT INFORMATION

- (1) **NAME:** Batch Number
SHORT NAME: batch

Description: Enter number provided as output from Mainframe computer program that selects all sample cases - indicates calendar year (YYYY) and week (WW).

- (2) **NAME:** Sequence Number
SHORT NAME: seq

Description: Enter number provided as output from computer program that selects all sample cases. This number indicates the sequence of case(s) selected within each activity. It is used to control access to a particular case.

- (3) **NAME:** Sample Type
SHORT NAME: samptype

Description: Enter the code for the type of record selected or sampled. The codes and their meaning are:

- 1 = Benefit payment
- 2 = Monetary denial
- 3 = Nonmonetary/Separation issue denial
- 4 = Nonmonetary/Nonseparation issue denial

- (4) **NAME:** Social Security Number
SHORT NAME: ssn

Description: Enter the Social Security Number (actual, not transformed) of the claimant provided as output from the sample selection program.

- (5) **NAME:** Claim Date
SHORT NAME: clmdate

Description: Claim Date will always relate to the type of claim for which the denial was issued. This date is provided as output from the sample selection program.

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If the issue investigated arises from a new initial, additional, transitional or reopened claim enter the month (MM), day (DD), and year (YYYY) of the **effective** date of the new initial, additional, transitional, or reopened claim.

Enter the month, day, and year of the **week ending** date in which the issue is detected if the issue investigated arises from a claimed week, or from a compensated week.

- (6) **NAME:** Claim Type
SHORT NAME: clmtype

Description: Enter the code for the type of claim. The valid codes are:

- 0 = No Week Claimed
- 1 = New Initial Claim
- 2 = Additional Claim
- 3 = Transitional Claim
- 4 = Reopened Claim
- 5 = Continued Week claim (including first and final payments)

- (7) **NAME:** State
SHORT NAME: state

Description: Enter state Alpha identification code.

STATE CODE	STATE NAME	STATE CODE	STATE NAME	STATE CODE	STATE NAME
AL	Alabama	LA	Louisiana	OK	Oklahoma
AK	Alaska	ME	Maine	OR	Oregon
AZ	Arizona	MD	Maryland	PA	Pennsylvania
AR	Arkansas	MA	Massachusetts	PR	Puerto Rico
CA	California	MI	Michigan	RI	Rhode Island
CO	Colorado	MN	Minnesota	SC	South Carolina
CT	Connecticut	MS	Mississippi	SD	South Dakota
DE	Delaware	MO	Missouri	TN	Tennessee
DC	District of Columbia	MT	Montana	TX	Texas
FL	Florida	NE	Nebraska	UT	Utah
GA	Georgia	NV	Nevada	VT	Vermont
HI	Hawaii	NH	New Hampshire	VA	Virginia
ID	Idaho	NJ	New Jersey	VI	Virgin Islands
IL	Illinois	NM	New Mexico	WA	Washington
IN	Indiana	NY	New York	WV	West Virginia
IA	Iowa	NC	North Carolina	WI	Wisconsin

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KS	Kansas	ND	North Dakota	WY	Wyoming
KY	Kentucky	OH	Ohio		

- (8) **NAME:** Local Office
SHORT NAME: locoff

Description: Enter the SWA local office code, itinerant point number, or code designating telephone or electronically filed claims through which the claim was filed.

- (9) **NAME:** Investigator Identification
SHORT NAME: invid

Description: Enter the code of investigator or supervisor to whom the case was assigned. The BAM supervisor assigns these codes. If more than one investigator worked on the case, enter code of investigator who established whether or not the payment/determination under investigation was correctly made. Entry of this code will automatically enter the current date in the assignment date field.

- (10) **NAME:** Primary Method Claimant Information Obtained
SHORT NAME: methinfoobt

Description: Enter the code which best describes the method by which the information contained on the claimant questionnaire was obtained.

- 1 = In-person interview
- 2 = Telephone interview
- 3 = Mail or other method (including e-mail or fax)

- 1 = Information not available or missing

- (11) **NAME:** U.S. Citizen
SHORT NAME: citizen

Description: Enter applicable code after appropriate verifications.

- 1 = U.S. Citizen
- 2 = Alien eligible under 3304(a)(14)FUTA
- 3 = Alien ineligible under 3304(a)(14)FUTA

- 1 = Information not available or missing

- (12) **NAME:** Date of Birth
SHORT NAME: dob

Description: Enter month, day and year of birth. If month of birth is unknown, use "06". If day of birth is unknown, use "01". If date of birth is unknown, use "01/01/0001".

(13) NAME: Gender
SHORT NAME: gender

Description: Enter appropriate code.

- 1 = Male
- 2 = Female
- 1 = Information not available or missing

(14) NAME: Race / Ethnic Classification
SHORT NAME: ethnic

Description: Enter appropriate ethnic code. The two-digit race / ethnic codes for the claimant are summarized in the following table. If neither race nor Hispanic/Latino ethnicity is known, code '99'.

FIRST POSITION →	0 - Not Hispanic or Latino	1 - Hispanic or Latino	9 - Ethnicity Unknown
SECOND POSITION ↓			
1 - White	01	11	91
2 - Black or African American	02	12	92
3 - Asian	03	13	93
4 - American Indian or Alaska Native	04	14	94
5 - Native Hawaiian or Other Pacific Islander	05	15	95
6 - Multiple Categories Reported	06	16	96
9 - Race Unknown	09	19	99

(15) NAME: Education
SHORT NAME: educ

Description: Enter highest level of academic education completed after appropriate verifications.

- 0 = Never attended school
- 1 through 11 = Highest grade completed
- 12 = High school graduate or GED
- 14 = Some college (but no degree)
- 15 = Associate's Degree
- 16 = BA or BS Degree
- 20 = Graduate Degree (Masters, MD, PhD, JD, etc.)

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-1 = Information not available or missing

- (16) NAME:** Vocational or Technical School Training
SHORT NAME: voctech

Description: Enter applicable code after appropriate verification of job related course.

- 1 = Never attended
- 2 = Attended, but not certified
- 3 = Attended and received certificate
- 1 = Missing or information not available
- 2 = Not Applicable

- (17) NAME:** Training Status
SHORT NAME: trainstat

Description: Enter the applicable code, after verification, for the claimant's training status during the denial period.

0 = Not in training

<u>UI Approved Training:</u>	<u>NOT UI Approved</u>
11 = Tech./voc.	21 = Tech./voc.
12 = WIA	22 = WIA
13 = Academic	23 = Academic
14 = Other	24 = Other

- 1 = Information not available or missing
- 2 = Not Applicable

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(18) NAME: Occupation Code for Usual Job
SHORT NAME: usualocc

Description: Enter the first three digits of the SOC / O*NET code (minor occupation group level) for claimant's usual (primary) occupation.

-1 = Information not available or missing
 -2 = Information not applicable

Code	SOC Major Group	Code	SOC Major Group
11	Management Occupations	35	Food Preparation and Serving Related Occupations
13	Business and Financial Operations Occupations	37	Building and Grounds Cleaning and Maintenance Occupations
15	Computer and Mathematical Occupations	39	Personal Care and Service Occupations
17	Architecture and Engineering Occupations	41	Sales and Related Occupations
19	Life, Physical, and Social Science Occupations	43	Office and Administrative Support Occupations
21	Community and Social Services Occupations	45	Farming, Fishing, and Forestry Occupations
23	Legal Occupations	47	Construction and Extraction Occupations
25	Education, Training, and Library Occupations	49	Installation, Maintenance, and Repair Occupations
27	Arts, Design, Entertainment, Sports, and Media Occupations	51	Production Occupations
29	Healthcare Practitioners and Technical Occupations	53	Transportation and Material Moving Occupations
31	Healthcare Support Occupations	55	Military Specific Occupations
33	Protective Service Occupations		

(19) NAME: Occupation Code (Seeking Work)
SHORT NAME: seekocc

Description: Enter the first three digits of the SOC / O*NET code (minor occupation group level) for type of work that claimant is seeking. (See Element 18 for list)

(20) NAME: Normal Hourly Wage, Usual Job
SHORT NAME: ushrwage

Description: Enter normal hourly wage for the claimant's primary occupation after appropriate verifications. This information is usually obtained from the agency's LMI unit. Express in dollars and cents per hour (e.g., \$4.50 per hour is codes as 4.50). Use state conversion formula when other than hourly wages are given. If no state formula, use the appropriate formula provided below:

Weekly wages - divided by 40 or normal weekly hours for claimant's usual occupation

Monthly wages - divide by 4.33, then divide by 40 or normal weekly hours for claimant's usual occupation.

Yearly wages - divide by 52, then divide by 40 or normal weekly hours for claimant's usual occupation.

- 1 = Information not available or missing
- 2 = Information not applicable

(21) NAME: Lowest Acceptable Hourly Wage
SHORT NAME: lohrwage

Description: Enter lowest hourly wage that claimant was willing to accept. Express in dollars and cents per hour (e.g., \$4.50 per hour is coded as 4.50). Use state conversion formula when other than hourly wages is given. If no state formula, use the appropriate formula provided below:

Weekly wages - divided by 40 or normal weekly hours for claimant's usual occupation

Monthly wages - divide by 4.33, then divide by 40 or normal weekly hours for claimant's usual occupation.

Yearly wages - divide by 52, then divide by 40 or normal weekly hours for claimant's usual occupation.

- 1 = Information not available or missing
- 2 = Information not applicable

(25) NAME: Initial (New/Additional) Claim Filing Method
SHORT NAME: icfilmeth

Description: Enter filing method for the new initial, transitional, or most recent additional claim for payment/determination under investigation.

- 1 = In-person claim
- 2 = Mail claim (including e-mail)
- 3 = Telephone claim (including automated, interactive telephone systems)
- 4 = Employer-filed claim
- 5 = Other (including Internet, fax, or electronic other than e-mail)
- 6 = Internet Claim
- 1 = Information not available or missing
- 2 = Not Applicable

(26) NAME: Benefit Rights Given
SHORT NAME: bri

Description: Enter all codes that apply regarding method by which claimant was given Benefit Rights Interview.

Each distinct position within the field **ABCD** is Boolean (true/false), where **A** is In-person interview, **B** is Group interview, **C** is Booklet or pamphlet, and **D** is Video / Electronic (including Internet) / or other multimedia. The valid codes are summarized in the following table.

BENEFITS RIGHTS GIVEN	
<p><u>A = In-person Interview</u> 0 - Not given 1 - In-person interview given</p>	<p><u>B = Group Interview</u> 0 - Not given 2 - Group interview given</p>
<p><u>C = Booklet / Pamphlet</u> 0 - Not given 3 - Booklet / Pamphlet given</p>	<p><u>D = Video/Electronic/Other Multimedia</u> 0 - Not given 4 - Video/Electronic (including Internet/Other Multimedia given</p>

- 1 = Information not available or missing
- 2 = Not Applicable

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(27) NAME: Industry Code of Primary Base Period Employer
SHORT NAME: priemptic

Description: Enter four-digit (industry group level) NAICS code for the claimant's primary base period employer as identified for the Claim Date (**element 5**). If only a two-digit NAICX sector level is available on the SWA's computer system, enter the two digits followed by two zeros.

-1 = Information not available or missing
 -2 = Not Applicable (No primary base period employer)

11	Agriculture, Forestry, Fishing, Hunting	53	Real Estate, Rental and Leasing
21	Mining	54	Professional, Scientific, and Technical Services
22	Utilities	55	Management of Companies and Enterprises
23	Construction	56	Administrative Support, Waste Management and Remediation Services
31-33	Manufacturing	61	Education Services
42	Wholesale Trade	62	Health Care and Social Assistance
44-45	Retail Trade	71	Arts, Entertainment and Recreation
48-49	Transportation and Warehousing	72	Accommodation and Food Services
51	Information	81	Other Services (except Public Administration)
52	Finance and Insurance	92	Public Administration

(28) NAME: Industry Code of Last Employer
SHORT NAME: lastempstic

Description: Enter four-digit (industry group level) NAICS code (see chart in Element 27) for the claimant's last employer as identified for the Claim Date (**element 5**). If only a two-digit NAICS sector level is available on the SWA's computer system, enter the two digits followed by two zeros.

-1 = Information not available or missing
 -2 = Not Applicable (No primary base period employer)

(29) NAME: Method for Filing Week Claimed
SHORT NAME: wkfilmeth

Description: Enter filing method for claim. If "Claim Type" is '0' (no week claimed), this field will be coded '0'. If the determination that denied eligibility affected multiple weeks and the claimant used different methods to file the affected weeks, code the filing method for the most recent week affected by the denial determination.

0 = No week claimed
1 = Mail Claim (including e-mail)
2 = In-person Claim
3 = Employer-filed Claim
4 = Telephone Claim (including automated, interactive, telephone systems)
5 = Other (including Internet, fax, or electronic other than e-mail)
6 = Internet Claim
-1 = Missing
-2 = Not Applicable

(30) NAME: Original Amount Paid and/or Offset for Denial Period / Week
SHORT NAME: origamtpd

Description: Enter original whole dollar amount paid and/or offset (including any dependent allowance and/or child support intercept) for weeks affected by denial determination under investigation.

(31) NAME: Number of Weeks Denied Before Investigation
SHORT NAME: wksdenbef

Description: Enter the number of weeks claimant was disqualified as a result of the determination selected for investigation (regardless of whether those weeks have been claimed.)

99 = Indefinite disqualification
-2 = Not Applicable (Sample Type equals '1' only)

(32) NAME: Number of Weeks Denied After Investigation
SHORT NAME: wksdenaft

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Description: Enter the number of weeks claimant should have been disqualified subsequent to investigation according to DCA findings (regardless of whether those weeks have been claimed.)

99 = Indefinite disqualification

-2 = Not Applicable (Sample Type equals '1' only)

- (33) NAME:** Weekly Benefit Amount (WBA) Before Investigation
SHORT NAME: wbabef

Description: For monetary denials (sample type 2), enter claimant's WBA, based on the original monetary determination at time of selection for investigation, expressed in whole dollars. Disregard dependents' allowances, pension deductions, or earnings (if any). Do not use adjusted WBA based on monetary redetermination made as a result of nonmonetary issues (e.g., a separation issue or administrative penalty).

0 = Ineligible
-2 = Not Applicable, if the claimant withdrew claim after denial issued

- (34) NAME:** Weekly Benefit Amount (WBA) After Investigation
SHORT NAME: wbaaft

Description: Enter claimant's correct WBA based on the monetary determination that should have applied, expressed in whole dollars. Disregard dependents' allowances, pension deductions, or earnings (if any). Disregard WBA resulting from a monetary redetermination caused by nonmonetary issues (e.g., a separation issue or administrative penalty).

0 = Ineligible
-2 = Not Applicable, if the claimant withdrew claim after denial issued

- (35) NAME:** Maximum Benefit Amount (MBA) Before Investigation
SHORT NAME: mbabef

Description: For monetary denials (sample type 2), enter claimant's MBA based on the original monetary determination at time of selection for investigation, expressed in whole dollars. Do not use adjusted MBA based on monetary redetermination made because of nonmonetary issues (e.g., a separation issue or administrative penalty). Disregard any EB or FSC benefit entitlement, state supplemental payments, dependents' allowances or any deductions.

For separation/non-separation determinations, enter the MBA based on the original monetary determination or the adjusted MBA based on a monetary redetermination made because of a non-monetary issue.

0 = Ineligible

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-2 = Not Applicable, if the claimant withdrew claim after denial issued

(36) NAME: MBA After Investigation
SHORT NAME: mbaaft

Description: Enter MBA based on the monetary determination that should have applied after the DCA investigation. Express in whole dollars. Disregard any adjustments to MBA resulting from a monetary redetermination caused by nonmonetary issues (e.g., a separation issue or administrative penalty). Disregard any EB or FSC benefit entitlement, state supplemental payments, dependents' allowances or any deductions.

For separation/non-separation determinations, enter the MBA based on the original monetary determination or the adjusted MBA based on a monetary redetermination made because of a non-monetary issue.

0 = Ineligible
-2 = Not Applicable, if the claimant withdrew claim after denial issued

MONETARY INFORMATION

- (42) NAME:** Reason for Monetary Denial Before Investigation
SHORT NAME: monstatbef

Description: Enter the code that identifies the issue used to issue the monetary denial determination. Second digit is for optional state use.

Series ID:

- 10 = Insufficient wages
- 20 = Insufficient hours/weeks/days
- 30 = Failure of high quarter wage test
- 40 = Requalification wage requirement
- 50 = Other
- 2 = Not Applicable (Sample Type equals 1, 3, or 4)

- (43) NAME:** Reason for Monetary Denial After Investigation
SHORT NAME: monstataft

Description: Enter the code that the DCA investigation establishes as the correct criterion for the monetary denial determination. Second digit is for optional state use.

Series ID:

- 00 = Sufficient wages/hours/weeks/days (claimant monetarily eligible)
- 10 = Insufficient wages
- 20 = Insufficient hours/weeks/days
- 30 = Failure of high quarter wage test
- 40 = Requalification wage requirement
- 50 = Other
- 2 = Not Applicable (Sample Type equals 1, 3, or 4)

- (44) NAME:** Number of Base Period Employers Before Investigation
SHORT NAME: bpempbef

Description: Enter number of subject base period employers, before investigation, that were used in calculating WBA and MBA for the monetary determination under investigation, even if claimant is ineligible. Include seasonal, school, and out-of-state employers if they paid wages that were used in the monetary determination.

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-2 = Not Applicable (Sample Type equals 3 and 4 only)

- (45) NAME:** Number of Base Period Employers After Investigation
SHORT NAME: bpempaft

Description: Enter number of subject base period employers, after investigation, which should have been used to calculate WBA and MBA, even if claimant is ineligible. Include wages from seasonal, school, and out-of-state employers if they should have been used in calculating the monetary determination.

Enter "0" if it is established that there were no base period employers as a result of the investigation.

-2 = Not Applicable (Sample Type equals 3 and 4 only)

- (46) NAME:** Base Period Wages Before Investigation
SHORT NAME: bpwbef

Description: Enter total amount of all wages from employers identified in "Number of BP Employers Before Investigation". Express in whole dollars. Include seasonal, school, and out-of-state wages if they were used in the monetary determination. Disregard any state reduction BP wages due to administrative penalty.

-2 = Not Applicable (Sample Type equals 3 and 4 only)

- (47) NAME:** Base Period Wages After Investigation
SHORT NAME: bpwaft

Description: Enter total amount of all BP wages from employers identified in "Number of BP Employers After Investigation". Express in whole dollars. Disregard any state reduction in BP wages due to administrative penalty.

-2 = Not Applicable (Sample Type equals 3 and 4 only)

- (48) NAME:** High Quarter Wages Before Investigation
SHORT NAME: hqwbef

Description: If available from SWA records, enter total whole dollar amount of claimant's high quarter base period wages (before investigation) used in the monetary determination under investigation. State formula for calculating high quarter wages is to be used. Include seasonal wages and school wages, if used.

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Enter 99999 if greater than \$99,999.

- 1 = Information not available or missing
- 2 = Not Applicable

(49) NAME: High Quarter Wages After Investigation
SHORT NAME: hqwaft

Description: If available from SWA records, enter total whole dollar amount of claimant's high quarter base period wages (before investigation) used in the monetary determination under investigation. State formula for calculating high quarter wages is to be used. Include seasonal wages and school wages, if used.

Enter 99999 if greater than \$99,999.

-1 = Information not available or missing
-2 = Not Applicable

(50) NAME: Number of Weeks Worked in BP Before Investigation
SHORT NAME: bpwksbef

Description: Enter number of weeks, as defined by state law and procedures, that claimant worked in base period, before investigation. Complete this item if required by state law for eligibility.

0 = Earnings in week(s) but insufficient to establish a credited week of eligibility

-2 = Weeks/hours of work are not required.

(51) NAME: Number of Weeks Worked in BP After Investigation
SHORT NAME: bpwksaft

Description: Enter number of weeks claimant worked in base period after investigation. Complete this item if required by state law for eligibility.

0 = Earnings in week(s) but insufficient to establish a credited week of eligibility

-2 = Weeks/hours of work are not required.

(52) NAME: Number of Dependents Claimed Before Investigation
SHORT NAME: depbef

Description: Enter the number of dependents claimed.

0 = None

-2 = State does not have a dependency provision

(53) NAME: Number of Dependents Claimed After Investigation
SHORT NAME: depaft

Description: Enter the number of dependents that should be claimed.

0 = None

-2 = State does not have a dependency provision

(54) NAME: Dependents' Allowance Before Investigation
SHORT NAME: allowbef

Description: Enter the whole dollar amount of dependents allowance before investigation, if any, that is payable to the claimant on a week-to-week basis.

0 = Claimant not eligible for allowance

-2 = State does not have a dependency provision

(55) NAME: Dependents' Allowance After Investigation
SHORT NAME: allowaft

Description: Enter the correct whole dollar amount of dependents allowance that should have been payable to the claimant on a week-to-week basis.

0 = Claimant not eligible for allowance

-2 = State does not have a dependency provision

(56) NAME: Monetary Redetermination
SHORT NAME: monredet

Description: Enter appropriate code which indicates whether SWA redetermined claimant's monetary eligibility prior to or during the course of the DCA investigation. Consider only monetary

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redeterminations conducted by the state agency independent of the DCA investigation. Do not consider monetary redeterminations conducted by the state agency because of the DCA investigation. Do not consider redeterminations resulting from a nonmonetary issue (e.g., a separation issue or administrative penalty).

1 = Yes

2 = No

-2 = Not Applicable (Sample Type equals 3 or 4 only)

SEPARATION INFORMATION

(57) NAME: Separation Issue Number

Description: Enter the code that identifies the specific separation denial selected for the sample if multiple denial determinations were issued for the same claim on the same date.

-2 = Not Applicable, if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 4

(58) NAME: Reason for Separation Determination Before Investigation

SHORT NAME: sepbef

Description: Enter the code that identifies the reason for claimant's separation. The separation to be coded is that separation which is subject to the DCA investigation. The second digit of the code is reserved for SWA use to code more detailed issue information such as different types of Voluntary Quit or Discharge.

Series ID:

10 = Lack of Work (e.g., reduction in force, temporary lay off)

20 = Voluntary Quit

30 = Discharge

40 = Labor Dispute

50 = Military separation

60 = Not separated (partials)

-2 = Not Applicable (Sample Type equals 2 and 4 only)

(59) NAME: Reason for Separation After Investigation

SHORT NAME: sepaft

Description: Enter the code that the DCA investigation establishes as the correct reason that the claimant is separated. The second digit of the code is reserved for SWA use to code more detailed issue information such as different types of Voluntary Quit or Discharge.

Series ID:

00 = No Separation Issue

10 = Lack of Work (e.g., reduction in force, temporary lay off)

20 = Voluntary Quit

30 = Discharge

40 = Labor Dispute

50 = Military separation

60 = Not separated (partials)

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-2 = Not Applicable (Sample Type equals 2 and 4 only)

(60) NAME: Date of Separation Before Investigation

SHORT NAME: sepdatebef

Description: Enter the date of separation from last employer for which code was assigned in "Reason for Separation Before Investigation".

01/01/0001 = Information not available or missing

02/02/0002 = Not Applicable (Sample Type equals 2 and 4

only)

(61) NAME: Date of Separation After Investigation

SHORT NAME: sepdateaft

Description: Enter the date of separation from last employer for which code was assigned in "Reason for Separation After Investigation".

01/01/0001 = Information not available or missing

02/02/0002 = Not Applicable (Sample Type equals 2 and 4

only, or

59-Reason for Sep. After = "00" series, or
90-Action Flag is 8)

NONSEPARATION INFORMATION

(62) NAME: Nonseparation Issue Number

Description: Enter the code that identifies the specific nonseparation denial selected for the sample if multiple denial determinations were issued for the same claim on the same date.

-2 = Not Applicable, if the claimant withdrew claim after denial issued OR

Sample Type equals 2 or 4

(63) NAME: Reason for Nonseparation Determination Before Investigation
SHORT NAME: nonsepbef

Description: Enter the code that represents the reason for the nonseparation determination before the DCA investigation. The second digit is for optional SWA use to code more detailed information.

Series ID:

10 = Able Issue

20 = Available Issue

30 = Work Search Issue

40 = Disqualifying/unreported income Issue

50 = Refusal of Suitable Work Issue

60 = Reporting/registration Violation Issue

70 = Other (e.g. alien, athlete, school, seasonality)

-2 = Not Applicable (Sample Type equals 1, 2, or 3)

(64) NAME: Reason for Nonseparation Determination After Investigation

SHORT NAME: nonsepaft

Description: Enter the code that the DCA investigation establishes as the correct nonseparation issue. The second digit is for optional SWA use to code more detailed information.

Series ID:

00 = No Nonseparation Issue

10 = Able Issue

20 = Available Issue

30 = Work Search Issue

40 = Disqualifying/unreported income Issue

50 = Refusal of Suitable Work Issue

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60 = Reporting/registration Violation Issue
70 = Other (e.g. alien, athlete, school, seasonality)
-2 = Not Applicable (Sample Type equals 1, 2, or 3)

(65) NAME: Recall Status Before Investigation
SHORT NAME: rclstatbef

Description: Enter code that indicates claimant's recall status for the determination under investigation.

0 = No recall
1 = Definite recall (specific return date)
2 = Indefinite recall (no specific return date)
-1 = Information not available or missing
-2 = Not Applicable

(66) NAME: Recall Status After Investigation
SHORT NAME: rclstataft

Description: Enter correct recall status code as of determination under investigation. The valid codes are:

0 = No recall
1 = Definite recall (specific return date)
2 = Indefinite recall (no specific return date)

-1 = Information not available or missing
-2 = Not Applicable

(67) NAME: Total Earnings for Week(s) Before Investigation
SHORT NAME: totearnbef

Description: Enter total amount of earnings for weeks affected by the determination under investigation. Do not include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

0 = None
9999 = If \$9,999 or more
-2 = Not Applicable

(68) NAME: Total Earnings for Week(s) After Investigation
SHORT NAME: totearnaft

Description: Enter whole dollar amount of earnings for weeks affected by the determination under investigation. Do not include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

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0 = None
9999 = If \$9,999 or more
-2 = Not Applicable

- (69) NAME:** Earnings Deduction for Week(s) Before Investigation
SHORT NAME: earndedbef

Description: Enter total amount deducted for all weeks affected by determination under investigation. Total deduction cannot exceed WBA times the number of weeks denied. Do not include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. This amount may be less than amount reported on the certification by claimant because of earnings disregarded by law in computation of amount deducted.

0 = None
-2 = Not Applicable

- (70) NAME:** Earnings Deduction for Week(s) After Investigation
SHORT NAME: earndedaft

Description: Enter the total amount deducted for all weeks affected by the determination under investigation. Total cannot exceed WBA times the number of weeks denied. Do not include other deductible income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

0 = None
-2 = Not Applicable

- (71) NAME:** Total Other Deductible Income for Week(s) Before Investigation
SHORT NAME: othdedincbef

Description: Enter total whole dollar amount of other income (deductible under state law) and which was included in the determination under investigation. Include pension received for the denial period, regardless of effect on the payment amount, using the SWA's method of determining the weekly amount of the pension. Also include all deductive income such as holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

0 = None
-2 = Not Applicable

EXAMPLE: Claimant has a WBA of \$225. During the period under investigation the claimant received payment in lieu of notice of \$200 and a pension payment of \$100, financed by a base period employer. In this state, both types of income are deductible; however, the pension provision requires only a 50 percent deduction. The amount entered in this field would be \$300, not \$250, because of the instruction to enter a figure including the total amount of pension regardless of its effect on the amount of benefit payment the claimant received.

(72) NAME: Total Other Deductible Income for Week(s) After Investigation
SHORT NAME: othdedincaft

Description: Enter the total whole dollar amount of other income (deductible under state law) affected by determination under investigation. Include pension received for the denial period, regardless of effect on the payment amount, using the SWA's method to determine the weekly amount of the pension. Also include all deductible income such as holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. See example for Total Other Deductible Income for Week(s) Before Investigation (9).

0 = None
-2 = Not Applicable

(73) NAME: Other Income Deductions for Week(s) Before Investigation
SHORT NAME: othdedsbef

Description: Enter total amount in whole dollars deducted due to pension, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. in all weeks affected by determination under investigation. Total deduction cannot exceed WBA times the number of weeks denied.

0 = None
-2 = Not Applicable

(74) NAME: Other Income Deductions for Week(s) After Investigation
SHORT NAME: othdedsaft

Description: Enter total amount in whole dollars deducted due to a pension, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. in all weeks affected by the determination under investigation. Total cannot exceed WBA times the number of weeks denied.

0 = None
-2 = Not Applicable

(75) NAME: Work Search Requirements
SHORT NAME: wsreq

Description: Enter the appropriate code that applied to the determination under investigation according to UI law and policy.

1 = Required to actively seek work (in addition to union contact if applicable)

2 = An agency directive (written or verbal) temporarily suspended the claimant's normal work search for the Denial period affected by the determination.

3 = Union deferral (seeking work only through union)

4 = Job attached deferral (temporary lay-off, recall, partial, industry attached)

5 = Other deferrals (disability, school, etc.)

-2 = Not Applicable (no active work search policy or Sample Type equals 2 or 3).

(76) NAME: Number of Job Contacts Listed
SHORT NAME: jobcon

Description: Enter number of all job contacts indicated from any source. Note: If claimant sought work in denial period although not required to do so, enter number of contacts and make appropriate verifications.

0 = No contacts were indicated

-1 = Information is not available

-2 = Not Applicable (Sample Type equals 2 or 3; or if claimant not required to seek work and claimant did not seek work)

(77) NAME: Number of Job Contacts Made Prior to the Denial Period but Used to Satisfy Work Search Requirements for the Denial Period
SHORT NAME: prjobcon

Description: Enter number of work search contacts made prior to the denial period if used to satisfy the state's work search requirements.

0 = No contacts were indicated

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- 1 = Information is not available
- 2 = Not Applicable

(78) NAME: Number of Work Search Contacts Investigated for Eligibility
SHORT NAME: wsconinv

Description: Enter total number of work search contacts investigated by DCA, regardless of investigation determination regarding acceptability. Do not include here any work-search contacts that were not investigated by DCA.

0 = No contacts were indicated
-2 = Not Applicable

(79) NAME: Number of Acceptable Work Search Contacts
SHORT NAME: wsconok

Description: Include only work search contacts for which documentation exists in DCA file that such contacts were made by claimant and were acceptable contacts within state's written law/policy on active search for work.

-2 = Not Applicable (no WS Contacts Investigated or Sample Type equals 2 or 3)

(80) NAME: Number of Unacceptable Work Search Contacts
SHORT NAME: wsconnotok

Description: Include only job contacts for which written documentation exists in DCA file that such contacts were not made at all by claimant or were made but are unacceptable within the framework of state's written law or policy.

-2 = Not Applicable (no WS contacts investigated or Sample Type equals 2 or 3)

(81) NAME: Number of Work Search Contacts for the Denial Period that Could Not Be Verified as Either Acceptable or Unacceptable
SHORT NAME: wsconunver

Description: Include the work search contacts for which there was insufficient information to make a judgment of their acceptability within the state's written law/policy on work search.

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-2 = Not Applicable (no WS contacts investigated or
Sample Type equals 2 or 3)

(82) NAME: Labor Exchange Registration Required
SHORT NAME: leregreq

Description: Enter the appropriate code that applies according to law and policy.

- 1 = Yes, per state law
- 2 = No
- 3 = Yes, as a result of profiling
- 4 = Yes, for both reasons

- 2 = Not Applicable

Use code 2 only if the state does not require registration or there is written law/policy that provides for non-registration under certain circumstances (e.g., temporary lay-off, union membership), and such non-registration policy is applicable to claimant.

(83) NAME: Actively / Currently Registered with Labor Exchange as of
Determination Under Investigation
SHORT NAME: lereg

Description: Enter the appropriate code that applies to the denial period. State's written law, policy, and procedures govern whether claimants are required to be registered with the Labor Exchange and what constitutes registration. DCA coding should be consistent with such law, policy, and procedures.

- 1 = Yes
- 2 = No

- 1 = Information not available or missing
- 2 = Not Applicable

(84) NAME: Reason Labor Exchange Registration Deferred
SHORT NAME: leregdef

Description: Enter appropriate code.

- 1 = Union member
- 2 = Job attached
- 3 = Partial
- 4 = Seasonal
- 5 = Approved training

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- 6 = Local Office Policy
- 7 = Other
- 2 = Not Applicable

(85) NAME: Number of Labor Exchange Referrals
SHORT NAME: lerefers

Description: Enter number of times Labor Exchange referred claimant for employment during current benefit year up to and including the period affected by the denial determination.

0 = No referrals while registered in current benefit year

-1 = Information not available or missing

-2 = Not Applicable (not registered during current benefit year or Sample

Type equals 2 or 3)

(86) NAME: Registered with Private Employment Agency
SHORT NAME: privagreg

Description: Enter code that applied as of the denial period.

1 = Yes

2 = No

-1 = Information not available or missing

-2 = Not Applicable

(87) NAME: Number of Private Employment Agency Referrals
SHORT NAME: privagref

Description: Enter the number of times the claimant was referred for employment by a Private Employment Agency during the Denial period. Do not include leasing agencies.

0 = registered but not referred

-1 = Information not available or missing

-2 = Not Applicable

(88) NAME: Union Referral Status
SHORT NAME: unrefstat

Description: Enter appropriate code that applies to the denial period after appropriate verification.

- 0 = Claimant NOT a member of a union
- 1 = Claimant is a member in good standing of a union with a hiring hall and was eligible to be referred by the union during the denial period
- 2 = Claimant is a member of a union with a hiring hall but was not eligible for union referral
- 3 = Claimant is a member of a non-hiring hall union

- 1 = Information is not available or missing
- 2 = Not Applicable

(89) NAME: Number of Union Referrals
SHORT NAME: unref

Description: Enter number of times that a union with a hiring hall referred claimant for employment during the denial period. All such referrals should be verified.

Do not include referrals associated with a non-hiring-hall union.

- 1 = Information is not available
- 2 = Not Applicable

CASE ACTION AND ERROR ISSUE INFORMATION

The outcome of each case investigated is a set of data about that claim and classification as to whether or not the denial was proper. Each denial sampled for BAM must be accounted for in the coding and analysis of program data, because a single case represents a very large number of denials in the statewide population. At the end of a set measurement period, the coded findings of all completed cases are analyzed on the basis of information available.

This part provides specific instructions for recording the propriety of denials and for closing cases and classifying errors detected during the investigations.

(90) NAME: Action Code Flag
SHORT NAME: actflag

Description: Enter the appropriate code.

0 = Monetary eligibility established upon receipt of CWC, UCFE, and/or UCX wage credits; claimant eligibility initially denied.

1 = Proper denial determination / payment.

2 = Overpayment established on WBA, dependent's allowance entitlement, MBA, or remaining balance (RB) decreased which was later "officially" reversed. DCA agrees with the "official" action.

3 = Supplemental check issued/offset applied on WBA, dependent's allowance entitlement, MBA, or remaining balance (RB) increased which was later "officially" reversed. DCA agrees with the "official" action.

8 = Claimant withdrew claim after denial issued.

9 = Improper payment / determination.

(91) NAME: Initial Determination Appealed
SHORT NAME: detapp

Description: Enter the appropriate code as of the date the investigator completed the case.

0 = Denial not appealed

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- 1 = Claimant appealed
- 2 = Employer appealed
- 3 = Other interested party appealed

- 2 = Not applicable

(92) NAME: Results of Appeal of Initial Determination
SHORT NAME: apprslt

Description: Enter the appropriate code denoting the results of the appeal of the initial determination that denied eligibility. Record status of the appeal as of the date the investigator completed of the case.

- 0 = No appeal filed
- 1 = Affirmed, eligible
- 2 = Affirmed, ineligible
- 3 = Reversed, eligible
- 4 = Reversed, ineligible
- 5 = Appeal decision pending
- 6 = Original determination redetermined by SWA
- 2 = Not applicable

(93) NAME: Investigation Completed
SHORT NAME: invcomp

Description: Enter code of '1' when case investigation has been completed, i.e., after the investigator has finished all fieldwork, reports, determinations, and coding. Entry of this character will only be allowed if all previous required data elements have been coded. Entering '1' will automatically enter the current date in the next field of the computer record.

(94) NAME: Date Investigator Completed Case
SHORT NAME: invcompdate

Description: Automatically filled upon entry of code '1' in "Investigation Completed".

(95) NAME: Supervisory Review Completed
SHORT NAME: suprevcomp

Description: Enter code of '1' when supervisor has reviewed and approved completed case. Enter code '0' when the supervisor has cleared the completed case without review. Entry in this field will only be allowed if item "Investigation Completed" above has been coded '1'. Entering '1' or '0' will automatically enter the current date in the next field of the computer record.

(96) NAME: Date Supervisor Completed Case
SHORT NAME: supcompdate

Description: Automatically filled upon entry of code '0' or '1' in field "Supervisory Approval Completed".

(97) NAME: Supervisor Identification
SHORT NAME: supvid

Description: The supervisor identification name is the name of the supervisor who completed the case investigation. The login name is obtained from the "/etc/passwd " system file.

(98) NAME: Dollar Amount of Error
SHORT NAME: totamt

Description: Enter the total amount of error only for the week(s) affected by the denial determination selected for investigation. Round to nearest whole dollar amount.

If a specific number of weeks were denied, the amount of error equals the number of weeks erroneously denied times the claimant's WBA that should have applied after the DCA investigation.

For determinations that resulted in an indefinite period of disqualification, the dollar amount of error can be coded zero (0). OPTIONALLY, the SWA can code the dollar amount of error estimated for the indefinite period affected by the erroneous denial.

(99) NAME: Error Issue Action Code
SHORT NAME: action

Description: The Error Issue Action Code identifies the type of error using numeric codes. The three (3) type of error action codes include:

(a) **PROPER DENIAL: DIFFERENT/WRONG ISSUE OR REASON**

30 = Claimant was properly denied, but for wrong or different reason/section of law.

(b) **IMPROPER DENIAL DETERMINATIONS / UNDERPAYMENTS**

20 = DCA investigation determines that the denial determination was improper or benefit payment was too small and official agency action now finds the claimant to be eligible or entitled to a supplemental check issued/offset applied or increase in WBA, dependents' allowance entitlement, MBA, or Remaining balance.

21 = DCA investigation determines denial determination was improper or payment was too small, although technically proper due to finality rules.

22 = DCA investigation determines denial determination was improper or payment was too small, although technically proper due to rules other than finality.

23 = DCA investigation determines denial determination was improper or payment was too small (supplemental check issued/offset applied) which was later officially reversed, revised, adjusted or modified, and BAM disagrees with the official action.

24 = DCA investigation determines that the denial determination was improper but no payment is due to the claimant. (Requires Error Cause code 710 or 720).

(This code is used to code DCA investigation findings that the claimant was improperly denied for the specific issue selected for the DCA sample, but the claimant is not entitled to UI benefits as of the date that the DCA case is closed by the supervisor due to either: 1) a separate official action(s) by the agency, or 2) the agency has issued a nonmonetary determination denying eligibility for UI benefits but no weeks have been claimed as of the date that the DCA case was completed.)

(c) **OVERPAYMENTS**

10 = Fraud Overpayment/Voided Offset.

11 = Nonfraud Recoverable overpayment/voided offset.

12 = Nonfraud Nonrecoverable Overpayment or official action taken to adjust future benefits by decreasing WBA, MBA, KWDA, or RB.

13 = DCA investigation determines payment was too large, although payment is "technically" proper due to finality rules.

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14 = DCA investigation determines payment was too large except for formal warning rule that prohibits official action. Payment "technically" proper due to law/rules requiring formal warnings for unacceptable work search efforts.

15 = DCA investigation determines payment was too large, although payment "technically" proper due to rules other than finality or formal warning rules for unacceptable work search efforts.

16 = Overpayment established or WBA, KWDA entitlement, or RB decreased which was later "officially" reversed, revised, adjusted, or modified and DCA disagrees with the "official" action.

(100) NAME: Error Cause
SHORT NAME: cause

Description: For each error, a code is assigned to indicate the cause (reason) for the error. Enter appropriate code from below. The last digit of this code is reserved for SWA use to provide greater detail as to the cause of error.

(a) In the **Benefit Year**, unreported or errors in reporting/recording earnings or days/hours of work affecting the determination under investigation due to:

Series ID

100 = Unreported (concealed) earnings or days/hours of work.

110 = Earnings or days/hours of work incorrectly estimated/reported/recorded or deducted.

120 = Errors in reporting or unreported Severance Pay.

130 = Errors in reporting or unreported Vacation Pay.

140 = Errors in reporting or unreported Social Security or pension benefits.

150 = Other causes related to reporting or recording of earnings or days/hours of work for the denial period.

(b) In the **Base Period**, errors in Reporting/Recording Earnings or Weeks, Days, or Hours of Work affecting the determination due to:

Series ID

200 = Earnings or weeks/days/hours of work incorrectly estimated/reported/recorded.

210 = One or more base period employers not reported by claimant.

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220 = Earnings or weeks/days/hours of work not reported by employer.

230 = Other causes related to reporting, recording of earnings or weeks/days/hours of work for base period.

(c) **Separation** Issues due to:

300 = Voluntary Quits

310 = Discharges

320 = Other causes related to separation issues.

(d) **Eligibility** Issues due to:

- 400 = Ability to work
- 410 = Availability for work
- 420 = Active work search
- 430 = Refusal of suitable work
- 440 = Self-employment
- 450 = Illegal alien status
- 460 = Reporting requirements / Failed to report
- 470 = Other causes related to eligibility issues.
- 480 = Claimant filed UI claim knowingly using the identity
(name, social security number, address, employer or other
information identifying a specific individual) of another
person, without that person's knowledge or permission, in order to
obtain UI benefits

(e) **Dependents' Allowances** Incorrect due to:

- 500 = Dependents' information incorrectly
reported/recorded or allowance incorrectly
calculated.
- 510 = Other causes related to dependents' allowances.

(f) **Other** Causes due to:

- 600 = Benefits paid during a period of disqualification, even
though a stop-pay order was in effect.
- 610 = Redetermination (at deputy level) or reversal (appeal
or higher authority).
- 620 = Back pay award.
- 630 = All other causes.

(g) **Other causes due to a claimant being properly denied**, but for wrong reason or section of law.

700 = Claimant properly denied, but the determination had a procedural/implementation error (e.g., denial based on wrong reason or section of law; applicable dates of the denial are incorrect). Code valid only for Error Issue Action code 30. [Default code is 700; codes 701-709 are reserved for state option use.]

The definition of this code has been broadened to include any procedural or implementation error to reflect DCA findings that the claimant was properly denied, but an error was committed in the way that state law was applied or cited in the determination or how the determination was implemented.]

710 = Denial issue subject to DCA investigation was decided improperly but claimant not entitled to benefits as of the date that the DCA investigation was completed due to other issues affecting the claim. (Code valid only for Error Issue Action code 24). [Default code is 710; codes 711-719 are reserved for state option use.]

This code is used when the claimant is ineligible for UI benefits as of the date that the DCA case was completed due to a separate official agency action(s). BAM DCA should not make any determination of the propriety of the other actions that have resulted in the claimant's ineligibility for UI benefits.)

720 = Denial issue subject to DCA investigation was decided improperly but claimant not entitled to benefits as of the date the DCA investigation was completed because no week was claimed. (Code valid only for Sample Type 3 or 4 and Error Issue Action code 24.) [Default code is 720; codes 721-729 are reserved for state option use.]

This code is used when the agency has issued a nonmonetary determination denying eligibility for UI benefits but no weeks have been claimed as of the date that the DCA case was completed.

(101) NAME: Error responsibility
SHORT NAME: resp

Description: Enter ALL the appropriate codes that apply. Do not repeat a given code even if more than one per category applied, e.g., if more than one employer was responsible, or more than one of the other parties was responsible. Each distinct position within the field **ABCD** is Boolean (true/false), where **A** is the Claimant, **B** is the Employer, **C** is the Agency and **D** is any Third Party. The valid codes are summarized in the following table.

ERROR RESPONSIBILITY	
<u>A = Claimant</u>	<u>B= Employer</u>
0 - Not responsible	0 - Not responsible
1 - Responsible	2 - Responsible
<u>C = Agency</u>	<u>D = Third Party</u>
0 - Not responsible	0 - Not responsible
3 - Responsible	4- Responsible

(102) NAME: Error Detection Point
SHORT NAME: detectpt

Description: For each error, enter the code that indicates the point where the error was first detected in the DCA investigation. The last digit of this code is reserved for SWA use in providing greater detail

- 10 = Verification of work search contact
- 20 = Verification of wages and/or separation
- 30 = Claimant interview
- 40 = Verification of eligibility with 3rd parties
- 50 = UI Records
- 60 = Labor Exchange/Employment Service records
- 70 = Verification with union
- 80 = Crossmatch of claimant SSN with State Directory of New Hires
- 90 = Crossmatch of claimant SSN with state wage record files

(103) NAME: Prior Agency Action
SHORT NAME: agact

Description: For each error a code is assigned which indicates any actions taken by the SWA on the issue as of the date sample selected. Enter the appropriate code from below. The last digit of this code is reserved for SWA use in providing greater detail

- 10 = Official procedures had been followed and forms had been fully completed but issue was not detectable by normal procedures.
- 20 = SWA was in the process of resolving issue and took correct action before DCA investigation completed or SWA had correctly resolved issue prior to sample being selected.
- 30 = SWA identified issue prior to selection but took incorrect action.
- 40 = SWA had sufficient documentation to identify that there was an issue but did not resolve the issue.
- 50 = Official procedures/forms had not been properly followed/completed by SWA thereby precluding ability to detect issue.
- 60 = State agency had detected payment error as a result of crossmatch of claimant SSN with State Directory of New Hires and had taken official action to establish overpayment for recovery (or issued supplemental check or increased claimant's WBA, MBA, RB) before the BAM investigation was completed.
- 70 = State agency had detected payment error as a result of crossmatch of claimant SSN with state wage record files and had taken official action to establish overpayment for recovery (or issued supplemental check or increased claimant's WBA, MBA, RB) before the BAM investigation was completed.
- 80 = Agency provided incorrect information or instructions to claimant, employer, or third party.
- 90 = Agency based determination on incorrect information provided by another state workforce agency.

(104) NAME: Prior Employer Action
SHORT NAME: empact

Description: For each error a code is assigned to indicate any actions taken by the employer affecting the issue as of the date sample was selected. Enter the appropriate code from below. The last digit of this code is reserved for SWA use to provide greater detail regarding employer action.

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- 10 = Employer provided adequate information to SWA in a timely manner for determination.
- 20 = Employer provided adequate information after due date for determination.
- 30 = Employer provided inadequate/incorrect information in a timely manner for determination.
- 40 = Employer provided inadequate/incorrect information after due date for determination.
- 50 = Employer did not respond to request for information.
- 60 = Employer, as an interested party, was not requested by agency to provide information for determination.
- 70 = Not an employer related issue.

(105) NAME: DCA Action Appealed
SHORT NAME: actapp

Description: This field is used to indicate whether an appeal of the BAM DCA determination was made. The last digit of this code is reserved for SWA use to provide greater detail regarding the appeal.

- 10 = No appeal filed against DCA determination.
- 20 = Claimant appealed DCA determination, and employer was an interested party.
- 30 = Claimant appealed DCA determination, and employer was not an interested party.
- 40 = Employer appealed DCA determination, and claimant was an interested party.
- 50 = Both claimant and employer appealed DCA determination.
- 60 = SWA appealed DCA determination.
- 70 = Not an appealable DCA determination.
- 80 = Crossmatch of claimant SSN with State Directory of New Hires.
- 90 = Crossmatch of claimant SSN with state wage record files.

(106) NAME: Prior Claimant Action
SHORT NAME: clmtact

Description: For each error a code is assigned to indicate any actions taken by the claimant affecting the issue as of the date sample was selected. Enter the appropriate code from below. The last digit of this code is reserved for SWA use to provide greater detail regarding claimant action.

- 10 = Claimant provided adequate and timely information to SWA for determination.
- 20 = Claimant provided adequate information to SWA after due date for determination.

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- 30 = Claimant provided timely but inadequate information to SWA for determination.
- 40 = Claimant provided inadequate/incorrect information to SWA after due date for determination.
- 50 = Claimant did not respond to SWA request for information.
- 60 = SWA did not request the claimant to provide information.

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APPENDIX "A"

BAM/QC REGULATION

PART 602—QUALITY CONTROL IN THE FEDERAL-STATE UNEMPLOYMENT INSURANCE SYSTEM

Subpart A—General Provisions

- Sec.
- 602.1 Purpose.
- 602.2 Scope.

Subpart B—Federal Requirements

- 602.10 Federal law requirements.
- 602.11 Secretary’s interpretation.

Subpart C—State Responsibilities

- 602.20 Organization.
- 602.21 Standard methods and procedures.
- 602.22 Exceptions.

Subpart D—Federal Responsibilities

- 602.30 Management.
- 602.31 Oversight.

Subpart E—Quality Control Grants to States

- 602.40 Funding.
 - 602.41 Proper expenditure of Quality Control granted funds.
 - 602.42 Effect of failure to implement Quality Control program.
 - 602.43 No incentives or sanctions based on specific error rates.
- APPENDIX A TO PART 602—STANDARD FOR CLAIM DETERMINATIONS—SEPARATION INFORMATION
 AUTHORITY: 42 U.S.C. 1302.
 SOURCE: 52 FR 33528, Sept. 3, 1987, unless otherwise noted.

Subpart A—General Provisions

§ 602.1 Purpose.

The purpose of this part is to prescribe a Quality Control (QC) program for the Federal-State unemployment insurance (UI) system, which is applicable to the State UI programs and the Federal unemployment benefit and allowance programs administered by the State Employment Security Agencies (SESA) under agreements between the States and the Secretary of Labor (Secretary). QC will be a major tool to assess the timeliness and accuracy of State administration of the UI program. It is designed to identify errors in claims processes and revenue collections (including payments in lieu of contributions and Extended Unemployment Compensation Account collections), analyze causes, and support the initiation of corrective action.

§ 602.2 Scope.

This part applies to all State laws approved by the Secretary under the Federal Unemployment Tax Act (section 3304 of the Internal Revenue Code of 1954, 26 U.S.C. section 3304), to the administration of the State laws, and to any Federal unemployment benefit and allowance program administered by the SESAs under agreements between the States and the Secretary. QC is a requirement for all States, initially being applicable to the largest permanently authorized programs (regular UI including Combined-Wage-Claims) and federally-funded programs (Unemployment Compensation for Ex-Servicemen and Unemployment Compensation for Federal Employees). Other elements of the QC program (e.g., interstate, extended benefit programs, benefit denials, and revenue collections) will be phased in under a schedule determined by the Department in consultation with State agencies.

Subpart B—Federal Requirements

§ 602.10 Federal law requirements.

(a) Section 303(a)(1) of the Social Security Act (SSA), 42 U.S.C. 503(a)(1), requires that a State law include provision for:

Such methods of administration . . . as are found by the Secretary of Labor to be reasonably calculated to insure full payment of unemployment compensation when due.

(b) Section 303(a)(6), SSA, 42 U.S.C. 505(a)(6), requires that a State law include provision for:

The making of such reports, in such form and containing such information, as the Secretary of Labor may from time to time require, and compliance with such provisions as the Secretary of Labor may from time to time find necessary to assure the correctness and verification of such reports.

(c) Section 303(b), SSA, 42 U.S.C. 503(b), provides in part that:

Whenever the Secretary of Labor, after reasonable notice and opportunity for hearing to the State agency charged with the administration of the State law, finds that in the administration of the law there is—

* * * * *

(2) a failure to comply substantially with any provision specified in subsection (a); the Secretary of Labor shall notify such State agency that further payments will not be made to the State until the Secretary of Labor is satisfied that there

is no longer any such denial or failure to comply. Until he is so satisfied, he shall make no further certification to the Secretary of the Treasury with respect to such State

(d) Certification of payment of granted funds to a State is withheld only when the Secretary

finds, after reasonable notice and opportunity for hearing to the State agency—

(1) That any provision required by section 303(a) of the Social Security Act is no longer included in the State unemployment compensation law, or (2) That in the administration of the State unemployment compensation

law there has been a failure to comply substantially with any required provision of such law.

§ 602.11 Secretary's interpretation.

(a) The Secretary interprets section 303(a)(1), SSA, to require that a State law provide for such methods of administration as will reasonably ensure the prompt and full payment of unemployment benefits to eligible claimants, and collection and handling of income for the State unemployment fund (particularly taxes and reimbursements), with the greatest accuracy feasible.

(b) The Secretary interprets sections 303(a)(1) and 303(a)(6), SSA, to authorize the Department of Labor to prescribe standard definitions, methods and procedures, and reporting requirements for the QC program and to ensure accuracy and verification of QC findings.

(c) The Secretary interprets section 303(b)(2), SSA to require that, in the administration of a State law, there shall be substantial compliance with the provisions required by sections 303(a) (1) and (6). Further, conformity of the State law with those requirements is required by section 303(a) and § 601.5(a) of this chapter.

(d) To satisfy the requirements of sections 303(a) (1) and (6), a State law must contain a provision requiring, or which is construed to require, the establishment and maintenance of a QC program in accordance with the requirements of this part. The establishment and maintenance of such a QC program in accordance with this part shall not require any change in State law concerning authority to undertake redeterminations of claims or liabilities or the finality of any determination, redetermination or decision.

Subpart C—State Responsibilities**§ 602.20 Organization.**

Each State shall establish a QC unit independent of, and not accountable to, any unit performing functions subject to evaluation by the QC unit. The organizational location of this unit shall be positioned to maximize its objectivity, to facilitate its access to information necessary to carry out its responsibilities, and to minimize organizational conflict of interest.

§ 602.21 Standard methods and procedures.

Each State shall:

(a) Perform the requirements of this section in accordance with instructions issued by the Department, pursuant to § 602.30(a) of this part, to ensure

standardization of methods and procedures in a manner consistent with this part;

(b) Select representative samples for QC study of at least a minimum size specified by the Department to ensure statistical validity (for benefit payments, a minimum of 400 cases of weeks paid per State per year);

(c) Complete prompt and in-depth case investigations to determine the degree of accuracy and timeliness in the administration of the State UI law and Federal programs with respect to benefit determinations, benefit payments, and revenue collections; and conduct other measurements and studies necessary or appropriate for carrying out the purposes of this part; and in conducting investigations each State shall:

(1) Inform claimants in writing that the information obtained from a QC investigation may affect their eligibility for benefits and inform employers in writing that the information obtained from a QC investigation of revenue may affect their tax liability,

(2) Use a questionnaire, prescribed by the Department, which is designed to obtain such data as the Department deems necessary for the operation of the QC program; require completion of the questionnaire by claimants in accordance with the eligibility and reporting authority under State law,

(3) Collect data identified by the Department as necessary for the operation of the QC program; however, the collection of demographic data will be limited to those data which relate to an individual's eligibility for UI benefits and necessary to conduct proportions tests to validate the selection of representative samples (the demographic data elements necessary to conduct proportions tests are claimants' date of birth, sex, and ethnic classification); and

(4) Conclude all findings of inaccuracy as detected through QC investigations with appropriate official actions, in accordance with the applicable State and Federal laws; make any determinations with respect to individual benefit claims in accordance with the Secretary's "Standard for Claim Determinations — Separation Information" in the *Employment Security Manual*, part V, sections 6010-6015 (appendix A of this part);

(d) Classify benefit case findings resulting from QC investigations as:

(1) Proper payments, underpayments, or overpayments in benefit payment cases, or

(2) Proper denials or underpayments in benefit denial cases;

(e) Make and maintain records pertaining to the QC program, and make all such records available in a timely manner for inspection, examination, and audit by such Federal officials

as the Secretary may designate or as may be required or authorized by law;

(f) Furnish information and reports to the Department, including weekly transmissions of case data entered into the automated QC system and annual reports, without, in any manner, identifying individuals to whom such data pertain; and

(g) Release the results of the QC program at the same time each year, providing calendar year results using a standardized format to present the data as prescribed by the Department; States will have the opportunity to release this information prior to any release by the Department.

(Approved by the Office of Management and Budget under Control Number 1205-0245)

§ 602.22 Exceptions.

If the Department determines that the QC program, or any constituent part of the QC program, is not necessary for the proper and efficient administration of a State law or in the Department's view is not cost effective, the Department shall use established procedures to advise the State that it is partially or totally excepted from the specified requirements of this part. Any determination under this section shall be made only after consultations with the State agency.

Subpart D—Federal Responsibilities

§ 602.30 Management.

(a) The Department shall establish required methods and procedures (as specified in § 602.21 of this part); and provide technical assistance as needed on the QC process.

(b) The Department shall consider and explore alternatives to the prescribed sampling, study, recordkeeping, and reporting methodologies. This shall include, but not be limited to, testing the obtaining of information needed for QC by telephone and mail rather than in face-to-face interviews.

(c) The Department shall maintain a computerized data base of QC case data which is transmitted to the Department under § 602.21, which will be combined with other data for statistical and other analysis such as assessing the impact of economic cycles, funding levels, and workload levels on program accuracy and timeliness.

§ 602.31 Oversight.

The Department shall review QC operational procedures and samples, and validate QC methodology to ensure uniformity in the administration of the QC program and to ensure compliance with the requirements of this part. The Department shall, for purposes of determining eligibility for grants described in § 602.40, annually review the adequacy of the administration of a State's QC program.

Subpart E—Quality Control Grants to States

§ 602.40 Funding.

(a) The Department shall use established procedures to notify States of the availability of funds for the operation of QC programs in accordance with this part.

(b) The Department may allocate additional resources, if available, to States for analysis of data generated by the QC program, to increase the number of claims sampled in areas where more information is needed, for pilot studies for the purpose of expanding the QC program, and for corrective action.

§ 602.41 Proper expenditure of Quality Control granted funds.

The Secretary may, after reasonable notice and opportunity for hearing to the State agency, take exception to and require repayment of an expenditure for the operation of a QC program if it is found by the Secretary that such expenditure is not necessary for the proper and efficient administration of the QC program in the State. See sections 303(a)(8), 303(a)(9) and 303(b)(2), SSA, and 20 CFR 601.5. For purposes of this section, an expenditure will be found not necessary for proper and efficient administration if such expenditure fails to comply with the requirements of subpart C of this part.

[52 FR 33528, Sept. 3, 1987, as amended at 52 FR 34343, Sept. 10, 1987]

§ 602.42 Effect of failure to implement Quality Control program

Any State which the Secretary finds, after reasonable notice and opportunity for hearing, has not implemented or maintained a QC program in accordance with this part will not be eligible for any grants under title III of the Social Security Act until such time as the Secretary is satisfied that there is no longer any failure to conform or to comply substantially with any provision specified in this part. See sections 303(a)(1), 303(a)(6), and 303(b)(2), SSA, and 20 CFR 601.5.

§ 602.43 No incentives or sanctions based on specific error rates.

Neither sanctions nor funding incentives shall be used by the Department to influence the achievement of specified error rates in State UI programs.

APPENDIX A TO PART 602—STANDARD FOR CLAIM DETERMINATIONS—SEPARATION INFORMATION

Employment Security Manual (Part V, Sections 6010-6015)

6010 *Federal Law Requirements*. Section 303(a)(1) of the Social Security Act requires that a State law include provision for:

“Such methods of administration . . . as are found by the Secretary to be reasonably calculated to insure full payment of unemployment compensation when due.”

Section 303(a)(3) of the Social Security Act requires that a State law include provision for:

“Opportunity for a fair hearing before an impartial tribunal, for all individuals whose claims for unemployment compensation are denied.” Section 3304(a)(4) of the Federal Unemployment Tax Act and section 303(a)(5) of the Social Security Act require that a State law include provision for:

“Expenditure of all money withdrawn from an unemployment fund of such State, in the payment of unemployment compensation...”

Section 3306(h) of the Federal Unemployment Tax Act defines “compensation” as “cash benefits payable to individuals with respect to their unemployment.”

6011 *Secretary’s Interpretation of Federal Law Requirements.* The Secretary interprets the above sections to require that a State law include provisions which will insure that:

A. Individuals who may be entitled to unemployment compensation are furnished such information as will reasonably afford them an opportunity to know, establish, and protect their rights under the unemployment compensation law of such State, and

B. The State agency obtains and records in time for the prompt determination and review of benefit claims such information as will reasonably insure the payment of benefits to individuals to whom benefits are due.

6012 *Criteria for Review of State Law Conformity with Federal Requirements:*

In determining the conformity of a State law with the above requirements of the Federal Unemployment Tax Act and the Social Security Act as interpreted by the Secretary, the following criteria will be applied:

A. Is it required that individuals who may be entitled to unemployment compensation be furnished such information of their potential rights to benefits, including the manner and places of filing claims, the reasons for determinations, and their rights of appeal, as will insure them a reasonable opportunity to know, establish, and protect their rights under the law of the State?

B. Is the State agency required to obtain, in time for prompt determination of rights to benefits such information as will reasonably insure the payment of benefits to individuals to whom benefits are due?

C. Is the State agency required to keep records of the facts considered in reaching determinations of rights to benefits?

6013 *Claim Determinations Requirements Designed To Meet Department of Labor Criteria:*

A. *Investigation of claims.* The State agency is required to obtain promptly and prior to a determination of an individual’s right to benefits, such facts pertaining thereto as will be sufficient reasonably to insure the payment of benefits when due. This requirement embraces five separate elements:

1. It is the responsibility of the agency to take the initiative in the discovery of information. This responsibility may not be passed on to the claimant or the employer. In addition to the agency’s own records,

this information may be obtained from the worker, the employer, or other sources. If the information obtained in the first instance discloses no essential disagreement and provides a sufficient basis for a fair determination, no further investigation is necessary. If the information obtained from other sources differs essentially from

that furnished by the claimant, the agency, in order to meet its responsibility, is required to inform the claimant of such information from other sources and to afford the claimant an opportunity to furnish any further facts he may have.

2. Evidentiary facts must be obtained as distinguished from ultimate facts or conclusions. That a worker was discharged for misconduct is an ultimate fact or conclusion; that he destroyed a machine upon which he was working is a primary or evidentiary fact, and the sort of fact that the requirement refers to.

3. The information obtained must be sufficient reasonably to insure the payment of benefits when due. In general, the investigation made by the agency must be complete enough to provide information upon which the agency may act with reasonable assurance that its decision is consistent with the unemployment compensation law. On the other hand, the investigation should not be so exhaustive and time-consuming as unduly to delay the payment of benefits and to result in excessive costs.

4. Information must be obtained promptly so that the payment of benefits is not unduly delayed.

5. If the State agency requires any particular evidence from the worker, it must give him a reasonable opportunity to obtain such evidence.

B. *Recording of facts.* The agency must keep a written record of the facts considered in reaching its determinations.

C. *Determination notices.*

1. The agency must give each claimant a written notice of:

a. Any monetary determination with respect to his benefit year;

b. Any determination with respect to purging a disqualification if, under the State law, a condition or qualification must be satisfied with respect to each week of disqualification; but in lieu of giving written notice of each determination for each week in which it is determined that the claimant has met the requirements for purging, the agency may inform the claimant that he has purged the disqualification for a week by notation of his applicant identification card or otherwise in writing.

c. Any other determination which adversely affects¹ his rights to benefits, except that written notice of determination need not be given with respect to:

(1) A week in a benefit year for which the claimant’s weekly benefit amount is reduced in whole or in part by earnings if, the first time in the benefit year that there is such a reduction, he is required to be furnished a booklet or leaflet containing the information set forth below in paragraph 2f(1). However, a written notice of determination is required if:

(a) there is a dispute concerning the reduction with respect to any week (e.g., as to the amount computed as the appropriate reduction,

¹ A determination “adversely affects” claimant’s right to benefits if it (1) results in a denial to him of benefits (including a cancellation of benefits or wage credits or any reduction in whole or in part below the weekly or maximum amount established by his monetary determination) for any week or other period; or (2) denies credit for a waiting week; or (3) applies any disqualification or penalty; or (4) determines that he has not satisfied a condition of eligibility, requalification for benefits, or purging a disqualification; or (5) determines that an overpayment has been made or orders repayment or recoupment of any sum paid to him; or (6) applies a previously determined overpayment, penalty, or order for repayment or recoupment; or (7) in any other way denies claimant a right to benefits under the State law.

etc.); or (b) there is a change in the State law (or in the application thereof) affecting the reduction; or

(2) Any week in a benefit year subsequent to the first week in such benefit year in which benefits were denied, or reduced in whole or in part for reasons other than earnings, if denial or reduction for such subsequent week is based on the same reason and the same facts as for the first week, and if written notice of determination is required to be given to the claimant with respect to such first week, and with such notice of determination, he is required to be given a booklet or pamphlet containing the information set forth below in paragraphs 2f(2) and 2h. However, a written notice of determination is required if: (a) there is a dispute concerning the denial or reduction of benefits with respect to such week; or (b) there is a change in the State law (or in the application thereof) affecting the denial or reduction; or (c) there is a change in the amount of the reduction except as to the balance covered by the last reduction in a series of reductions.

NOTE: This procedure may be applied to determinations made with respect to any subsequent weeks for the same reason and on the basis of the same facts: (a) that claimant is unable to work, unavailable for work, or is disqualified under the labor dispute provision; and (b) reducing claimant's weekly benefit amount because of income other than earnings or offset by reason of overpayment.

2. The agency must include in written notices of determinations furnished to claimants sufficient information to enable them to understand the determinations, the reasons therefor, and their rights to protest, request reconsideration, or appeal.

The written notice of monetary determination must contain the information specified in the following items (except h) unless an item is specifically not applicable. A written notice of any other determination must contain the information specified in as many of the following items as are necessary to enable the claimant to understand the determination and to inform him of his appeal rights. Information specifically applicable to the individual claimant must be contained in the written notice of determination. Information of general application such as (but not limited to) the explanation of benefits for partial unemployment, information as to deductions, seasonality factors, and information as to the manner and place of taking an appeal, extension of the appeal period, and where to obtain information and assistance may be contained in a booklet or leaflet which is given the claimant with his monetary determination.

a. *Base period wages.* The statement concerning base-period wages must be in sufficient detail to show the basis of computation of eligibility and weekly and maximum benefit amounts. (If maximum benefits are allowed, it may not be necessary to show details of earnings.)

b. *Employer name.* The name of the employer who reported the wages is necessary so that the worker may check the wage transcript and know whether it is correct. If the worker is given only the employer number, he may not be able to check the accuracy of the wage transcript.

c. *Explanation of benefit formula—weekly and maximum benefit amounts.* Sufficient information must be given the worker so that he will understand how his weekly benefit amount, including allowances for dependents, and his maximum benefit amount were figured. If benefits are computed by means of a table contained in the law, the table must be furnished with the notice of determination whether benefits are

granted or denied. The written notice of determination must show clearly the weekly benefit amount and the maximum potential benefits to which the claimant is entitled. The notice to a claimant found ineligible by reason of insufficient earnings in the base period must inform him clearly of the reason for ineligibility. An explanation of the benefit formula contained in a booklet or pamphlet should be given to each claimant at or prior to the time he receives written notice of a monetary determination.

d. *Benefit year.* An explanation of what is meant by the benefit year and identification of the claimant's benefit year must be included in the notice of determination.

e. *Information as to benefits for partial unemployment.* There must be included either in the written notice of determination or in a booklet or pamphlet accompanying the notice an explanation of the claimant's rights to partial benefits for any week with respect to which he is working less than his normal customary full-time workweek because of lack of work and for which he earns less than his weekly benefit amount or weekly benefit amount plus earnings, whichever is provided by the State law. If the explanation is contained in the notice of determination, reference to the item in the notice in which his weekly benefit amount is entered should be made.

f. *Deductions from weekly benefits.*

(1) *Earnings.* Although written notice of determinations deducting earnings from a claimant's weekly benefit amount is generally not required (see paragraph 1 c (1) above), where written notice of determination is required (or given) it shall set forth the amount of earnings, the method of computing the deduction in sufficient detail to enable the claimant to verify the accuracy of the deduction, and his right to protest, request redetermination, and appeal. Where a written notice of determination is given to the claimant because there has been a change in the State law or in the application of the law, an explanation of the change shall be included. Where claimant is not required to receive a written notice of determination, he must be given a booklet or pamphlet the first time in his benefit year that there is a deduction for earnings which shall include the following information:

(a) The method of computing deductions for earnings in sufficient detail to enable the claimant to verify the accuracy of the deduction;

(b) That he will not automatically be given a written notice of determination for a week with respect to which there is a deduction for earnings (unless there is a dispute concerning the reduction with respect to a week or there has been a change in the State law or in the application of the law affecting the deduction) but that he may obtain such a written notice upon request; and

(c) A clear statement of his right to protest, request a redetermination, and appeal from any determination deducting earnings from his weekly benefit amount even though he does not automatically receive a written notice of determination; and if the State law requires written notice of determination in order to effectuate a protest, redetermination, or appeal, he must be so advised and advised also that he must request a written notice of determination before he takes any such action.

(2) *Other deductions.*

(a) A written notice of determination is required with respect to the first week in claimant's benefit year in which there is a reduction from his benefits for a reason other than earnings. This notice must describe the deduction made from claimant's weekly benefit amount, the reason for the deduction, the method of computing it in sufficient detail to enable him to verify the accuracy of such deduction, and his right to protest, request redetermination, or appeal.

(b) A written notice of determination is not required for subsequent weeks that a deduction is made for the same reason and on the basis of the same facts, if the notice of determination pursuant to (2)(a), or a booklet or pamphlet given him with such notice explains (i) the several kinds of deductions which may be made under the State law (e.g., retirement pensions, vacation pay, and overpayments); (ii) the method of computing each kind of deduction in sufficient detail that claimant will be able to verify the accuracy of deductions made from his weekly benefit payments; (iii) any limitation on the amount of any deduction or the time in which any deduction may be made; (iv) that he will not automatically be given a written notice of determination for subsequent

weeks with respect to which there is a deduction for the same reason and on the basis of the same facts, but that he may obtain a written notice of determination upon request; (v) his right to protest, request redetermination, or appeal with respect to subsequent weeks for which there is a reduction from his benefits for the same reason, and on the basis of the same facts even though he does not automatically receive a written notice of determination; and (vi) that if the State law requires written notice of determination in order to effectuate a protest, redetermination, or appeal, he must be so advised and advised also that he must request a written notice of determination before he takes any such action.

g. *Seasonality factors.* If the individual's determination is affected by seasonality factors under the State law, an adequate explanation must be made. General explanation of seasonality factors which may affect determinations for subsequent weeks may be included in a booklet or pamphlet given claimant with his notice of monetary determination.

h. *Disqualification or ineligibility.* If a disqualification is imposed, or if the claimant is declared ineligible for one or more weeks, he must be given not only a statement of the period of disqualification or ineligibility and the amount of wage-credit reductions, if any, but also an explanation of the reason for the ineligibility or disqualification. This explanation must be sufficiently detailed so that he will understand why he is ineligible or why he has been disqualified, and what he must do in order to requalify for benefits or purge the disqualification. The statement must be individualized to indicate the facts upon which the determination was based, e.g., state, "It is found that you left your work with Blank Company because you were tired of working; the separation was voluntary, and the reason does not constitute good cause," rather than merely the phrase "voluntary quit." Checking a box as to the reason for the disqualification is not a sufficiently detailed explanation. However, this statement of the reason for the disqualification need not be a restatement of all facts considered in arriving at the determination.

i. *Appeal rights.* The claimant must be given information with respect to his appeal rights.

(1) The following information shall be included in the notice of determination:

(a) A statement that he may appeal or, if the State law requires or permits a protest or redetermination before an appeal, that he may protest or request a redetermination.

(b) The period within which an appeal, protest, or request for redetermination must be filed. The number of days provided by statute must be shown as well as either the beginning date or ending date of the period. (It is recommended that the ending date of the appeal period be shown, as this is the more understandable of the alternatives.)

(2) The following information must be included either in the notice of determination or in separate informational material referred to in the notice:

(a) The manner in which the appeal, protest, or request for redetermination must be filed, e.g., by signed letter, written statement, or on a prescribed form, and the place or places to which the appeal, protest, or request for redetermination may be mailed or hand-delivered.

(b) An explanation of any circumstances (such as nonworkdays, good cause, etc.) which will extend the period for the appeal, protest, or request for redetermination beyond the date stated or identified in the notice of determination.

(c) That any further information claimant may need or desire can be obtained together with assistance in filing his appeal, protest, or request for redetermination from the local office. If the information is given in separate material, the notice of determination would adequately refer to such material if it said, for example, "For other information about your (appeal), (protest), (redetermination) rights, see pages II to II of the III (name of pamphlet or booklet) heretofore furnished to you."

6014 Separation Information Requirements Designed To Meet Department of Labor Criteria:

A. *Information to agency.* Where workers are separated, employers are required to furnish the agency promptly, either upon agency request or upon such separation, a notice describing the reasons for and the circumstances of the separation and any additional information which might affect a claimant's right to benefits. Where workers are working less than full time, employers are required to furnish the agency promptly, upon agency request, information concerning a claimant's hours of work and his wages during the claim periods involved, and other facts which might affect a claimant's eligibility for benefits during such periods. When workers are separated and the notices are obtained on a request basis, or when workers are working less than full time and the agency requests information, it is essential to the prompt processing of claims that the request be sent out promptly after the claim is filed and the employer be given a specific period within which to return the notice, preferably within 2 working days.

When workers are separated and notices are obtained upon separation, it is essential that the employer be required to send the notice to the agency with sufficient promptness to insure that, if a claim is filed, it may be processed promptly. Normally, it is desirable that such a notice be sent to the central office of the agency, since the employer may not know in which local office the workers will file his claim. The usual procedure is for the employer to give the worker a copy of the notice sent by the employer to the agency.

B. *Information to worker.*

1. *Information required to be given.* Employers are required to give their employees information and instructions concerning the employees' potential rights to benefits and concerning registration for work and filing claims for benefits. The information furnished to employees under such a requirement need not be elaborate; it need only be adequate to insure that the worker who is separated or who is working less than full time knows he is potentially eligible for benefits and is informed as to what he is to do or where he is to go to file his claim and register for work. When he files his claim, he can obtain more detailed information.

In States that do not require employers to furnish periodically to the State agency detailed reports of the wages paid to their employees, each employer is required to furnish to his employees information as to (a) the name under which he is registered by the State agency, (b) the address where he maintains his payroll records, and (c) the workers' need for this information if and when they file claims for benefits.

2. *Methods for giving information.* The information and instructions required above may be given in any of the following ways:

a. *Posters prominently displayed in the employer's establishment.* The State agency should supply employers with a sufficient number of posters for distribution throughout their places of business and should see that the posters are conspicuously displayed at all times.

b. *Leaflets.* Leaflets distributed either periodically or at the time of separation or reduction of hours. The State agency should supply employers with a sufficient number of leaflets.

c. *Individual notices.* Individual notices given to each employee at the time of separation or reduction in hours. It is recommended that the State agency's publicity program be used to supplement the employer-information requirements. Such a program should stress the availability and location of claim-filing offices and the importance of visiting those offices whenever the worker is unemployed, wishes to apply for

benefits, and to seek a job.

6015 *Evaluation of Alternative State Provisions with Respect to Claim Determinations and Separation Information.* If the State law provisions do not conform to the suggested requirements set forth in sections 6013 and 6014, but the State law contains alternative provisions, the Bureau of Employment Security, in collaboration with the State agency, will study the actual or anticipated effects of the alternative provisions. If the Administrator of the Bureau concludes that the alternative provisions satisfy the criteria in section 6012, he will so notify the State agency. If the Administrator of the Bureau does not so conclude, he will submit the matter to the Secretary. If the Secretary concludes that the alternative provisions satisfy the criteria in section 6012, the State agency will be so notified. If the Secretary concludes that there is a question as to whether the alternative provisions satisfy the criteria, the State agency will be advised that unless the State law provisions are appropriately revised, a notice of hearing will be issued as required by the Code of Federal Regulations, title 20, section 601.5.

PART 603—INCOME AND ELIGIBILITY VERIFICATION SYSTEM

Sec.

603.1 Purpose.

Subpart A—Income and Eligibility Verification System

603.2 Definitions.

603.3 Eligibility condition for claimants.

603.4 Notification to claimants.

603.5 Disclosure of information.

603.6 Agreement between State unemployment compensation agency and requesting agency.

603.7 Protection of confidentiality.

603.8 Obtaining information from other agencies and crossmatching with wage information.

603.9 Effective date of rule.

Subpart B—Quarterly Wage Reporting

603.20 Effective date of rule.

603.21 Alternative system.

AUTHORITY: Sec. 1102, Social Security Act, ch. 531, 49 Stat. 647, as amended (42 U.S.C.

1302); Reorganization Plan No. 2 of 1949, 63 Stat. 1065, 14 FR 5225.

SOURCE: 51 FR 7207, Feb. 28, 1986, unless otherwise noted.

§ 603.1 Purpose.

(a) Section 2651 of Public Law 98-369 (the Deficit Reduction Act of 1984) amended title XI of the Social Security Act to include a requirement that States have an income and eligibility verification system in effect which would be used in verifying eligibility for, and the amount of, benefits available under several Federally assisted programs including the Federal-State unemployment compensation program. The Act requires that employers in each State make quarterly

wage reports to a State agency, which may be the State unemployment compensation agency, and that wage information and benefit information obtained from other agencies be used in verifying eligibility for benefits. The requirement of quarterly wage reporting may be waived if the Secretary of Labor (in consultation with the Secretary of Health and Human Services and the Secretary of Agriculture) determines the State has in effect an alternative system which is as effective and timely as quarterly wage reporting for the purposes of providing employment related income and eligibility data.

(b) Section 2651(d) of Public Law 98-396 added a new section 303(f) of the Social Security Act (42 U.S.C. 503(f)), to provide that the agency charged with the administration of the State unemployment compensation law shall provide that information shall be requested and exchanged for purposes of income and eligibility verification in accordance with a State system which meets the requirements of section 1137 of the Social Security Act, as added by Public Law 98-369. The regulations in this part are issued to implement this requirement.

Subpart A—Income and Eligibility Verification System

§ 603.2 Definitions.

For the purposes of this part:

(a) *State unemployment compensation agency* means the agency charged with the administration of the unemployment compensation law approved by the Secretary of Labor under section 3304 of the Internal Revenue Code of 1954 (26 U.S.C. 3304).

(b) *Wage information* means information about wages as defined in the State's unemployment compensation law and includes the Social Security Number (or numbers, if more than one) and quarterly wages of an employee, and the name, address, State, and (when known) Federal employer identification number of an employer reporting wages under a State unemployment compensation law, except that in a State in which wages are not required

APPENDIX “B”

- BAM Paid Claims Claimant Questionnaire
- Denials Monetary Claimant Questionnaire
- Denials Separations Claimant Questionnaire
- Denials Nonseparations Claimant Questionnaire

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - PAID CLAIMS

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if your unemployment insurance benefits were properly paid. This information will be verified. The last page of this questionnaire is for recording your work history.

<p>1. Name (First, Middle, Last)</p> <p>If you are also known by another name, enter it here:</p>	<p>11. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
<p>2. Social Security Number</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____</p>
<p>4. City, State, ZIP:</p>	<p>14. Have you had vocational or technical school training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</p>	<p>15. Circle the days of the week you usually work.</p> <p>SUN MON TUES WED THURS FRI SAT</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>16. Circle the days of the week you are willing and able to work.</p> <p>SUN MON TUES WED THURS FRI SAT</p>
<p>7. Telephone Number (include area code)</p>	<p>17. What hours or shifts do you usually work?</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	<p>18. What hours are you willing and able to work on a job?</p> <p>FROM _____ am TO _____ pm OR FROM _____ am TO _____ pm</p>
<p>9. Gender:</p>	<p>19. Which shifts are you willing and able to work on a job?</p>

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transportation
or relatives Other (specify)

28. Would a job have to last a certain period of time before you would accept it?
 Yes No
If "Yes", explain:

29. What is the type of work you are looking for?
a. _____ b. _____
What is the length and type of experience you have in these occupations?
a. _____ b. _____

30. Have you registered with the Job Service to find work since you first filed for unemployment benefits on _____? Yes No

Name, Address, Phone Number of Agency:

During "**THE WEEK**", did the Agency refer you to any jobs?
 Yes No
If "Yes", to how many jobs were you referred? _____
What were the results of these referrals?

"THE WEEK" is the week that began on _____ and ended on _____.

34. During **THE WEEK**, were you an active member of a union? Yes No
If "Yes" complete the following:
Union Name: _____
Local Number _____
Address: _____
Phone Number: _____
Is your union a local hiring hall? Yes No
Whom do you contact at the local?

Do you get work **ONLY** through the union? Yes No
Will you accept a non-union job? Yes No
During **THE WEEK**, were you eligible to be referred to jobs by the union? Yes No
If "No", explain:

During **THE WEEK**, were you on the out-of-work list? Yes No

36. During **THE WEEK**, did you have any health problem, handicap or disability that limited your ability to do your usual work or to look for work? Yes No
If "Yes", explain:

37. During **THE WEEK**, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours? Yes No
If "No" go to Question 38.
If "Yes" was there some other person or place available to provide care? Yes No
If "Yes" provide the name, address and phone number of the care provider:

38. During **THE WEEK**, was there any day(s) that you were **NOT** available for work? Yes No
If "Yes" list the day(s) and reason(s) you were **NOT** available:

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<p>If "Yes", when was the last time you signed the list?</p> <p>If "No", explain:</p> <p>During THE WEEK, how many jobs were you referred to by the union? _____</p> <p>What were the results of these referrals?</p>	<p>39. During THE WEEK, was there any reason that you could NOT accept full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" explain:</p>
<p>35. During THE WEEK, were you attending school or enrolled in a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", complete the following:</p> <p>Name, Address, Phone Number of school or training program:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Is the schooling or training related either to the type of work you usually do or the type of work you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>40. During THE WEEK, were you an officer of a corporation, union, or other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" give name of organization and office held:</p> <p>41. During THE WEEK, did you need any special licenses or certificates to do the type of work you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", did you have the license or certificate needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What kind of license or certificate is it?</p> <p>_____</p> <p>When does it expire? _____</p>

42. WORK SEARCH CONTACTS

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than three job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Job Service.

1. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name	Contact Date:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No

“THE WEEK” is the week that began on _____ and ended on _____.

<p>43. During THE WEEK, did you get any job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks?</p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes”, did you accept any jobs offered to you?</p> <p align="right"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “No”, why not?</p>	<p>45a. Check all of the following sources of income you had during THE WEEK, excluding unemployment compensation, and list the amount you received from each source for THE WEEK, even if you were paid at some other time.</p> <p><input type="checkbox"/> None If “None”, go to Question 45b</p> <p><input type="checkbox"/> Wages \$ _____</p> <p><input type="checkbox"/> Earnings from self-employment \$ _____ or contract labor</p> <p><input type="checkbox"/> Commission Payments \$ _____</p> <p><input type="checkbox"/> Reserve or National Guard Pay \$ _____</p>
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<p>If "Yes", complete the following:</p> <p>Date you accepted the offer: _____</p> <p>Date you began or will begin work: _____</p> <p>Name, address and phone number of employer: _____ _____ _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> Separation or Severance Pay</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Holiday Pay</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages in Lieu of Notice</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Vacation Pay</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Tips or Gratuities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Workers Compensation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Disability Payments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Do NOT include Social Security or Veteran's Benefits)</td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> Separation or Severance Pay	\$ _____	<input type="checkbox"/> Holiday Pay	\$ _____	<input type="checkbox"/> Wages in Lieu of Notice	\$ _____	<input type="checkbox"/> Vacation Pay	\$ _____	<input type="checkbox"/> Tips or Gratuities	\$ _____	<input type="checkbox"/> Workers Compensation	\$ _____	<input type="checkbox"/> Disability Payments	\$ _____	(Do NOT include Social Security or Veteran's Benefits)		<input type="checkbox"/> Other (specify):	\$ _____
<input type="checkbox"/> Separation or Severance Pay	\$ _____																		
<input type="checkbox"/> Holiday Pay	\$ _____																		
<input type="checkbox"/> Wages in Lieu of Notice	\$ _____																		
<input type="checkbox"/> Vacation Pay	\$ _____																		
<input type="checkbox"/> Tips or Gratuities	\$ _____																		
<input type="checkbox"/> Workers Compensation	\$ _____																		
<input type="checkbox"/> Disability Payments	\$ _____																		
(Do NOT include Social Security or Veteran's Benefits)																			
<input type="checkbox"/> Other (specify):	\$ _____																		
<p>44. During THE WEEK, did you do work of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", what type of work did you do?</p> <p>Days and times worked:</p> <p>Name, address and phone number of employer: _____ _____ _____</p> <p>Reason no longer employed:</p>	<p>45b. During THE WEEK, were you entitle to any Social Security, pension, or retirement fund payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", go to Question 46</p> <p>If "Yes", give the amount you received:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Social Security</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Veterans Benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Railroad Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Federal Civil Service Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>U.S. Military Retirement</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>State/Local Government Retire.</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Private Employer or Union Pension</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Social Security	\$ _____	Veterans Benefits	\$ _____	Railroad Retirement	\$ _____	Federal Civil Service Retirement	\$ _____	U.S. Military Retirement	\$ _____	State/Local Government Retire.	\$ _____	Private Employer or Union Pension	\$ _____	Other	\$ _____		
Social Security	\$ _____																		
Veterans Benefits	\$ _____																		
Railroad Retirement	\$ _____																		
Federal Civil Service Retirement	\$ _____																		
U.S. Military Retirement	\$ _____																		
State/Local Government Retire.	\$ _____																		
Private Employer or Union Pension	\$ _____																		
Other	\$ _____																		
<p>BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - PAID CLAIMS</p>																			

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46. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?

Yes No

If "Yes", how was this information given to you?
(Check ALL that apply)

In-person (individual) interview

Group interview

Booklet or Pamphlet

Slides, Movies, or Video

Other (specify) _____

47. Have you had any problems with your unemployment insurance claim?

Yes No

If "Yes", explain:

48. Do you have any questions to ask about your unemployment insurance claim or about your responsibilities and rights as an unemployment insurance claimant?

Yes No

If "Yes", explain:

Please complete your work history on the following page.

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were paid properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Signed _____

Claimant's Signature

Date

Interviewer's Signature

Date Signed

Please complete your work history on the following page.

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - PAID CLAIMS			
Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back. Include ALL employment (i.e. part time, out of state, federal employment), FROM THE PRESENT BACK TO _____ MONTH / DAY / YEAR			
MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT	4 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site	Location of Job Site	Location of Job Site	Location of Job Site
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____
Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other
Are you entitled to any pension or retirement pay including Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" : \$_____ Per _____ Name of Employer: _____			

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**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIMS**

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified. The last page of this questionnaire is for recording your work history.

<p>1. Name (First, Middle, Last)</p> <p>If you are also known by another name, enter it here:</p>	<p>11. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
<p>2. Social Security Number</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____</p>
<p>4. City:</p> <p>State:</p> <p>ZIP code:</p>	<p>14. Have you had vocational or technical school training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</p>	<p>15. Are you currently enrolled in school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name, address, phone number of school:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>16. What is your usual occupation?</p>
<p>7. Telephone Number (include area code)</p>	<p>17. What type of work are you looking for?</p> <p>Months/Years experience in this type of work:</p> <p>_____</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>18. What is the lowest rate of pay you will accept for a job?</p> <p>\$ _____ per _____ (hour, week, etc.)</p>

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<p>10. Ethnic Group - Indicate by selecting one of the following:</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Unknown</p>	<p>19. Do you need any special licenses or certificates to do the type of work you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", did you have the license or certificate needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What kind of license or certificate is it? _____</p>
---	--

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIMS**

<p>20. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <p><input type="checkbox"/> In-person (individual) interview</p> <p><input type="checkbox"/> Group interview</p> <p><input type="checkbox"/> Booklet or Pamphlet</p> <p><input type="checkbox"/> Slides, Movies, or Video</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>21. Were you entitled to any Social Security, pension, or retirement fund payments since the effective date of your current claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", give the amount you received:</p> <p>Social Security \$ _____</p> <p>Veterans Benefits \$ _____</p> <p>Railroad Retirement \$ _____</p> <p>Federal Civil Service Retirement \$ _____</p> <p>U.S. Military Retirement \$ _____</p> <p>State/Local Government Retire. \$ _____</p> <p>Private Employer or Union Pension \$ _____</p> <p>Other (specify) \$ _____</p>
--	---

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were denied properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

_____	_____
Claimant's Signature	Date Signed
_____	_____
Interviewer's Signature	Date Signed

Please complete your work history on the following page.

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIMS			
Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back. Include ALL employment (i.e. part time, out of state, federal employment), FROM THE PRESENT BACK TO _____ MONTH / DAY / YEAR			
MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT	4 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site	Location of Job Site	Location of Job Site	Location of Job Site
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____
Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other
Are you entitled to any pension or retirement pay including Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" : \$_____ Per _____ Name of Employer: _____			

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**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIMS**

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified. The last page of this questionnaire is for recording your work history.

<p>1. Name (First, Middle, Last)</p> <p>If you are also known by another name, enter it here:</p>	<p>11. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
<p>2. Social Security Number</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____</p>
<p>4. City:</p> <p>State:</p> <p>ZIP code:</p>	<p>14. Have you had vocational or technical school training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</p>	<p>15. Are you currently enrolled in school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name, address, phone number of school:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>16. What is your usual occupation?</p>
<p>7. Telephone Number (include area code)</p>	<p>17. What type of work are you looking for?</p> <p>Months/Years experience in this type of work:</p> <p>_____</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	<p>18. What is the lowest rate of pay you will accept for a job?</p> <p>\$ _____ per _____ (hour, week, etc.)</p>
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>19. Do you need any special licenses or certificates</p>
<p>10. Ethnic Group - Indicate by selecting one of</p>	

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the following: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown	to do the type of work you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", do you have the license or certificate needed? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind of license or certificate is it? _____
--	--

**BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIMS**

20. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?

Yes No

If "Yes", how was this information given to you? (Check ALL that apply)

<input type="checkbox"/> In-person (individual) interview	<input type="checkbox"/> Slides, Movies, or Video
<input type="checkbox"/> Group interview	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Booklet or Pamphlet	

21. Reason for Separation (Check block that indicates why you are no longer working for this employer.)

Laid off, RIF

Discharged
 Quit or Retired
 Labor Dispute
 Other (specify) _____

22. Between the last day you worked for your last employer and the time you filed for unemployment benefits, did you work for any **other** employer?

Yes No

If "Yes", provide the name, address and phone number for this employer:

Why are you no longer working for this employer?

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were denied properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

_____	_____
Claimant's Signature	Date Signed
_____	_____
Interviewer's Signature	Date Signed

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Please complete your work history on the following page.

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIMS			
Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back. Include ALL employment (i.e. part time, out of state, federal employment), FROM THE PRESENT BACK TO _____ MONTH / DAY / YEAR			
MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT	4 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site	Location of Job Site	Location of Job Site	Location of Job Site
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____
Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other
Are you entitled to any pension or retirement pay including Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" : \$_____ Per _____ Name of Employer: _____			

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIMS

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified. The last page of this questionnaire is for recording your work history.

<p>1. Name (First, Middle, Last)</p> <p>If you are also known by another name, enter it here:</p>	<p>11. Race - Indicate by selecting one or more of the following:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
<p>2. Social Security Number</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>3. Street Address</p> <p>Apt Number</p>	<p>13. Highest level of education completed (circle one):</p> <p>Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____</p>
<p>4. City:</p> <p>State:</p> <p>ZIP code:</p>	<p>14. Have you had vocational or technical school training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of certificate: _____</p>
<p>5. Mailing Address (if different)</p>	<p>15. Are you currently enrolled in school or training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name, address, phone number of school:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>16. What is your usual occupation?</p>
<p>7. Telephone Number (include area code)</p>	<p>17. What type of work are you looking for?</p> <p>Months/Years experience in this type of work:</p> <p>_____</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	<p>18. What is the lowest rate of pay you will accept for a job?</p> <p>\$ _____ per _____ (hour, week, etc.)</p>
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>19. DO you need any special licenses or certificates to do the type of work you are seeking? <input type="checkbox"/> Yes</p>
<p>10. Ethnic Group - Indicate by selecting one of the following:</p>	

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<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown	<input type="checkbox"/> No If "Yes", did you have the license or certificate needed? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> What kind of license or certificate is it ? _____																																	
BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIMS																																		
<p>20. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", how was this information given to you? (Check ALL that apply)</p> <input type="checkbox"/> In-person (individual) interview <input type="checkbox"/> Group interview <input type="checkbox"/> Booklet or Pamphlet <input type="checkbox"/> Slides, Movies, or Video <input type="checkbox"/> Other (specify) _____	<p>23. Have you registered with the Job Service since you filing for unemployment benefits on _____? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If "Yes", date: _____ Number of referrals: _____ What were the results of these referrals?</p>																																	
<p>21. Are you entitled to any Social Security, pension, or retirement fund payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", give the amount you received:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Social Security</td> <td style="width: 5%;">\$</td> <td style="width: 25%;">_____</td> </tr> <tr> <td>Veterans Benefits</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Railroad Retirement</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Federal Civil Service</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Retirement</td> <td></td> <td>_____</td> </tr> <tr> <td>U.S. Military Retirement</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>State/Local Government</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Retirement</td> <td></td> <td>_____</td> </tr> <tr> <td>Private Employer or</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Union Pension</td> <td></td> <td>_____</td> </tr> <tr> <td>Other (specify)</td> <td>\$</td> <td>_____</td> </tr> </table>	Social Security	\$	_____	Veterans Benefits	\$	_____	Railroad Retirement	\$	_____	Federal Civil Service	\$	_____	Retirement		_____	U.S. Military Retirement	\$	_____	State/Local Government	\$	_____	Retirement		_____	Private Employer or	\$	_____	Union Pension		_____	Other (specify)	\$	_____	<p>24. Have you registered with a private employment agency since you first filed for unemployment benefits on _____? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If "Yes", number of referrals: _____ What were the results of these referrals?</p>
Social Security	\$	_____																																
Veterans Benefits	\$	_____																																
Railroad Retirement	\$	_____																																
Federal Civil Service	\$	_____																																
Retirement		_____																																
U.S. Military Retirement	\$	_____																																
State/Local Government	\$	_____																																
Retirement		_____																																
Private Employer or	\$	_____																																
Union Pension		_____																																
Other (specify)	\$	_____																																
<p>25. Are you a member of a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" complete the following: Union Name: _____ Local Number _____ Address: _____ Phone Number: _____</p> <p>Is your union a local hiring hall? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Whom do you contact at the local? _____</p> <p>Do you get work ONLY through the union? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </p> <p>Will you accept a non-union job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible to be referred to jobs by the union? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If "No", explain:</p>																																		

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22. Do you expect to be called back to work by any past employer? Yes No

If "Yes", please answer the following:

Do you have or have you received a recall notice? Yes No

When were you told you would be recalled?
 _____ / _____ / _____
 Month Day Year

Who notified you? _____

When will you report back to work?

Name, Address and Phone Number of employer:

Are you on the out-of-work list? Yes No

If "Yes", when was the last time you signed the list?

If "No", explain:

How many jobs were you referred to by the union?

What were the results of these referrals?

**BENEFITS ACCURACY MEASUREMENT
 CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIMS**

26. Did you actively seek work during the week of _____?

Yes No

If "Yes", complete the following:

1. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code):	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No

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		No
<p>I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment benefits were denied properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.</p>		
_____		_____
Claimant's Signature		Date Signed
_____		_____
Interviewer's Signature		Date Signed

Please complete your work history on the following page.

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BENEFITS ACCURACY MEASUREMENT CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIMS			
Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back. Include ALL employment (i.e. part time, out of state, federal employment), FROM THE PRESENT BACK TO _____ MONTH / DAY / YEAR			
MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT	4 TH MOST RECENT
Employer Name	Employer Name	Employer Name	Employer Name
Address	Address	Address	Address
Location of Job Site	Location of Job Site	Location of Job Site	Location of Job Site
Telephone Number	Telephone Number	Telephone Number	Telephone Number
Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____	Length of Employment First day _____ Last day _____
Your Job Title	Your Job Title	Your Job Title	Your Job Title
Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____	Your Usual Wages on this Job \$_____ Per_____
Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other	Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Discharge <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other
Are you entitled to any pension or retirement pay including Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" : \$_____ Per _____ Name of Employer: _____			

APPENDIX "C"

INVESTIGATIVE GUIDE

Investigative Guide
Source, Action, and Documentation

This Table is designed to provide BAM staff with a summary guide to the required investigative process. The table was developed based on the following assumptions:

1. That all procedures of the BAM process are being followed.
2. That a general review of all questionnaire items is conducted with the claimant as part of the normal BAM process.
3. That the Summary of Investigation will be used to explain each case.

Therefore, these steps are not included in the Table. Instead, the initial action beyond those basic steps is presented. Follow through using standard practices like factfinding is required when issues are identified.

When a source is listed, it is assumed that the necessary information has already been obtained from that source. For several data items, the documentation column shows only the primary document for that item. This is not meant to be all inclusive of the documents that may result.

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INVESTIGATIVE GUIDE

PART A - MASTER TABLE

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Social Security Number	Claimant S.S. Card SESA Records Claimant Questionnaire Employer Records	Verify S.S. from sources against claimant S.S. card if possible	Photocopy S.S. card if possible
2. Week Ending Date of KW	SESA Records	None	None
3. Case Type	BAM System Generated	Verify the case is a regular Core BAM case and not part of special study	None
4. Batch Number	BAM System Generated	Compare to correct number assignment from OWS Issuance	None
5. Sequence Number	BAM System Generated	None	None
6. State I.D. Code	BAM System Generated	None	None
7. Local Office Number	SESA Records local office of record for the claim	Determine if proper local office assignment	None
8. Investigator ID Code	ID Number Assigned by Supervisor	Compare to valid Investigator ID Nos	None

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PART B - CLAIMANT INFORMATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Method Clm't Info Obtained	Questionnaire Case Documentation	None if obtained	Explanation if not Obtained
2. U.S. Citizen	Questionnaire SESA Records Alien Reg. Card Employer(s) Immigration	-If citizen - None -If not, verify status with INS	Photocopy Alien Reg. Card INS Report Factfinding statement if an issue
3. Education	Questionnaire Job Service Records	None	Non
4. Voc/Tech Training	Questionnaire Job Service Records	Compare sources to determine proper code	None
5. Currently in Training	Questionnaire SESA Records Training Facility	Verify and compare information from sources to determine proper code	Factfinding statement if applicable
6. Last Occupation	Employer SESA Records Questionnaire proper code	Verify and compare information from sources to determine	Separating Employer Verification and claimant questionnaire
7. Primary Occupation	Employer SESA Records Questionnaire	Compare sources to Determine proper code	BAM Wage Verification
8. Normal Hourly Wage	Employer Questionnaire SESA Records Questionnaire SESA Records Observation	Compare sources to determine proper code	BAM Wage Verification
9. Seeking Work Occupation	Questionnaire SESA Records Job Service if reg.	Review claimant's interest and work history to determine proper code Compare sources for consistency	Factfinding Statement if an issue
10. Lowest Wage will accept	Questionnaire SESA Records	Compare claimant's wage demand to prevailing wage	Factfinding Statement if wage restriction

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DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
		for occupation	
11. Date of Birth	Questionnaire SESA Records Drivers License	Compare sources for consistency Review with claimant	None
12. Sex	Questionnaire SESA Records Observation	Compare sources for consistency	None
13. Ethnic Group	Questionnaire SESA Records Observation	Compare sources for consistency	None

PART C - BENEFIT YEAR INFORMATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Program Code	SESA Records Employer(s) records	Verify accuracy during wage verify.	Wage verification
2. Combine Wage Claim	SESA Records Employer(s) records	Review work history with claimant. Verify with employer during wage verification	Wage verification IB-4 copy
3. Benefit Year Beginning	SESA Records	Compare initial claim filing date to BYB.	Initial claim
4. Init./AC Clm Filing Method	SESA Records	None	Initial claim
5. Benefit Rights Given	SESA Records Questionnaire	Compare sources for consistency	Copy of BRI record
6. Number of ERPs	SESA Records	Sum from SWA records	Copy of ERI record
7. Last ERP Date	SESA Records	None	Copy of ERI record
8. Number of Nonsep issues	SESA Records	Sum from SWA records	Copy of all non-sep non-mon records
9. Number of Nonsep DQ'd	SESA Records	None	Copy of all non-sep non-mon records

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PART D - SEPARATION INFORMATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Sep. Reason (Before)	SWA records	None	SWA records
2. Sep. Reason (After)	Questionnaire Employer	Compare sources for proper determination	Factfinding statements from ERs and claimant
3. Date of Sep. (Before)	SWA records	None	None
4. Date of Sep. (After)	Questionnaire Employer	Compare sources for proper data and potential unreported earnings	Factfinding statements from ERs and claimant if an issue
5. Recall Status (Before)	SWA records	None	Work Search exemption policy if applicable
6. Recall Status (After)	Employer Questionnaire SWA records		Factfinding statements from ERs and claimant
7. Tax Rate (Last Employer)	SWA records	None	Employer Qtrly report
8. Industry Code (Last Employer)	Separation Employer SWA records Questionnaire NAICS Handbook	Review sources for accurate code assignment	None

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PART ME - MONETARY ELIGIBILITY

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. No. of BP Empls (Before)	Monetary determination	None	Monetary determination
2. No. of BP Empls (After)	Employer(s) Monetary determination Claimant	Verify wages with all base period ERs to determine proper #	Wage verification
3. BP Period Wages (Before)	Monetary determination	None	Monetary determination
4. BP Wages (After)	Employer(s) Monetary determination	Verify wages with all base period ERs to determine proper amount	Wage verification
5. High Qtr Wages (Before)	Monetary determination	None	Monetary determination SWA records
6. High Qtr Wages (After)	Employer(s) Monetary determination Claimant	Verify wages with all base period ERs to determine proper amount	Wage verification
7. BP Wks Worked (Before)	SWA records	None	Monetary determination
8. BP Wks Worked (After)	SWA records	Verify weeks with employer(s) to determine proper #	Wage verification Base Period employer
9. WBA (Before)	Monetary determination	None	Monetary determination
10. WBA (After)	Employer(s) Monetary determination Claimant	Verify that WBA is based on employ./wage verify	Wage verification Monetary redetermination if appl.
11. MBA (Before)	Monetary determination	None	Monetary determination
12. MBA (After)	Employer(s) Monetary determination	Verify that MBA is based on employ./wage verify	Wage verification Monetary redetermination if appl.
13. # Depends Claimed (Before)	SWA records	None	None
14. # Depends Claimed (After)	Questionnaire SWA records	Verify as required by SWA procedures	Verification document(s) Dependent award
15. Dependent Allowance (B)	SWA records	None	None
16. Dependent Allowance (A)	Questionnaire Dependency SWA records	Compare sources to determine correct amount	Dependent Award (monetary det.)
17. Primary BPE Industry	Employer(s) SWA records NAICS	Review sources for accurate code	Wage verification

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18. Monetary Redet	Monetary redet.	None	Copy of redet.
19. Remaining Balance	Benefit history	None	Benefit history

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PART F - BENEFIT PAYMENT HISTORY

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Amt KW Earnings (Before)	SWA records Benefit history Weekly certification	Compare sources to determine proper amount	SWA records Benefit history Weekly certification
2. Amt KW Earnings (After)	Employer(s) Questionnaire SWA records	Compare sources to determine proper amount	Factfinding statement re: wage verification if applicable
3. Earn. Deduction (Before)	SWA records Benefit history Weekly certification	Compare sources to determine earnings deduction	SWA records Benefit history Weekly certification
4. Earn. Deduction (After)	Employer(s) Questionnaire SWA records	Compare sources to determine proper amount deducted	Wage verification
5. Other Deduct. Income (B)	SWA records Benefit history Weekly certification	Compare sources to determine all other deductible income	SWA records Benefit history Weekly certification
6. Other Deduct. Income (A)	SWA records Benefit history Weekly certification	Compare sources to determine proper amount	Wage verifications Pension verification if applicable
7. Other Deductions (B)	SWA records Benefit history Weekly certification	Compare sources to determine amount of deduction	SWA records Benefit history Weekly certification
8. Other Deductions (A)	Employer(s) Questionnaire	Compare sources to determine proper amount deducted	Wage verifications Pension verification
9. 1st Comp. WE Date	SWA records	None	Benefit history
10. Date of First Payment	SWA records	None	Benefit history
11. KW Filing Method	SWA records	None	KW Certification
12. KW Cert. Procedure	SWA records	None	KW Certification
13. Amount Paid/Offset	SWA records	None	Benefit history

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PART G - REGISTRATION/WORK SEARCH INFORMATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Required to seek work	SWA records	If required to seek work, obtain official policy/requirement	Agency policy statement
2. JS Registration required	SWA records	If JS registration required, obtain official policy/req.	Agency policy statement
3. Registered with JS	SWA records Questionnaire Status with JS	Verify if claimant is referable	ES 511 records
4. Reason JS Regis. deferred	SWA records Questionnaire	If deferred, obtain explanation; i.e. official policy	Deferral explanation
5. # of JS referrals	SWA records Questionnaire	Compare sources to determine proper number	ES 511 records
6. Private Employ. registered	Questionnaire	None	None
7. # Priv. Employ. referrals	Questionnaire Private agency	If information available, verify as part of verification	Work search verification
8. Union referral status	Union SWA records Questionnaire	Verify with union claimant's standing and its effect on eligibility	Union verification Factfinding statement if applicable
9. # Union referrals - KW	Union	Sum of sources Questionnaire	Union verification
10. # Work search Contacts-KW	Employer(s) Unions Priv. Employment agencies Questionnaire	Sum from all sources	None
11. # WS contacts outside KW	SWA records Employer(s) Union Priv. Employment agencies	Sum from all sources	None
12. # WS contacts investigated	Employer(s) Union Priv. Employment agencies	Sum from all sources contacted for verification	Work search verification for each source
13. # WS contacts acceptable	Employer(s) Union Priv. Employment agencies	Record number of contacts verified as valid	Work search verification
14. # WS contacts-unacceptable	Employer(s) Union Priv. Employment	Record number of contacts verified as invalid	Work search verification Explanaton in SOI

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	agencies	Conduct factfinding on WS issue	Factfinding statement if applicable
15. # WS contacts-unverifiable	Employer(s) Union Priv. Employ. agencies	Record number of contacts that couldn't be verified	Work search verification Explanaton in SOI

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PART H - ERROR CLASSIFICATION/COMPLETION INFORMATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Action Code	BAM Invest. file	None on proper payment; appropriate action on improper payments	Explanation in summary Copy of official agency actions if applicable
2. Am't. should have been pd	BAM Invest. file	None on proper payment. Compute correct amount for improper payments	Explanation in summary Copy of official agency actions if applicable
3. Total \$ Am't of OP (inc.KW)	BAM Invest. file	Determine sum of OP and complete official action	SOI Copy of official agency actions if applicable
4. Total \$ Am't of UP (inc.KW)	BAM Invest. file	Determine sum of UP and complete official action	Monetary predets. Printout of supp. checks
5. Total OP for KW	BAM Invest. file	Determine am't of KW OP and complete official action	Explanation in summary Copy of official agency actions if applicable
6. Total UP for KW	BAM Invest. file	Determine am't of KW UP and complete official action	Explanation in summary Copy of official agency actions if applicable
7. Invest. completed	Investigator	All investigation information is complete & entered in database	Summary of investigation
8. Invest. completed date	BAM system gen.	None	None
9. Supervisory review compld.	BAM Supervisor	All official action completed and approval code entered	Supervisor sign off
10. Supervisory complete date	BAM system gen.	None	None
11. Supervisor ID	BAM system gen.	None	None

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PART I - ERROR ISSUE(S) CLASSIFICATION

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
1. Dollar Amount of KW Error	BAM Investigative File	Determine amount	Explanation in summary Cpy of official agency act
2. KW Action: <u>OP codes</u> <u>UP codes</u> 10 20 11 21 12 22 13 23 14 15 16	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official agency action
3. Error Cause <u>Series:</u> 100- Benefit Year errors 200- Base Period errors 300- Separation issue errors 400- Eligibility issue errors 500- Dependents' Allow. errors 600- Other issue errors	BAM Investigative File Classification	Complete error classification procedures Copy of official agency procedures	Explanation in summary Copy of off. agency act
4. Error Responsibility	BAM Investig. File	Complete error classification procedures	Explanation in summary Copy of off. agency act
5. Detection Point 10- WS verification 20- Wage/sep. verification 30- Claimant interview 40- 3rd party verification 50- UI records 60- JS/ES records 70- Union verification	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official agency action
6. Prior Agency Action 10- Not detectable normally 20- SWA in process of correction 30- Identified; took wrong action 40- Suff. info. but took no action 50- Official actions not properly followed	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official agency action
7. Prior Employer Action 10- ER provide timely/adeq. info	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official

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20- ER provide timely/late info 30- ER provide wrong/timely info 40- ER provide wrong/late info 50- ER did not respond 60- ER not asked for info 70- Not an employer-related issue			agency action
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PART I - ERROR ISSUE(S) CLASSIFICATION (continued)

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
<p>8. Appeal Action</p> <p>1- No appeal filed/NA</p> <p>2- Cl't appeal det/ER interested</p> <p>3- Cl't appeal det/ER not interest</p> <p>4- ER appeal det/cl't interested</p> <p>5- Cl't/ER appeal BAM det.</p> <p>6- SWA appealed BAM det.</p>	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official agency action
<p>9. Prior Claimant Action</p> <p>10- Cl't provide timely/adeq. info</p> <p>20- Cl't provide timely/late info</p> <p>30- Cl't provide wrong/timely info</p> <p>40- Cl't provide wrong/late info</p> <p>50- Cl't did not respond</p> <p>60- SWA did not request info</p>	BAM Investigative File	Complete error classification procedures	Explanation in summary Copy of official agency action

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SCREEN R - REOPEN TABLE

DATA ELEMENTS	DATA SOURCE	ACTION REQUIRED	DOCUMENTATION
Batch Number	See Master Table	None	None
Sequence Number	See Master Table	None	None
Case Type	See Master Table	None	None
Reopen Case	BAM investigative file	Verify correct code has been entered	None
Reopen Case Date	BAM system generated	None	None
Reopen Case Identification	Staffing file	Compare to list of valid ID numbers	None
Reopen Case Date	BAM system generated	None	None

APPENDIX D

DCA Database Specifications

CASE CONTROL AND CLAIMANT INFORMATION

- (1) **NAME:** Batch Number
SHORT NAME: batch
FieldType: Integer (6)
Format: (YYYYWW)
Edits: YYYY must be greater than 1985. WW must be between **01** and **52**, inclusive.

Exception: In certain years (for example, 1988, 1994, 2000) WW is between **01** and **53**.

Batch number may never be NULL. WW 01 is always the 1st Saturday in January of each year.

- (2) **NAME:** Sequence Number
SHORT NAME: seq
Field Type: Numeric (2)
Edits: The sequence number cannot be NULL.
The sequence number values are from **01-99**.

- (3) **NAME:** Sample Type
SHORT NAME: samptype
Field Type: Numeric (1)
Edits: Must be for PCA and 2, 3, or 4 for DCA.

- (4) **NAME:** Social Security Number
SHORT NAME: ssn
Field Type: Numeric (9)
Edits: The SSN may be broken down into its three (3) respective parts: **area**, **group**, and **serial**. The breakdown is as such: XXX-YY-ZZZZ where XXX is the area, YY is the group, and ZZZZ is the serial. The SSN **must** be nine digits in length and **cannot** be NULL.

AREA: The area cannot be all zeros. The area ranges from **001-587**, **589-649**, and **700-728**. The areas that have been allocated but have not yet been assigned include: **588**, **650**, **665**, **667-669**, and **750-763**. Area **666** does not exist. Code **999** is valid to identify instances in which two individuals are using the same SSN.

GROUP: The group cannot be all zeros; therefore, the group ranges from **01-99**.

SERIAL: The serial cannot be all zeros; therefore, the serial ranges from **00001-9999**.

- (5) **NAME:** Claim Date
SHORT NAME: clmdate
Field Type: Date (10)
Format: MM/DD/YYYY
Edits: Must be less than or equal to the batch ending date.
 Must be greater than **12/31/1985**.
 If Sample Type = 3 or 4, and Claim Type = 0, can be "02/02/0002", Not Applicable.
 For all Sample Types, if Claim Type = 1, 2, 3, 4, or 5, Claim Date *cannot* = 02/02/0002".

- (6) **NAME:** Claim Type
SHORT NAME: clmtype
Field Type: Smallint
Edits: Must be 0-5.
 Claim Type cannot be NULL.

- (7) **NAME:** State
SHORT NAME: state
Field Type: Character (2)

STATE CODE	STATE NAME	STATE CODE	STATE NAME	STATE CODE	STATE NAME
AL	Alabama	LA	Louisiana	OK	Oklahoma
AK	Alaska	ME	Maine	OR	Oregon
AZ	Arizona	MD	Maryland	PA	Pennsylvania
AR	Arkansas	MA	Massachusetts	PR	Puerto Rico
CA	California	MI	Michigan	RI	Rhode Island
CO	Colorado	MN	Minnesota	SC	South Carolina
CT	Connecticut	MS	Mississippi	SD	South Dakota
DE	Delaware	MO	Missouri	TN	Tennessee
DC	District of Columbia	MT	Montana	TX	Texas
FL	Florida	NE	Nebraska	UT	Utah
GA	Georgia	NV	Nevada	VT	Vermont
HI	Hawaii	NH	New Hampshire	VA	Virginia
ID	Idaho	NJ	New Jersey	VI	Virgin Islands
IL	Illinois	NM	New Mexico	WA	Washington
IN	Indiana	NY	New York	WV	West Virginia
IA	Iowa	NC	North Carolina	WI	Wisconsin
KS	Kansas	ND	North Dakota	WY	Wyoming

KY	Kentucky	OH	Ohio	
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- (8) **NAME:** Local Office
SHORT NAME: locoff
Field Type: Character (4)
Edits: The edits of this field are state dependent. Specifically, the values used for validation can be derived from **uidb.b_qcslo.lo_id**.
- (9) **NAME:** Investigator Identification
SHORT NAME: invid
Field Type: Smallint (2)
Edits: The edits of this field are state dependent. Specifically, the values used for validation can be derived from **uidb.b_uaf.id**.
- (10) **NAME:** Primary Method Claimant Information Obtained
SHORT NAME: methinfoobt
Field Type: Character (2)
First position is reserved for minus sign.
Edits: Must be 1, 2, 3, or -1.
Must be -2 if 90 - Action Flag is 8.
- (11) **NAME:** U.S. Citizen
SHORT NAME: citizen
Field Type: Character (2)
First position is reserved for minus sign.
Edits: Must be 1, 2, 3, or -1.
Can be -2 if 90-Action Flag is 8.
- (12) **NAME:** Date of Birth
SHORT NAME: dob
Field Type: Date (MM/DD/YYYY)
Edits: Must be 1900 ~ Current.
Cannot be later than 24-Benefit Year Beginning.
Can be "01/01/0001".
Can be "02/02/0002" if 90-Action Flag is 8.
- (13) **NAME:** Gender
SHORT NAME: gender
Field Type: Character (2)
Edits: Must be 1, 2, or -1.
Can be -2 if 90-Action Flag is 8.

- (14) NAME:** Race / Ethnic Classification
SHORT NAME: ethnic
Field Type: Character (2)
Edits: Must be a valid code from the table below.
 Can be 99.
 Can be -2 if 90-Action Flag is 8

FIRST POSITION →	0 - Not Hispanic or Latino	1 - Hispanic or Latino	9 - Ethni city Unkn own
SECOND POSITION ↓			
1 - White	01	11	91
2 - Black or African American	02	12	92
3 - Asian	03	13	93
4 - American Indian or Alaska Native	04	14	94
5 - Native Hawaiian or Other Pacific Islander	05	15	95
6 - Multiple Categories Reported	06	16	96
9 - Race Unknown	09	19	99

- (15) NAME:** Education
SHORT NAME: educ
Field Type: Character (2)
Edits: Must be 00, 01 to 12, 14 to 16, 20, or -1.
 Can be -2, if 90-Action Flag is 8.
- (16) NAME:** Vocational or Technical School Training
SHORT NAME: voctech
Field Type: Character (2)
 First position is reserved for minus sign
Edits: Must be 1, 2, 3, -1, or -2.
 Must be -2, if 90-Action Flag is 8.
- (17) NAME:** Training Status
SHORT NAME: trainstat
Field Type: Character (2)
Edits: Must be 00, 11 to 14, 21 to 24, -1, or -2.
 Must be -2 if 90-Action Flag is 8.

(18) NAME: Occupation Code for Usual Job

SHORT NAME: usualocc

Field Type: Character (3)

Edits: The first two digits must be a valid code from the table below.
Must be -2 if 90-Action Flag is 8.

Code	SOC Major Group	Code	SOC Major Group
11	Management Occupations	35	Food Preparation and Serving Related Occupations
13	Business and Financial Operations Occupations	37	Building and Grounds Cleaning and Maintenance Occupations
15	Computer and Mathematical Occupations	39	Personal Care and Service Occupations
17	Architecture and Engineering Occupations	41	Sales and Related Occupations
19	Life, Physical, and Social Science Occupations	43	Office and Administrative Support Occupations
21	Community and Social Services Occupations	45	Farming, Fishing, and Forestry Occupations
23	Legal Occupations	47	Construction and Extraction Occupations
25	Education, Training, and Library Occupations	49	Installation, Maintenance, and Repair Occupations
27	Arts, Design, Entertainment, Sports, and Media Occupations	51	Production Occupations
29	Healthcare Practitioners and Technical Occupations	53	Transportation and Material Moving Occupations
31	Healthcare Support Occupations	55	Military Specific Occupations
33	Protective Service Occupations		

(19) NAME: Occupation Code (Seeking Work)

SHORT NAME: seekocc

Field Type: Character (3)

Edits: The first two digits must be a valid code from the table in 18-Occupation Code for Usual Job.

Must be -2 if 90-Action Flag is 8.

(20) NAME: Normal Hourly Wage, Usual Job

SHORT NAME: ushrwage

Field Type: Money (5,2).

Edits: Must be in the Must be within the validation range set by SWA.
Must be -2 if 90-Action Flag is 8.

(21) NAME: Lowest Acceptable Hourly Wage

SHORT NAME: lohrwage

Field Type: Money (5,2).

Edits: Must be in the Must be within the validation range set by SWA.
Must be -2 if 90-Action Flag is 8.

BENEFIT YEAR INFORMATION

- (22) **NAME:** Program Code
SHORT NAME: program
Field Type: Character (1)
Edits: Must be 1 to 8
- (23) **NAME:** Combined Wage Claim
SHORT NAME: cwc
Field Type: Numeric (1)
Edits: Must be 1 to 6.
Cannot be 1 or 4 if 44-BP Emps. Before is 1.
- (24) **NAME:** Benefit Year Beginning
SHORT NAME: byb
Field Type: Date (MM/DD/YYYY or MMDDYYYY)
Edits: Cannot be less than "01/01/1980".
Can be "02/02/0002".
Must be "02/02/0002" if 90-Action Flag is 8.
Must be earlier than or equal to the Batch Ending Date and be greater than or equal to the Batch Ending Date minus 731 days, if Claim Date is "02/02/0002".
Must be earlier than or equal to compensable week ending date if Claim Date is not "02/02/0002".
Cannot be more than 731 days prior to the Claim Date if Claim Date is not "02/02/0002".
Cannot be earlier than 12-Date of Birth.
- (25) **NAME:** Initial (New/Additional) Claim Filing Method
SHORT NAME: icfilmeth
Field Type: Character (2)
First position is reserved for minus sign.
Edits: Must be 1 to 6, -1, or -2.
Must be -2 if 90-Action Flag is 8.
Stamp Edits: Must be 1 to 6, or NULL.
- (26) **NAME:** Benefit Rights Given
SHORT NAME: bri
Field Type: Character (4)
Edits: Must be a combination of 0 through 4, -1, or -2.
Must be -2 if 90-Action Flag is 8.

(27) NAME: Industry Code of Primary Base Period Employer

SHORT NAME: priemptic

Field Type: Character (4)

Edits: First two positions of code must be a valid two-digit NAICS code defined below.

Must be -2 if 90-Action Flag is 8.

11	Agriculture, Forestry, Fishing, Hunting	53	Real Estate, Rental and Leasing
21	Mining	54	Professional, Scientific, and Technical Services
22	Utilities	55	Management of Companies and Enterprises
23	Construction	56	Administrative Support, Waste Management and Remediation Services
31-33	Manufacturing	61	Education Services
42	Wholesale Trade	62	Health Care and Social Assistance
44-45	Retail Trade	71	Arts, Entertainment and Recreation
48-49	Transportation and Warehousing	72	Accommodation and Food Services
51	Information	81	Other Services (except Public Administration)
52	Finance and Insurance	92	Public Administration

(28) NAME: Industry Code of Last Employer

SHORT NAME: lastempic

Field Type: Character (4)

Edits: First two positions of code must be a valid two-digit NAICS code defined in 27- Industry Code of Primary Base Period Employer.

Must be -2 if 90-Action Flag is 8.

(29) NAME: Method for Filing Week Claimed

SHORT NAME: wkfilmeth

Field Type: Character (2)

First position is reserved for minus sign.

Edits: Must be 0 to 6, -1, or -2.

Must be -2 if 90-Action Flag is 8.

Stamp Edits: Must be 1 to 6, or NULL.

(30) NAME: Original Amount Paid and/or Offset for Denial Period / Week

SHORT NAME: origamtpd

Field Type: Money (5,0)

Edits: Can be 0.

Must be -2 if 90-Action Flag is 8.

Must be less than or equal to 35-MBA Before.

30-Orig Amt Paid + 69-Earn Deduct Before + 73-Other Income
Deductions Before

must be less than or equal to 35-MBA Before.

(31) NAME: Number of Weeks Denied Before Investigation

SHORT NAME: wksdenbef

Field Type: Numeric (2)

Edits: Must be 0 to 52 (or 53), 99, or -2.
Must be -2 if 90-Action Flag is 8.

(32) NAME: Number of Weeks Denied After Investigation

SHORT NAME: wksdenaft

Field Type: Numeric (2)

Edits: Must be 0 to 52 (or 53), 99, or -2.
Must be -2 if 90-Action Flag is 8.

(33) NAME: Weekly Benefit Amount (WBA) Before Investigation

SHORT NAME: wbabef

Field Type: Money (3,0)

Edits: Must be in the Must be within the validation range set by SWA.
Can be 0.
Must be -2 if 90-Action Flag is 8.
Must be 0 if 44-BP Emps Before = 0.
Must be less than or equal to 35-MBA Before.

(34) NAME: Weekly Benefit Amount (WBA) After Investigation

SHORT NAME: wbaaft

Field Type: Money (3,0)

Edits: Must be in the Must be within the validation range set by SWA.
Can be 0.
Must be -2 if 90-Action Flag is 8.
Must be 0 if 45-BP Emps After = 0.
Must be less than or equal to 36-MBA After.

(35) NAME: Maximum Benefit Amount (MBA) Before Investigation

SHORT NAME: mbabef

Field Type: Money (5,0)

Edits: Must be in the Must be within the validation range set by SWA.
Can be 0.
Must be -2 if 90-Action Flag is 8.
Must be greater than the Remaining Balance (RB) as of Date of Determination / Compensable Week Ending Date, Before Investigation..
Must be greater than or equal to 33-WBA Before.

(36) NAME: MBA After Investigation

SHORT NAME: mbaaft

Field Type: Money (5,0)

Edits: Must be in the Must be within the validation range set by SWA.

Can be 0.

Must be -2 if 90-Action Flag is 8.

Must be 0 if 45-BP Emps After is 0.

MONETARY INFORMATION

- (42) NAME:** Reason for Monetary Denial Before Investigation
SHORT NAME: monstatbef
Field Type: Character (2)
Edits: Must be 10 to 59.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
- (43) NAME:** Reason for Monetary Denial After Investigation
SHORT NAME: monstataft
Field Type: Character (2)
Edits: Must be 10 to 59.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
- (44) NAME:** Number of Base Period Employers Before Investigation
SHORT NAME: bpempbef
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
 Can be zero (0).
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
- (45) NAME:** Number of Base Period Employers After Investigation
SHORT NAME: bpempaft
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
 Can be zero (0).
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
34-WBA After, 36-MBA After, and 47-BP Wages After must be 0 if 45-BP Emps After is 0.
49-HQ Wages After, 51-Wks Worked After, 53-Depend After and 55-Depend Allow After must be 0 or -2 if 45-BP Emps After is 0.
- (46) NAME:** Base Period Wages Before Investigation
SHORT NAME: bpwbef
Field Type: Money (6,0)
Edits: Must be within the validation range set by SWA.
 Can be 0.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
 Must be greater than or equal to 48-HQ Wages Before.

- (47) NAME:** Base Period Wages After Investigation
SHORT NAME: bpwaft
Field Type: Money (6,0)
Edits: Must be within the validation range set by SWA.
 Can be 0.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
 Must be 0 if 45-BP Emps After is 0.
 Cannot be 0 if 45-BP Emps After is greater than 0.
 Must be greater than or equal to 49-HQ Wages After.
- (48) NAME:** High Quarter Wages Before Investigation
SHORT NAME: hqwbef
Field Type: Money (5,0)
Edits: Must be within the validation range set by SWA.
 Can be 0, -1, or -2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
 Must be greater than 0 if 46-BP Wages Before is greater than 0.
 Must be less than or equal to 46-BP Wages Before.
- (49) NAME:** High Quarter Wages After Investigation
SHORT NAME: hqwaft
Field Type: Money (5,0)
Edits: Must be within the validation range set by SWA.
 Can be 0, -1, or -2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
 Must be 0 or -2 if 45-BP Emps After is 0.
 Cannot be 0 if 47-BP Wages After is not 0.
 Must be less than or equal to 47-BP Wages After.
- (50) NAME:** Number of Weeks Worked in BP Before Investigation
SHORT NAME: bpwksbef
Field Type: Numeric (3)
Edits: Must be within the validation range set by SWA.
 Can be -2 if not required by state law for eligibility.
 Must be greater than 0 or -2 if 44-BP Emps Before is greater than 0 and
46-BP Wages Before is greater than 0.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
Stamp Edits: Must be 0 to 53, -2, or NULL.

- (51) NAME:** Number of Weeks Worked in BP After Investigation
SHORT NAME: bpwksaft
Field Type: Numeric (3)
Edits: Must be within the validation range set by SWA.
 Can be -2 if not required by state law for eligibility.
 Must be 0 or -2 if 45-BP Emps After is 0.
 Must be greater than 0 or -2 if 45-BP Emps After is greater than 0 and 47-BP Wages After is greater than 0.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
Stamp Edits: Must be 0 to 53, -2, or NULL.
- (52) NAME:** Number of Dependents Claimed Before Investigation
SHORT NAME: depbef
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
 Must be 0 if 54-Depend Allow Before is 0.
 Cannot be 0 if 54-Depend Allow Before is 0.
 Must be -2 if 54-Depend Allow Before is -2.
 Cannot be -2 if 54-Depend Allow Before is -2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
Stamp Edits: Must -2 or NULL.
 If 52-Depend Before is set to -2 or NULL then 53-Depend After, 54-Depend Allow Before, and 55-Depend Allow After will be set to -2 or NULL respectively.
- (53) NAME:** Number of Dependents Claimed After Investigation
SHORT NAME: depaft
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
 Must be 0 or -2 if 45- BP Emps After is 0.
 Must be 0 if 55-Depend Allow After is 0.
 Cannot be 0 if 55-Depend Allow After is not 0.
 Must be -2 if 55-Depend Allow After is -2.
 Cannot be -2 if 55-Depend Allow After is not equal to -2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 3 or 4.
Stamp Edits: Must -2 or NULL.
 If 53-Depend After is set to -2 or NULL then 52-Depend Before, 54-Depend Allow Before, and 55-Depend Allow After will be set to -2 or NULL respectively.

(54) NAME: Dependents' Allowance Before Investigation

SHORT NAME: allowbef

Field Type: Money (3,0)

Edits: Must be within the validation range set by SWA.

Must be less than 33-WBA Before except for Alaska (AK)

Must be 0 if 52-Depend Before is 0.

Cannot be 0 if 52-Depend Before is greater than 0.

Must be -2 if 52-Depend Before is -2.

Cannot be -2 if 52-Depend Before is not equal to -2.

Must be -2 if 90-Action Flag is 8.

Must -2 if Sample Type is 3 or 4.

Stamp Edits: Must -2 or NULL.

If 54-Depend Allow Before is set to -2 or NULL then 52-Depend Before,

NULL 53-Depend After, and 55-Depend Allow After will be set to -2 or respectively.

(55) NAME: Dependents' Allowance After Investigation

SHORT NAME: allowaft

Field Type: Money (3,0)

Edits: Must be within the validation range set by SWA.

Must be less than 34-WBA After except for Alaska (AK)

Must be 0 or -2 if 45-BP Emps After is 0.

Must be 0 if 53-Depend After is 0.

Cannot be 0 if 53-Depend After is not 0.

Must be -2 if 53-Depend After is -2.

Cannot be -2 if 53-Depend After is not equal to -2.

Must be -2 if 90-Action Flag is 8.

Must -2 if Sample Type is 3 or 4.

Stamp Edits: Must -2 or NULL.

If 55-Depend Allow After is set to -2 or NULL then 52-Depend Before,

NULL 53-Depend After, and 54-Depend Allow Before will be set to -2 or respectively.

(56) NAME: Monetary Redetermination

SHORT NAME: monredet

Field Type: Character (2)

First position is reserved for minus sign.

Edits: Must be 1, 2 or -2.

Must be -2 if 90-Action Flag is 8.

Must -2 if Sample Type is 3 or 4.

SEPARATION INFORMATION

- (57) NAME:** Separation Issue Number
SHORT NAME: sepnum
Field Type: Numeric
Edits: Must be 0 to 99 or -2.
Default value is 0.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 4.
- (58) NAME:** Reason for Separation Determination Before Investigation
SHORT NAME: sepbef
Field Type: Character (2)
Edits: Must be 10 to 69.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 4.
- (59) NAME:** Reason for Separation After Investigation
SHORT NAME: sepaft
Field Type: Character (2)
Edits: Must be 00 to 69.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 4.
- (60) NAME:** Date of Separation Before Investigation
SHORT NAME: sepdatebef
Field Type: Date (MM/DD/YYYY or MMDDYYYY)
Edits: Cannot be less than "01/01/1900".
Must be less than or equal to 5-Claim Date plus 14 days, and greater than or equal to
5-Claim Date minus 731 days if 5-Claim Date is not "02/02/0002".
Must be less than or equal to the Batch Week Ending Date and greater than or equal to the Batch Week Ending Date minus 731 days if 5-Claim Date is "02/02/0002".
Can be "01/01/0001".
Must be "02/02/0002" if 90-Action Flag is 8.
Must "02/02/0002" if Sample Type is 2 or 4.

(61) NAME: Date of Separation After Investigation

SHORT NAME: sepdateaft

Field Type: Date (MM/DD/YYYY or MMDDYYYY)

Edits: Cannot be less than "01/01/1900".

Must be less than or equal to 5-Claim Date plus 14 days, and greater than or equal to

5-Claim Date minus 731 days if 5-Claim Date is not "02/02/0002".

Must be less than or equal to the Batch Week Ending Date and greater than or equal to the Batch Week Ending Date minus 731 days if 5-Claim Date is "02/02/0002".

Can be "01/01/0001".

Must be "02/02/0002" if 90-Action Flag is 8.

Must be "02/02/0002" if Sample Type is 2 or 4.

Must be "02/02/0002" if 59-Reason Sep. After = "00" series.

NONSEPARATION INFORMATION

- (62) **NAME:** Nonseparation Issue Number
SHORT NAME: sepnum
Field Type: Numeric
Edits: Must be 0 to 99 or -2.
Default value is 0.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (63) **NAME:** Reason for Nonseparation Determination Before Investigation
SHORT NAME: nonsepbf
Field Type: Character (2)
Edits: Must be 10 to 79.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (64) **NAME:** Reason for Nonseparation Determination After Investigation
SHORT NAME: nonsepaf
Field Type: Character (2)
Edits: Must be 00 to 79.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (65) **NAME:** Recall Status Before Investigation
SHORT NAME: rclstatbf
Field Type: Character (2)
Edits: Must be 0, 1, 2, -1 or -2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (66) **NAME:** Recall Status After Investigation
SHORT NAME: rclstataf
Field Type: Character (2)
Edits: Must be 0, 1, 2, -1 or -2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.

- (67) NAME:** Total Earnings for Week(s) Before Investigation
SHORT NAME: toearnbef
Field Type: Money (4,0)
Edits: Can be 0 or -2.
69-Earn Deduct Before must be 0 if 67-Earnings Before is 0.
 Must be greater than or equal to 69-Earn Deduct Before.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (68) NAME:** Total Earnings for Week(s) After Investigation
SHORT NAME: toearnaft
Field Type: Money (4,0)
Edits: Can be 0 or -2.
 Must be greater than or equal to 70-Earn Deduct After.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (69) NAME:** Earnings Deduction for Week(s) Before Investigation
SHORT NAME: earndedbef
Field Type: Money (4,0)
Edits: Can be -2.
 Cannot exceed: 33-WBA Before x 31-No. Wks Denied Before.
 Must be 0 if 67-Earnings Before is 0.
 Must be less than or equal to 67-Earnings Before
30-Orig Amt Paid + 69-Earn Deduct Before + 73-Other Income
Deduct Before must be less than or equal to 35-MBA Before.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (70) NAME:** Earnings Deduction for Week(s) After Investigation
SHORT NAME: earndedaft
Field Type: Money (4,0)
Edits: Cannot exceed: 34-WBA After x 32-No. Wks Denied After.
 Must be 0 if 68-Earnings After is 0.
 Must be less than or equal to 68-Earnings After.
70-Earn Deduct After + 74-Other Income Deduct After must be less
 than or equal to 36-MBA After.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.

- (71) NAME:** Total Other Deductible Income for Week(s) Before Investigation
SHORT NAME: othdedincbef
Field Type: Money (6,0)
Edits: Can be 0 or -2.
73-Other Income Deduct Before must be 0 if 71-Other Deduct Inc Before is 0.
 Must be greater than or equal to 73-Other Income Deduct Before.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (72) NAME:** Total Other Deductible Income for Week(s) After Investigation
SHORT NAME: othdedincaft
Field Type: Money (6,0)
Edits: Can be 0 or -2.
74-Other Income Deduct After must be 0 if 72-Other Deduct Inc After is 0.
 Must be greater than or equal to 74-Other Income Deduct After.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (73) NAME:** Other Income Deductions for Week(s) Before Investigation
SHORT NAME: othdedsbef
Field Type: Money (5,0)
Edits: Can be 0.
 Cannot exceed 33-WBA Before x 31-No Wks Denied Before.
 Must be 0 if 71-Other Deduct Inc Before is 0.
 Must be less than or equal to 71-Other Deduct Inc Before.
 Must be greater than or equal to 73-Other Income Deduct Before.
30-Orig Amt Paid + 69-Earn Deduct Before + 73-Other Income Deduct Before
 must be less than or equal to 35-MBA Before.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (74) NAME:** Other Income Deductions for Week(s) After Investigation
SHORT NAME: othdedsaft
Field Type: Money (5,0)
Edits: Can be 0.
 Cannot exceed 34-WBA After x 32-No Wks Denied After.
 Must be 0 if 72-Other Deduct Inc After is 0.
 Must be less than or equal to 72-Other Deduct Inc After.
70-Earn Deduct After + 74-Other Income Deduct After must be less than or equal to 36-MBA After.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.

- (75) NAME:** Work Search Requirements
SHORT NAME: wsreq
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Can be 0, -1 or -2.
Must be -2 if 75-WS Requirement is -2.
Cannot be -2 if 75-WS Requirement is 1.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be -2 or NULL.
Cannot be -2 if 75-WS Requirement 1.
- (76) NAME:** Number of Job Contacts Listed
SHORT NAME: jobcon
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Can be 0, -1 or -2.
Must be -2 if 75-WS Requirement is -2.
Cannot be -2 if 75-WS Requirement is 1.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be -2 or NULL.
Cannot be -2 if 75-WS Requirement is 1.
- (77) NAME:** Number of Job Contacts Made Prior to the Denial Period but Used to Satisfy Work Search Requirements for the Denial Period
SHORT NAME: prjobcon
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Can be 0, -1 or -2.
Must be -2 if 75-WS Requirement is -2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be -2 or NULL.

- (78) NAME:** Number of Work Search Contacts Investigated for Eligibility
SHORT NAME: wsconinv
Field Type: Numeric (2)
Edits: Can be 0 or -2.
 Must be -2 if 75-WS Requirement is -2.
 Must be -2 if 76-Contacts and 77-Prior Contacts are less than 0.
 Must be less than or equal to 76-Contacts if 77-Prior Contacts are less than 0.
 Must be less than or equal to 77-Prior Contacts if 76-Contacts is less than 0.
 Must be less than or equal to the total of 76-Contacts and 77-Prior Contacts.
 Must be equal to the total of: 79-Contacts Acc + 80-Contacts Unacc + 81-Contacts Unver.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be 0, -2 or NULL.
- (79) NAME:** Number of Acceptable Work Search Contacts
SHORT NAME: wsconok
Field Type: Numeric (2)
Edits: Can be -2.
 Must be -2 if 75-WS Requirement is -2.
 Must be -2 if 78-Contacts Inv is -2.
 Cannot be -2 if 78-Contacts Inv is not -2.
 Must be 0 if 78-Contacts Inv is 0.
 Must be less than or equal to 78- Contacts Inv.
79-Contacts Acc + 80-Contacts Unacc + 81-Contacts Unver. must be equal
 to 78- Contacts Inv.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (80) NAME:** Number of Unacceptable Work Search Contacts
SHORT NAME: wsconnotok
Field Type: Numeric (2)
Edits: Can be -2.
 Must be -2 if 75-WS Requirement is -2.
 Must be -2 if 78-Contacts Inv is -2.
 Cannot be -2 if 78-Contacts Inv is not -2.
 Must be 0 if 78-Contacts Inv is 0.
 Must be less than or equal to 78- Contacts Inv.
79-Contacts Acc + 80-Contacts Unacc + 81-Contacts Unver. must be equal
 to 78- Contacts Inv.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.

- (81) NAME:** Number of Work Search Contacts for the Denial Period that Could Not Be Verified as Either Acceptable or Unacceptable
SHORT NAME: wsconunver
Field Type: Numeric (2)
Edits: Can be -2.
 Must be -2 if 75-WS Requirement is -2.
 Must be -2 if 78-Contacts Inv is -2.
 Cannot be -2 if 78-Contacts Inv is not -2.
 Must be 0 if 78-Contacts Inv is 0.
 Must be less than or equal to 78- Contacts Inv.
79-Contacts Acc + 80-Contacts Unacc + 81-Contacts Unver. must be equal to 78- Contacts Inv.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
- (82) NAME:** Labor Exchange Registration Required
SHORT NAME: jsregreq
Field Type: Numeric (2)
Edits: Must be 1 to 4 or -2.
84-LE Deferred must be -2 if 82-LE Reg Req is 1, 3 or 4.
84-LE Deferred must be 1 to 7 if 82-LE Reg Req is 2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be 1 to 4, -2 or NULL.
- (83) NAME:** Actively / Currently Registered with Labor Exchange as of Determination Under Investigation
SHORT NAME: jsreg
Field Type: Numeric (2)
Edits: Must be 1 to 4 or -2.
85-LE Referrals cannot be -2 if 83-LE Reg/Services is 1.
85-LE Referrals must be -2 if 83-LE Reg/Services is 2.
85-LE Referrals must be 0 if 83-LE Reg/Services is 4.
 Must be -2 if 82-LE Reg Req is -2.
 Must be -2 if 90-Action Flag is 8.
 Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be 1, -2 or NULL.

- (84) NAME:** Reason Labor Exchange Registration Deferred
SHORT NAME: jsregdef
Field Type: Numeric (2)
Edits: Can be 1 to 7 or -2.
Must be -2 if 82-LE Reg Req is 1 or -2.
Must be 1 to 7 if 82-LE Reg Req is 2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
Stamp Edits: Must be -2 or NULL.
- (85) NAME:** Number of Labor Exchange Referrals
SHORT NAME: jsref
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Can be -1 or -2.
Cannot be -2 if 83-LE Reg/Services is 1.
Can be 0 only if 83-LE Reg/Services is 1.
Must be -2 if 83-LE Reg/Services is -2.
Must be -1 if 83-LE Reg/Services is -1.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (86) NAME:** Registered with Private Employment Agency
SHORT NAME: privagreg
Field Type: Numeric (2)
Edits: Must be 1, 2, -1 or -2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (87) NAME:** Number of Private Employment Agency Referrals
SHORT NAME: privagref
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Cannot be -2 if 86-Regis Priv Agency is 1.
Must be -2 if 86-Regis Priv Agency is 2.
Must be -1 if 86-Regis Priv Agency is -1.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.

- (88) NAME:** Union Referral Status
SHORT NAME: unrefstat
Field Type: Numeric (2)
Edits: Must be 0 to 3, -1 or -2.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.
- (89) NAME:** Number of Union Referrals
SHORT NAME: unref
Field Type: Numeric (2)
Edits: Must be within the validation range set by SWA.
Can be -2.
Must be -2 if 88-Union Referral Status is 0,2 or 3.
Must be -1 if 88-Union Referral Status is -1.
Can be 0 only if 88-Union Referral Status is 1.
Cannot be -2 if 88-Union Referral Status is 1.
Must be -2 if 90-Action Flag is 8.
Must -2 if Sample Type is 2 or 3.

CASE ACTION INFORMATION

- (90) NAME:** Action Code Flag
SHORT NAME: actflag
Field Type: Numeric (1)
Edits: Must be 0, 1, 2, 3, 8 or 9.
Can be zero (0).
If 90-Action Flag is 0 Sample Type must be Monetary (2) and 22-Program must be 2, 3, 4, 5, 6 or 7 OR 23-CWC must be 1, 3, 4 or 6.
Neither 22-Program nor 23-CWC can be NULL when 90-Action Flag is 8.
- (91) NAME:** Initial Determination Appealed
SHORT NAME: detapp
Field Type: Numeric (1)
Edits: Must be 0 to 3 or -2.
92-Results of Appeal of Initial Det must be 0 if 91-Initial Det Appealed is 0.
92-Results of Appeal of Initial Det must be 1 to 6 if 91-Initial Det Appealed is 1, 2 or 3.
- (92) NAME:** Results of Appeal of Initial Determination
SHORT NAME: aprslt
Field Type: Numeric (1)
Edits: Must be 0 to 6 or -2.
91-Initial Det Appealed must be 0 if 92-Results of Appeal of Initial Det is 0.
91-Initial Det Appealed must be 1 to 3 if 92-Results of Appeal of Initial Det is 1 or 6.
91-Initial Det Appealed must be -2 if 92-Results of Appeal of Initial Det is -2.
- (93) NAME:** Investigation Completed
SHORT NAME: invcomp
Field Type: Character (1)
Edits: Must be 1.
No DCI field can be NULL.
Claim Type cannot be 0 when claim date is 02/02/0002 for Sample Type 2 cases.
Claim Type cannot be greater than 0 when claim date is 02/02/0002
- (94) NAME:** Date Investigator Completed Case
SHORT NAME: invcompdate
Field Type: Date (MM/DD/YYYY or MMDDYYYY)

- (95) **NAME:** Supervisory Review Completed
SHORT NAME: suprevcomp
Field Type: Character (1)
Edits: Must be 0 or 1.
Will be allowed only if 93-Inv Completed is 1.
- (96) **NAME:** Date Supervisor Completed Case
SHORT NAME: supcompdate
Field Type: Date (MM/DD/YYYY or MMDDYYYY)
- (97) **NAME:** Supervisor Login
SHORT NAME: supvid
Field Type: Character (8)

ERROR ISSUE INFORMATION**(98) NAME:** Dollar Amount of Error**SHORT NAME:** totamt**Field Type:** Money (5,0)**Edits:** Can be 0.Must be 0 if 99-Action Code is 24.Cannot exceed state Maximum Benefit Amount (MBA) + state
Maximum Dependents Allowance (b-vallim.max-val[mbaaft] +
b-vallim.max-val[allowaft]).**(99) NAME:** Error Issue Action Code**SHORT NAME:** action**Field Type:** Character (2)**Edits:** Must be 10-16, 20-24 or 30.100-Cause must be 700-709 if 99-Action Code is 30.100-Cause must be 710-729 if 99-Action Code is 24.Cannot be 14 if 75-WS Requirement is -2.**(100) NAME:** Error Cause**SHORT NAME:** cause**Field Type:** Character (3)**Edits:** Must be 100-159, 200-229, 300-329,400-489, 500-519, 600-639
or 700-729.Must be 420 if the 99-Action Code is 14.Must be 700-709 if 99-Action Code is 30.Must be 710-719 if 99-Action Code is 24.Must be 720-729 if 99-Action Code is 24 and Sample Type is 3 or 4.Must be 420 if 75-WS Requirement is -2.**(101) NAME:** Error responsibility**SHORT NAME:** resp**Field Type:** Character (4)**Edits:** Cannot have an Employer Responsibility entry if 104-Prior Employer
Action has a series code of 70.Must have an Agency Responsibility entry 103-Prior Agency Action has
a series code of 30,40, 50 or 80.**(102) NAME:** Error Detection Point**SHORT NAME:** detectpt**Field Type:** Character (2)**Edits:** Must be 10 to 99.

- (103) NAME:** Prior Agency Action
SHORT NAME: agact
Field Type: Character (2)
Edits: Must be 10 to 99.
Cannot have a series entry of 30, 40, or 50 if 101-Responsibility does not have an Agency Responsible entry (3).
- (104) NAME:** Prior Employer Action
SHORT NAME: empact
Field Type: Character (2)
Edits: Must be 10 to 79.
Cannot have a series entry of 70 if 101-if 101-Responsibility has an Employer Responsibility Code (2).
- (105) NAME:** DCA Action Appealed
SHORT NAME: actapp
Field Type: Character (2)
Edits: Must be 10 to 79.
- (106) NAME:** DCA Prior Claimant Action
SHORT NAME: clmtact
Field Type: Character (2)
Edits: Must be 10 to 69.

MASTER DATA PICK UP TABLE (b-dca-master)

FIELD NAME: Master Table Data Pick Up Flag

SHORT NAME: data-pickup-flag

Description: The data pickup flag is used by the data pickup program. The field value is stamped automatically by any module that permits record updating. During its nightly execution, the data pickup program looks for any record that is time-stamped greater than the previous night's stamp. After execution, the current date time stamp is held by a data pickup data file located in **/opt/bqc/data**.

Field Type: Date time (YYYY-MM-DD hh:mm:ss where "YYYY" is the year, "MM" is the month, "DD" is the day, "hh" is the hour, "mm" is the minute and "ss" is the second.

FIELD NAME: Case Modification User Identification Number

SHORT NAME: lockid

Description: The user identification number of the person currently updating/modifying a selected case. This data field will only be filled while the user is working on the selected case. It will be set to NULL when the user releases the case.

Field Type: Numeric (2)

ERROR ISSUE TABLE (b-dca-errisu)

Data elements in the Error Issue table will be completed when the "Action Code Flag" in the **b-dca-master** table equals "9")

FIELD NAME: Batch Number

SHORT NAME: batch

Description: Enter number provided as output from Mainframe computer program that selects all sample cases - indicates calendar year (YYYY) and week (WW).

Field Type: Numeric (YYYYWW)

Edits: YYYY must be greater than or equal to 1985.
WW must be between 01 and 52, inclusive.
Exception: For leap years WW is between 01 and 53.
Batch number may never be NULL.

FIELD NAME: Sequence Number

SHORT NAME: seq

Description: Enter number provided as output from computer program that selects all sample cases. This number indicates the sequence of case(s) selected within each activity. It is used to control access to a particular case.

Field Type: Numeric (2)

Edits: The sequence number cannot be NULL.
The sequence number values are from 01-99.

FIELD NAME: Sample Type

SHORT NAME: samptype

Description: Enter the code for the type of record selected or sampled.

Field Type: Numeric (1)

Edits: 1 = Benefit payment
2 = Monetary denial
3 = Nonmonetary/Separationissue denial
4 = Nonmonetary/Nonseparationissue denial
The sample type cannot be NULL.

FIELD NAME: Error Issue Index

SHORT NAME: index

Description: Internal index key entered by DCA software. The index field keeps track of how many error issues have been specified with respect to a specific case record.

Field Type: Numeric (5)

FIELD NAME: Error Issue Table Data Pick-up Flag

SHORT NAME: data-pickup-flag

Field Type: Date time (YYYY-MM-DD hh:mm:ss where "YYYY" is the year, "MM" is the month, "DD" is the day, "hh" is the hour, "mm" is the minute and "ss" is the second.

Comparison Table (b-dca-comparison)**FIELD NAME:** Batch Number**SHORT NAME:** batch**Description:** Enter number provided as output from BAMIDCA population edit and sample selection COBOL program that selects all sample cases - indicates calendar year (YYYY) and week (WW).**Field Type:** Date week (YYYY/WW or YYYYWW)**Edits:** YYYY must be greater than or equal to 1985.

WW must be between 01 and 52, inclusive.

Exception: For leap years WW is between 01 and 53.

Batch number may never be NULL.

FIELD NAME: Sample Type**SHORT NAME:** samptype**Description:** Enter the code for the type of record selected or sampled.**Field Type:** Numeric (1)**Edits:** 1 = Benefit payment

2 = Monetary denial

3 = Nonmonetary/separation issue denial

4 = Nonmonetary/Nonseparation issue denial

The sample type cannot be NULL.

FIELD NAME: Sample Size**SHORT NAME:** sampsize**Description:** Number of paid or denied UC claims in the sample.**Field Type:** Numeric (2)**Edits:** All numeric**FIELD NAME:** Population Size**SHORT NAME:** popsize**Description:** Number of paid or denied UC claims in the population (sampling frame).**Field Type:** Numeric (6)**Edits:** All numeric**FIELD NAME:** Male Sample**SHORT NAME:** malesamp**Description:** Number of males in the sample.**Field Type:** Numeric (2)**Edits:** All numeric

FIELD NAME: Male Population
SHORT NAME: malepop
Description: Number of males in the population.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Female Sample
SHORT NAME: femsamp
Description: Number of females in the sample.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Female Population
SHORT NAME: fempop
Description: Number of females in the population.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Missing Sample Gender
SHORT NAME: genmisssamp
Description: Number of cases in the sample where gender is unknown.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Missing Population Gender
SHORT NAME: genmissspop
Description: Number of cases in the population where gender is unknown.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: White Sample
SHORT NAME: whsamp
Description: Number in the sample whose race/ethnic code is "white"
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: White Population
SHORT NAME: whpop
Description: Number in the population whose race/ethnic code is "white".
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Non-white Sample
SHORT NAME: nonwhsamp
Description: Number in the sample whose race/ethnic code is not "white".
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Non-white Population
SHORT NAME: nonwhpop
Description: Number in the population whose race/ethnic code is not "white".
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Ethnic Missing in Sample
SHORT NAME: ethmissamp
Description: Number of cases in the sample where race/ethnic group is unknown.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Ethnic Missing in Population
SHORT NAME: ethmisspop
Description: Number of cases in the population where race/ethnic group is unknown.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age under 25 years in sample
SHORT NAME: ageund25samp
Description: Number of cases in the sample where age is less than 25.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age under 25 years in population
SHORT NAME: ageund25pop
Description: Number of cases in the population where age is less than 25.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age 25 - 34 in Sample
SHORT NAME: age25-34samp
Description: Number of cases in the sample where age is 25 to 34 inclusive.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age 25 - 34 in Population
SHORT NAME: age25-34pop
Description: Number of cases in the population where age is 25 to 34 inclusive.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age 35 - 44 in Sample
SHORT NAME: age35-44samp
Description: Number of cases in the sample where age is 35 to 44 inclusive.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age 35 - 44 in Population
SHORT NAME: age35-44pop
Description: Number of cases in the population where age is 35 to 44 inclusive.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age 45 - 64 in Sample
SHORT NAME: age45-64samp
Description: Number of cases in the sample where age is 45 to 64 inclusive.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age 45 - 64 in Population
SHORT NAME: age45-64pop
Description: Number of cases in the population where age is 45 to 64 inclusive.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age 65+ in Sample
SHORT NAME: age65oversamp
Description: Number of cases in the sample where age is 65 and over.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age 65+ in Population
SHORT NAME: age65overpop
Description: Number of case in the population where age is 65 and over.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Age unknown in Sample
SHORT NAME: agemisssamp
Description: Number of cases in the sample where age is missing.
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Age unknown in Population
SHORT NAME: agemissspop
Description: Number of cases in the population where age is missing.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: UI Program Codes within the Sample
SHORT NAME: uiprogssamp
Description: Number of cases in the sample that are UI Program Codes (1 - 4).
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: UI Program Codes within the Population
SHORT NAME: uiprogsppop
Description: Number of cases in the population that are UI Program Codes (1 - 4)
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Federal Program Codes within the Sample
SHORT NAME: fedprogsamp
Description: Number of cases in the sample that are federal Program Codes (5 - 7).
Field Type: Numeric (2)
Edits: All numeric

FIELD NAME: Federal Program Codes within the Population
SHORT NAME: fedprogppop
Description: Number of cases in the population that are federal Program Codes (5 - 7).
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Case Program Code Unknown in Sample
SHORT NAME: progmisssamp
Description: Number of cases in the sample in which the Program Codes are unknown.
Field Type: Numeric (2)

Edits: All numeric

FIELD NAME: Case Program Code Unknown in Population
SHORT NAME: progmisspop
Description: Number of cases in the population in which the Program Codes are unknown.
Field Type: Numeric (6)
Edits: All numeric

FIELD NAME: Comparison Table Data Pick Up Flag
SHORT NAME: data-pickup-flag
Description: The data pickup flag is used by the data pickup program. The field value is stamped automatically by any module that permits record updating. During its nightly execution, the data pickup program looks for any record that is time stamped greater than the previous night's stamp. After execution, the current date time stamp is held by a data pickup data file located in **/opt/bqc/data**.
Field Type: Date time (YYYY-MM-DD hh:mm:ss)

Case Assignment Table (b-dca-assigndate)**FIELD NAME:** Batch Number**SHORT NAME:** batch**Description:** Enter number provided as output from Mainframe computer program that selects all sample cases - indicates calendar year (YYYY) and week (WW).**Field Type:** Date week (YYYY/WW or YYYYWW)**Edits:** YYYY must be greater than or equal to 1985.

WW must be between 01 and 52, inclusive.

Exception: For leap years WW is between 01 and 53.

Batch number may never be NULL.

FIELD NAME: Sequence Number**SHORT NAME:** seq**Description:** Enter number provided as output from computer program that selects all sample cases. This number indicates the sequence of case(s) selected within each activity. It is used to control access to a particular case.**Field Type:** Numeric (2)**Edits:** The sequence number cannot be NULL.

The sequence number values are from 01-99.

FIELD NAME: Sample Type**SHORT NAME:** samptype**Description:** Enter the code for the type of record selected or sampled.**Field Type:** Numeric (1)**Edits:** 1 = Benefit payment

2 = Monetary denial

3 = Nonmonetary/separation issue denial

4 = Nonmonetary/Nonseparation issue denial

The sample type cannot be NULL.

FIELD NAME: Assigndate Index**SHORT NAME:** index**Description:** Internal index key entered by DCA software. The index field keeps track of how many times a case record was reassigned for modification.**Field Type:** Numeric (5)**FIELD NAME:** Assignment Date**SHORT NAME:** assigndate

Description: The assignment date records when the case was assigned or reassigned. The date is auto-stamped by the DCA software during assignment/reassignment.

Field Type: Date (MMDDYYYY)

FIELD NAME: Investigator Identification

SHORT NAME: invid

Description: The investigator identification field holds the numeric BAM/DCA ID of the investigator who was assigned the case. This number is derived from the User Authorization Table investigator field, **b-uaf.id**, and is auto-stamped by the DCA software during assignment/reassignment.

Field Type: Numeric (2)

FIELD NAME: Supervisor Identification

SHORT NAME: supid

Description: The supervisor identification field holds the numeric BAM/DCA ID of the supervisor who assigned the case to the investigator. This number is derived from the User Authorization Table, **b-uaf.qcs-id**, and is auto-stamped by the DCA software during assignment/reassignment.

Field Type: Numeric (2)

FIELD NAME: Assignment Flag

SHORT NAME: assignflag

Description: The assignment flag is a Boolean (true / false) value which specifies whether a case has been reassigned or not. The assignment flag is auto stamped by the DCA software during assignment/reassignment.

Field Type: Character (1)

Edits: 0 = The case has been assigned.

1 = The case has been reassigned.

FIELD NAME: Assignment Table Data Pick-up Flag

SHORT NAME: data-pickup-flag

Description: The data pickup flag is used by the data pickup program. The field value is stamped automatically by any module that permits record updating. During its nightly execution, the data pickup program looks for any record that is time stamped greater than the previous night's stamp. After execution, the current date time stamp is held by a data pickup data file located in **/opt/bqc/data**.

Field Type: Date time YYYY-MM-DD hh:mm:ss where "YYYY" is the year, "MM" is the month, "DD" is the day, "hh" is the hour, "mm" is the minute and "ss" is the second.

Reopen Case Table (b-dca-reopen)**FIELD NAME:** Batch Number**SHORT NAME:** batch**Description:** Enter number provided as output from Mainframe computer program that selects all sample cases - indicates calendar year (YYYY) and week (WW).**Field Type:** Date week (YYYY/WW or YYYYWW)**Edits:** YYYY must be greater than or equal to 1985.
WW must be between 01 and 52, inclusive.
Exception: For leap years WW is between 01 and 53.
Batch number may never be NULL.**FIELD NAME:** Sequence Number**SHORT NAME:** seq**Description:** Enter number provided as output from computer program that selects all sample cases. This number indicates the sequence of case(s) selected within each activity. It is used to control access to a particular case.**Field Type:** Numeric (2)**Edits:** The sequence number cannot be NULL.
The sequence number values are from 01-99.**FIELD NAME:** Sample Type**SHORT NAME:** samptype**Description:** Enter the code for the type of record selected or sampled.**Field Type:** Numeric (1)**Edits:** 1 = Benefit payment
2 = Monetary denial
3 = Nonmonetary/separation issue denial
4 = Nonmonetary/Nonseparation issue denial
The sample type cannot be NULL.**FIELD NAME:** Reopen Index**SHORT NAME:** index**Description:** Internal index key entered by DCA software. The index field keeps track of how many times a case record was reassigned for modification.**Field Type:** Numeric (5)

FIELD NAME: Reopen Case

SHORT NAME: reoptype

Description: Enter one of the following codes. Entries will automatically enter the current date in the next computer field.

3 = when SESA realizes an error is made and wishes to make corrections on the closed case.

4 = when an appeal decision requires changes on the closed case.

5 = when a change is needed as a result of a monitor review.

6 = when case is reopened pending further information.

Field Type: Numeric (1)

Edits: Must be "3", "4", "5", or "6".

FIELD NAME: Reopen Case Date

SHORT NAME: reopdate

Description: The current system date is auto stamped by the DCA software when the reopen type is 3,4, or 5.

Field Type: Date (MMDDYYYY)

FIELD NAME: Reopen Case Identification

SHORT NAME: reopid

Description: The login ID of the person performing the reopen function. This value will be auto stamped via the DCA software.

Field Type: Character (1)

FIELD NAME: Reopen Table Data Pick-up Flag

SHORT NAME: data-pickup-flag

Description: The data pickup flag is used by the data pickup program. The field value is stamped automatically by any module that permits record updating. During its nightly execution, the data pickup program looks for any record that is time stamped greater than the previous night's stamp. After execution, the current date time stamp is held by a data pickup data file located in **/opt/bqc/data**.

Field Type: Date time (YYYY-MM-DD hh:mm:ss where "YYYY" is the year, "MM" is the month, "DD" is the day, "hh" is the hour, "mm" is the minute and "ss" is the second).

Database Description

Naming Conventions

The DCA system utilizes the following naming conventions within the UI database:

- ◇ Each table will have a prefix of **b-dca-xxxx**. (The prefix's meaning is:

'b-' = Benefits Accuracy Measurement and
'dca-' = Denied Claims Accuracy.

- ◇ Each table will have the same base name as the BAM PCA accuracy tables.

The base names are:

comparison The data characteristics table provides aggregate sample and population data for several demographic data elements.

master The primary table that consists of base record information.

errisu The error issue table contains information on the cause, responsibility, point of detection, and other data elements for improper denials.

reopen The reopen table contains a record of any modification to a master record after the record has been closed by the supervisor.

assigndate The assignment table contains the investigator's case assignment information with respect to his/her master record.

Denials Tables

DENIED CLAIMS ACCURACY TABLES	
Table Name	Table Type
b-dca-comparison	Primary
b-dca-master	Primary
b-dca-errisu	Primary
b-dca-assigndate	Primary
b-dca-reopen	Primary

In addition to the five primary DCA tables, DCA utilizes additional tables also used by BAM paid claims

accuracy software: **b-uaf**, **b-qcslo**, **b-batch**, **b-cre**, and **b-vallim**. The DCA software utilizes the **g-states** generic table as well.

Primary Keys

FIELD	KEY	DEFINITION
batch	Primary	Batch identifies the year (YYYY) and week (WW) of the record. The format of the field is: YYYYWW.
seq	Primary	Primary Sequence Number identifies the record number within the batch by sample type. Range of values: 1 - 99. At least two (2) sample cases are required for each batch and sample type because of statistical validity requirements.
samptype	Primary	Sample Type identifies the specific record type within the batch. 1 - BAM paid claim 2 - Monetary denials 3 - Separation denials 4 - Nonmonetary nonseparation denials

Example: **batch** = 200003; **seq** = 3; **samptype** = 2 identifies the record as the third sampled monetary denied case within the third week of 2000.

Database Schema Master Table (b-dca-master-)

ssn char(9) not null constraint,
 clmdate date not null constraint,
 clmtype smallint,
 samptype smallint,
 batch integer not null constraint,
 seq smallint not null constraint,
 state char(2) not null constraint,
 locoff char(4) not null constraint,
 invid smallint,
 methinfoobt char(2),
 citizen char(2),
 educ char(2),
 voctech char(2),
 trainstat char(2),
 lastempsic char(4),
 usualocc char(3),
 ushrwage money(5,2),
 seekocc char(3),
 lohrwage money(5,2),
 dob date,
 gender char(2),
 ethnic char(2),
 program char(1),
 cwc smallint,
 byb date,
 icfilmeth char(2),
 bri char(4),
 sepbef char(2),
 sepaft char(2),
 sepdatebef date,
 sepdateaft date,
 nonsepbef char(2),
 nonsepaft char(2),
 rclstatbef char(2),
 rclstataft char(2),
 bpempbef smallint,
 bpempaft smallint,
 bpwbef money(6,0),
 bpwaft money(6,0),
 hqwbef money(5,0),
 hqwaft money(5,0),
 bpwksbef smallint,
 bpwksaft smallint,
 wbabef money(3,0),
 wbaaft money(3,0),
 mbabef money(5,0),
 mbaaft money(5,0),
 depbef smallint,
 depaft smallint,
 allowbef money(3,0),
 allowaft money(3,0),
 priempsic char(4),
 monredet char(1),
 balbef money(5,0),
 balaft money(5,0),
 monstatbef smallint,
 monstataft smallint,
 totearnbef money(4,0),
 totearnaft money(4,0),
 earndedbef money(4,0),
 earndedaft money(4,0),
 othdedincbef money(4,0),
 othdedincaft money(4,0),
 othdedsbef money(4,0),
 othdedsaft money(4,0),
 wkfilmeth char(2),
 origamtpd money(5,0),
 wksdenbef smallint,
 wksdenaft smallint,
 wsreq smallint,
 jsregreq smallint,
 jsreg smallint,
 jsregdef smallint,
 jsref smallint,
 privagreg smallint,
 privagref smallint,
 unrefstat smallint,
 unref smallint,
 unserv smallint,
 unastreq smallint,
 unast smallint,
 jobcon smallint,
 prjobcon smallint,
 wsconinv smallint,
 wsconok smallint,
 wsconnotok smallint,
 wsconunver smallint,
 actflag smallint,
 detapp smallint,
 apprslt smallint,
 invcomp char(1),
 invcompdate date,
 supcomp char(1),
 supcompdate date,
 suplogin char(10),
 lockid smallint,

data-pickup-date datetime year to
minute

Comparison Table (b-dca-comparison)

batch integer not null constraint,
samptype smallint not null constraint,
sampsiz smallint not null constraint,
popsiz integer not null constraint,
malesamp smallint not null constraint,
malepop integer not null constraint,
femsamp smallint not null constraint,
fempop integer not null constraint,
genmissamp smallint not null constraint,
genmisspop integer not null constraint,
whsamp smallint not null constraint,
whpop integer not null constraint,
nonwhsamp smallint not null constraint,
nonwhpop integer not null constraint,
ethmissamp smallint not null constraint,
ethmisspop integer not null constraint,
ageund25samp smallint not null constraint,
ageund25pop integer not null constraint,
age25-34samp smallint not null constraint,
age25-34pop integer not null constraint,
age35-44samp smallint not null constraint,
age35-44pop integer not null constraint,
age45-64samp smallint not null constraint,
age45-64pop integer not null constraint,
age65oversamp smallint not null constraint,
age65overpop integer not null constraint,
agemissamp smallint not null constraint,
agemisspop integer not null constraint,
uiprogsamp smallint not null constraint,
uiprogp integer not null constraint,
fedprogsamp smallint not null constraint,
fedprogpop integer not null constraint,
progmissamp smallint not null constraint,
progmisspop integer not null constraint,
data-pickup-date datetime year to minute not null constraint

Error Issue Table (b-dca-errisu)

batch integer not null constraint,
 seq smallint not null constraint,
 samptype smallint not null constraint,
 index smallint,
 totamt money(5,0),
 action char(2),
 cause char(3),
 resp char(4),
 detectpt char(2),
 agact char(2),
 empact char(2),
 actapp char(1),
 data-pickup-date datetime year to minute
 Assignment Table (b-dca-assigndate)
 batch integer not null constraint,
 seq smallint not null constraint,
 samptype smallint not null constraint,
 index smallint,
 assigndate date,
 invid smallint,
 supid smallint,
 assignflag char(1),
 data-pickup-date datetime year to minute
 Reopen Table (b-dca-reopen)
 batch integer not null constraint,
 seq smallint not null constraint,
 samptype smallint not null constraint,
 index smallint,
 reoptype char(1),
 reopdate date,
 reopid char(10),
 data-pickup-date datetime year to minute

Assignment Table (b-dca-assigndate)

batch integer not null constraint,
seq smallint not null constraint,
samptype smallint not null constraint,
index smallint,
assigndate date,
invid smallint,
supid smallint,
assignflag char(1),
data_pickup_date datetime year to minute

Reopen Table (b-dca-reopen)

batch integer not null constraint,
seq smallint not null constraint,
samptype smallint not null constraint,
index smallint,
reoptype char(1),
reopdate date,
reopid char(10),
data_pickup_date datetime year to minute