# BENEFIT ACCURACY MEASUREMENT
# STATE OPERATIONS HANDBOOK

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

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**Office of Unemployment Insurance**
**Division of Performance Management**

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# BENEFIT ACCURACY MEASUREMENT STATE OPERATIONS HANDBOOK

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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 Workforce 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 US Department of Labor (DOL) 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, www.dol.gov/federalregister/HtmlDisplay.aspx?DocId=11917&AgencyId=15&DocumentType=2)). It requires 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 initially 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 will 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 Quality Control (BQC) to Benefit Accuracy Measurement (BAM).

In 2001, the investigation of denied claims, known 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 denied claims.

In 2008, States began incorporating crossmatches with the National Directory of New Hires (NDNH) as a mandatory part of the BAM case investigation methodology for paid claims. Unemployment Insurance Program Letters (UIPL) 03-07 and 03-07, Change 1, provides instructions on use of the NDNH as part of BAM audits.

**3. <u>Program Scope</u>.** 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 One Stop Career Centers, 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 state 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 state 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 fact-finding, 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 state. 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 the state's provisions such as finality. The authority to make determinations and redeterminations resulting from the BAM process must not be impeded by any state 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 state 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 DOL.

**4. BAM Software**. States must load all software distributed by DOL for the UI computer system. States must run the most current software and may

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

# CHAPTER III

## DATA PROCESSING – STATE MAINFRAME COMPUTER OPERATIONS AND INTERFACES WITH UI AUTOMATED DATA PROCESSING SYSTEM

**1. Introduction**. This chapter contains the automated data processing (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 non-separation issues. **These tasks are performed weekly by each state's ADP staff.**

The BAM COBOL programs:

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 state has an ADP system (currently a SUN T2000) and application software provided by DOL to support BAM operations. States can pass UI data from their databases to the SUN computer. DOL 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 non-separation 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 state 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 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, equals 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 non-separation 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 non-separation denied claims).

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

**NOTE**: When the state 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.

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

11. Program Type

| | | |
|---|---|---|
| 1 = UI | 5 = UCFE | 9 = Missing |
| 2 = UI-UCFE | 6 = UCFE-UCX | |
| 3 = UI-UCX | 7 = UCX | |
| 4 = UI-UCFE-UCX | 8 = Other | |

Field Size: 1 Digit

12. Unemployment Duration Code

1 = Regular UI
2 = State Supplemental Program (regular beyond 26 weeks when EB is triggered on)
3 = State Additional Program (special state extended beyond normal duration unless EB is triggered on)
4 = Extended Benefits
5 = Other federal extended benefits program (e.g. EUC)

Field Size: 1 Digit

13. Amount Paid to Claimant

Whole dollar amount of check actually provided the claimant. If none paid (i.e., initial claim, claimed/not paid, totally offset, intercepted, withheld or deducted), entry will be 000.

Field Size: 3 Digits

14. Amount Offset Applied to Prior Overpayment

Whole dollar amount of entitlement applied to an outstanding overpayment.

If none offset, entry will be “000”.

Field Size: 3 Digits

15. Amount of Intercept or Withholding

Whole dollar amount of entitlement applied to outstanding child support payments, federal, state or local income tax withholding, or amount withheld for over-issuance of Food Stamp coupons.

If none intercepted or withheld, entry will be “000”.

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 work share agreement or the state does not collect this information.

Field Size: 2 Digits

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

B. Record Format for UI Transactions File

| Item # | Name | Field Size | Positions | Formats |
|---|---|---|---|---|
| 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 | 8 | 18-25 | MMDDYYYY |
| 5 | Transaction Date | 8 | 26-33 | MMDDYYYY |
| 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 | 6 | 37-42 | MMYYYY or 010001 |
| 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 | 3 | 46-48 | Whole Dollars |
| 14 | Amount Offset | 3 | 49-51 | Whole Dollars |
| 15 | Amount of Intercept | 3 | 52-54 | Whole Dollars or Withholding |
| 16 | Claim Type | 2 | 55-56 | 00-04, 11-15 |
| 17 | Filing Status | 1 | 57 | 1 to 3 |

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

C. Timing and Frequency

The UI transactions file is created weekly. It may be created by accessing the state 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 AM Sunday to 11:59 PM 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 state 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 state database each day it is updated. Each state may determine the most efficient file creation procedure in light of its normal operations.

For purposes of illustration, assume that the state 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 state 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 state'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 state's files. Problems may arise in constructing the transactions file if the state'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 state 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 states 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. States 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 AM on Sunday and ends at 11:59 PM 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, 4rd edition. ETA report cell references are those used in ET Handbook 402, 5th 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.

In cases of combined payments (i.e. regular UI and EB combination payment) exclude only the portion that is EB.

**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).

Example: For batch 200906 (February 1 – 7, 2009), the sampling frame will consist of new initial and transitional claims for which:

1. a determination denying monetary eligibility was issued between January 18 – 24, 2009;

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, 4th edition. ETA report cell references refer to those used in ET Handbook 402, 5th 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 (multi-claimant) 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 non-separation 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 (multi-claimant) 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 non-separation 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 non-separation sampling frames. The following actions are not reportable nonmonetary determinations and should not be included in the DCA separation or non-separation 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 non-separation 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. States 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 non-separation 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 multi-claimant 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. <u>UI Transactions File Sort</u>

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) non-separation 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 state) (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, non-separation) 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.

Record Format of the Control Record

| Data Element | Positions | Formats / Edit Criteria |
|---|---|---|
| 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 | 6-digit numeric; implied decimal (.xxxxxx). |
| Separation Random # | 21-26 | 6-digit numeric; implied decimal (.xxxxxx). |
| Nonmon.-Nonsep. Random # | 27-32 | 6-digit numeric; implied decimal (.xxxxxx). |
| 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. |
| Nonmon.-Nonsep. Denials Sample Size | 55-56 | 2-digit numeric; must be ≥ 2. |
| Max Pay | 57-59 | 3-digit numeric; whole dollars; the maximum WBA in the state, including dependents' 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 states 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 DOL; 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 non-separation 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 non-separation 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.

- 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 state) (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.

| Data Element # and Name | Edit Criteria |
|---|---|

| | |
|---|---|
| 1. State I.D. Code | Must be valid numeric FIPS code for state 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 (non-separation 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]<br><br>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]<br><br>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[1] Must be less (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. Amt Paid to Claimant | Must be equal to or less than max. WBA from input control record. Can be all zeros. |
| 14. Amt Offset Applied | Must be equal to or less than max. WBA from input control record. Can be all zeros. |
| 15. Amt of | Must be equal to or less than max. WBA from input control record. |

| | |
|---|---|
| Intercept or Withholding | Can be all zeros. |

[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.

| Data Element # and Name | Edit Criteria |
|---|---|
| 16. Claim Type | For UI paid claims (Sample Type "1"): must equal 12, 13, or 14.[1]<br><br>For monetary denials (Sample Type "2"): must equal 01 (new) or 03 (transitional).[1]<br><br>For separation denials (Sample Type "3"): must equal 01 (new), 02 (additional), 12 to 14 (week claimed) or 00 (no week claimed).[1]<br><br>For non-separation 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]<br><br>If Claim Type = 12 or 14, item 21 must be > 0. |
| 17. Filing Status Indicator | Must equal 1 (intrastate) or 2 (interstate liable).[1] |
| 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.<br>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 | 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.<br><br>For UI paid claims (Sample Type"1"): item 21 must be greater than 0.[1]<br>For monetary denials (Sample Type "2"): item 21 must equal 0.[1]<br>For separation and nonmonetary non-separation denials (Sample Types "3" or "4"): item 21 can be equal to or greater than 0.[1] |

[1] Record must meet edit criteria for inclusion in sampling frame.

**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** | 111223333 |
| **4** | 12281996 | **5** | 01031997 | **6** | 2 |
| **7** | 1 | **8** | 1 | **9** | 071971 |
| **10** | 1 | **1** | 1 | **12** | 1 |
| **13** | 180 | **14** | 000 | **15** | 000 |
| **16** | 13 | **17** | 3* | **18** | 00 |
| **19** | 01051997 | **20** | 2 | | |
| | | | | | |
| **1** | 99 | **2** | 199701 | **3** | 444556666 |
| **4** | 12071996 | **5** | 12301996 | **6** | 2 |
| **7** | 3 | **8** | 0+ | **9** | 111968 |
| **10** | 3 | **1** | 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 non-separation 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 DOL 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 DOL 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, states 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 non-separation 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 non-separation 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 x 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 + round(jk), where j = 1,2,...,(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 + round(jk)) > N, select case h, where h = [(i + 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 non-separation 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 non-separation denials.

**JOB [JOB NO.] [STATE] EMPLOYMENT SECURITY COMMISSION**
**RUN DATE: 01/08/2001 HITFILE OF BAM SAMPLE CASES**
99200101111223333122820001231200011107197111104000000013100010820012040000000000
99200101444556666122820000103200111202196811107500000013100010820012075000000000
99200101777889999122120001230200011211196222114500000013100010820012145000000000
99200101111335555122820000102200111108196531102515000013100010820012175000000000
99200101222446666122120001230200011210194812120000000013100010820012200000000000
99200101777991357122820000103200111104197451122500000013100010820012225000000000
99200101444668642122820001230200012203197011100000000000110001082001 2000000000000
99200101999119753122820000103200112101195723100000000000110001082001 2000000000000
99200101666880123122120001231200013112195511100000000000110001082001 2000000000000

```
992001015550043211228200001032001132051977411000000000021000108200120000000000
992001018882244661228200012302000142091950211000000000131000108200120000000000
992001019876543211221200001022001141021959111000000000131000108200120000000000
```

The SSNs and claim dates of the sample cases are used to query the state 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”.

State 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 state 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 TRANSACTION TYPE: 1 - UI BENEFITS**

**State: 99 Batch: 200101**

| | | |
|---|---|---|
| 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** **TRANSACTION TYPE: 2 - MONETARY DENIALS**

**State: 99** **Batch: 200101**

| | | | |
|---|---|---|---|
| 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 state mainframe ADP system to the UI SUN ADP system: rec1.dat, which consists of claimant data obtained from the state database for the cases selected for the four BAM samples, and sfsum.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 state mainframe to the SUN computer to be in a specific format. It is the responsibility of the state to assure that data transferred to the SUN computer adhere to these formats, which are described in detail below.

State 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 sfsum.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 state 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 state 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 state 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. States 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. The supervisor 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 denial universe.

The SUN computer cannot correct errors on the state mainframe. Therefore, the BAM supervisor is responsible for alerting the state 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. States 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 DOL 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.

| Line # | rec1.dat Data Element Numbers | Positions |
|---|---|---|
| l | Items 1 thru 24 (first position) | 1 - 79 |
| 2 | Items 24 (last position) thru 50 | 80 - 158 |
| 3 | Items 51 thru 66 | 159 - 197 |
| | (40 spaces reserved in remainder of line 3) | (198 - 237) |
| 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      1181106196111120802 1998
      07181998
 0099405630              37509750                    1
      5  10-2-20037500000000000000000000


12345678599199906012319990510      5500310195711120110 1999
      12121998
 0117756170              29907774                    1
      5  10-2-20030700000000000000000000


12345678699199906013019990204      3101228193411121206 1998
      09101998
 0258105170              37509750                    1
      5  10-2-20037500000000000000000000


12345678799199906010219990420      1300428195112120208 1998
      01251998
 0301185270              07501950                    1
      5  10-2-20007500000000000000000000


12345678899199906013019990208      2100510195521120726 1998
      05021998
 0325502300              16504290                    1
      5  10-2-20014500000000000000000000
```

```
123456789991999060123199906165101226194811120010319991210199
80388725490296076961
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 DOL will store the aggregated data in the UI database. DOL 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.

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

| | | |
|---|---|---|
| 3 | Items 39 (last 3 positions) thru 53 | 159 – 231 |
| | (6 spaces reserved in remainder of line 3) | (232-237) |

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

## Example of sfsum.dat File

```
2000451020104784258690523900022310100494901005529000000000100747901002
96200000037000
0087100002360010030640100390300000275000000050200996100000517000000000
00000810000069
4010014770000178001006446000000000042500226440107812500048121 26
2000452020001414258690007050000300100006901000072000000000100010201000
03800000001000
0002200000039020000390000003900000002000000000200011400000027000000000
00000000000000
0000000000000000000000000000000000000000000000000000000000000000000000
2000453020002714258690013550000580100012201000149000000000100015701000
11400000000020
0027100000000000000000000000000000000000000000200027000000001000000000
00000000000000
0000000000000000000000000000000000000000000000000000000000000000000000
2000454020001004258690005000000210100003201000068000000000100006401000
03600000000020
0010000000000000000000000000000000000000000020000980000002000000000
00000000000000
0000000000000000000000000000000000000000000000000000000000000000000000
```

**Attachment A**

# 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 is 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 non-separation.

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 state 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 non-separation 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 that 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 non-separation 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 non-separation 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. **sfsum.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 non-separation 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.

**Attachment A**

## 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 EXECPGM=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.TRANSATIONS,
// 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),
```

**Attachment A**

```
// 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=*
//*
```

**Attachment B**

## Record Format for rec1.dat File

| Item # | Name | Field Size | Positions | Formats/Codes[1] |
|---|---|---|---|---|
| 1 | Social Security # | 9 | 1-9 | 9-digit SSN (state use only) |
| 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 | U.S. Citizen | 1 | 30 | 1 to 3 or Blank |
| 7 | Education | 2 | 31-32 | 00 to 12, 14 to 16, 20 or Blank |
| 8[2] | Voc/Tech Training | 1 | 33 | 1 to 3 or Blank |
| 9[2] | In Training | 2 | 34-35 | 00, 11 to 14, 21 to 24 or Blank |
| 10[2] | Occupation Code (Last Employer) | 3 | 36-38 | 3-digit major and minor O*NET code or Blank |
| 11 | Date of Birth | 8 | 39-46 | MMDDYYYY or Blank |
| 12 | Gender | 1 | 47 | 1, 2 or Blank |
| 13 | Ethnic Classification | 1 | 48 | 1 to 6, 9 or 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.

| | | | | |
|---|---|---|---|---|
| 14 | Program Code | 1 | 49 | 1 to 8 or Blank |
| 15 | Combined Wage | 1 | 50 | 1 to 6 or Blank |
| 16 | Benefit Yr. Beginning | 8 | 51-58 | MMDDYYYY or Blank |
| 17 | Initial Claim Filing Method | 1 | 59 | 1 to 6 or Blank |

| Item # | Name | Field Size | Positions | Formats/Codes[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 | Date of Separation (Before Investigation) | 8 | 66-73 | MMDDYYYY or Blank |
| 22[2] | Recall Status (Before Investigation) | 1 | 74 | 0, 1, 2 or Blank |
| 23[2] | NAICS Last Employer | 4 | 75-78 | NAICS code (first 4 digits) or 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 |

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.

| | | | | |
|---|---|---|---|---|
| 26[2] | NAICS Primary Base Period Employer | 4 | 87-90 | NAICS code (first 4 digits) or Blank |
| 27 | High Quarter Wages (Before Investigation) | 5 | 91-95 | 5 digits (whole dollars) or Blank |
| 28 | # Weeks Worked in BP (Before Investigation) | 3 | 96-98 | 3 digits or Blank |
| 29 | WBA (Before Invest.) | 3 | 99-101 | 3 digits (whole dollars) or Blank |
| 30 | MBA (Before Invest.) | 5 | 102-106 | 5 digits (whole dollars) or Blank |
| 31 | Monetary Redeterm. (Before Investigation) | 1 | 107 | 1, 2 or Blank |

**Attachment B**

| Item # | Name | Field Size | Positions | Formats/Codes[1] |
|---|---|---|---|---|
| 32 | Remaining Balance (As of week paid or denial determination) | 5 | 108-112 | 5 digits (whole dollars) or 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] | Date of First Paym't. | 8 | 126-133 | MMDDYYYY or Blank |
| 37[2] | Key Week Cert. Method | 1 | 134 | 1 to 3 or Blank |
| 38[3] | Week Claimed/Paid Filing Method | 1 | 135 | 1 to 6 or Blank |
| 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 |
| 42 | (Relocated to Item # 65) | 3 | 145-147 | Blank |
| 43 | (Relocated to Item # 66) | 3 | 148-150 | 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.

| | | | | |
|---|---|---|---|---|
| 44[2] | Required to Seek Work | 1 | 151 | 1 to 5 or Blank |
| 45[2] | ES Registration Required | 1 | 152 | 1 to 4 or Blank |
| 46[2] | Actively/Currently Registered w/ ES | 1 | 153 | 1 to 4 or Blank |

| Item # | Name | Field Size | Positions | Formats/Codes[1] |
|---|---|---|---|---|
| 47[2] | Reason ES Reg. Deferred | 1 | 154 | 1 to 6 or Blank |
| 48[2] | # of ES Referrals | 2 | 155-156 | 2 digits or Blank |
| 49[2] | Union Referral Status | 1 | 157 | 0 to 3 or Blank |
| 50[5] | Union Service | 1 | 158 | 0 to 3 or Blank |
| 51[5] | Union Assistance Requested | 1 | 159 | 0 to 4 or Blank |
| 52[5] | Claimant Union Assisted | 1 | 160 | 0, 1, 2 or Blank |
| 53[5] | Monetary Denial Reason | 2 | 161-162 | 00 thru 59 or Blank |
| 54[5] | Nonmonetary-Nonseparation Denial Reason | 2 | 163-164 | 00 thru 79 or Blank |
| 55[5] | Claim Type | 1 | 165 | 0 to 5 |

2

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.

| | | | | |
|---|---|---|---|---|
| 56[5] | Initial Determination Appealed[6] | 1 | 166 | 0 to 3 or Blank |
| 57[5] | Result of Initial Determination Appeal[6] | 1 | 167 | 0 to 6 or Blank |
| 58[5] | Sample Type | 1 | 168 | 1 to 4 |
| 59 | Ethnicity | 1 | 169 | 0, 1 or Blank |
| 60[5] | Separation Issue No. | 2 | 170-171 | 0 to 99, -2 or Blank |
| 61[5] | Nonseparation Issue No. | 2 | 172-173 | 0 to 99, -2 or Blank |

| Item # | Name | Field Size | Positions | Formats/Codes[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 |

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

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.

| | | | | |
|---|---|---|---|---|
| 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 |

**Attachment C**

## Record Format for sfsum.dat File

(All Fields are Numeric)

| Item # | Name | Field Size | Positions |
|---|---|---|---|
| 1 | Batch | 6 | 1-6 |
| 2[1] | Sample Type | 1 | 7 |
| 3 | Sample Size | 2 | 8-9 |
| 4 | Population Size | 6 | 10-15 |
| 5[2] | Random Start # | 6 | 16-21 |
| 6[3] | Skip Interval | 6 | 22-27 |
| 7 | Initial Case Selected | 6 | 28-33 |
| 8 | Sample – Male | 2 | 34-35 |
| 9 | Population – Male | 6 | 36-41 |
| 10 | Sample – Female | 2 | 42-43 |
| 11 | Population – Female | 6 | 44-49 |
| 12 | Sample – Gender Missing | 2 | 50-51 |
| 13 | Population – Gender Missing | 6 | 52-57 |
| 14 | Sample – White | 2 | 58-59 |
| 15 | Population – White | 6 | 60-65 |
| 16 | Sample – Non-white | 2 | 66-67 |
| 17 | Population – Non-white | 6 | 68-73 |

---

[1] The first records are 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).

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

| | | | |
|---|---|---|---|
| 31 | Population – Age Missing | 6 | 124-129 |
| 32[4] | Sample – UI Program | 2 | 130-131 |
| 33[4] | Population – UI Program | 6 | 132-137 |
| 34[5] | Sample – UCFE/UCX | 2 | 138-139 |
| 35[5] | Population – UCFE/UCX | 6 | 140-145 |
| 36 | Sample – Program Missing | 2 | 146-147 |
| 37 | Population – Program Missing | 6 | 148-153 |

[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).

**Attachment C**

| Item # | Name | Field Size | Positions |
|---|---|---|---|
| 38[6] | Sample - <= $50 Paid | 2 | 154-155 |
| 39[6] | Population - <= $50 Paid | 6 | 156-161 |
| 40[6] | Sample - $51-100 Paid | 2 | 162-163 |
| 41[6] | Population - $51-100 Paid | 6 | 164-169 |
| 42[6] | Sample - $101-150 Paid | 2 | 170-171 |
| 43[6] | Population - $101-150 Paid | 6 | 172-177 |
| 44[6] | Sample - $151-200 Paid | 2 | 178-179 |
| 45[6] | Population - $151-200 Paid | 6 | 180-185 |
| 46[6] | Sample -> $200 Paid | 2 | 186-187 |
| 47[6] | Population -> $200 Paid | 6 | 188-193 |
| 48[6] | Sample – Amount Paid Missing | 2 | 194-195 |
| 49[6] | Population - Amount Paid Missing | 6 | 196-201 |
| 50[6] | Sample – Amount Paid | 2 | 202-206 |
| 51[6] | Population – Amount Paid | 6 | 207-215 |
| 52[6,7] | Sample – Amount Paid Variance | 2 | 216-223 |
| 53[6,7] | Population – Amount Paid Variance | 6 | 224-231 |

[6] For the monetary, separation, and non-separation denials, this item must 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 a database on the state's UI computer 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 recorded on the appropriate data collection instrument (DCI), which can be found in Appendix D of this handbook. Data collection and investigative methodology are applied equally for both paid and denied claims.

**2. Overview**.

a. Computer Record. The data from BAM paid claim investigations are collected and entered into 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 characteristics specific to the case being investigated, such as the Social Security number, state identification code, batch and sequence number, 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. States enter the case data using the Update Cases application, which is part of the BAM software provided to all states and is designed to make data recording relatively simple. States are

strongly encouraged to use the rec1.dat file to transfer (download) as many data elements as possible from the state's computerized UI files to the BAM database on the UI computer when the sample cases are selected. The remaining data elements will be blank and will be coded after the BAM investigation is completed. Some of the fields in Part H are preset to zeros to facilitate coding for those cases that do not require nonzero values.

Data elements are numeric, character, or date; codes for several elements are selected from drop-down menus in the software. Data elements c5 (Benefit Rights Given) and ei4 (Error Responsibility) for paid claims and numbers 26 and 101 for denied claims require the entry of zero or a numeric code (representing true/false conditions) in multiple positions within the data element. The valid codes are summarized in tables in the description part of each of these data elements.

c. Responsibility for Data Entry. The state determines who enters the data into the automated record (e.g., investigator, clerk, etc.). States are encouraged to develop a coding sheet to organize the data prior to entry.

**3. <u>Data Elements and Descriptions</u>**. The balance of this chapter contains the data elements that are collected and verified by the BAM investigator for each case. Although some elements may be downloaded from the mainframe computer, 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, which require both dollars and cents. For those entries requiring whole dollars, states that have formal policies regarding the rounding of dollars should follow those policies. Other states should round to the nearest whole dollar by dropping decimals for values of four (4) or less and rounding up for decimals of five (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.

l = In-person interview
2 = Telephone interview
3 = Mail or other method (including fax or e-mail)
-1 = Not obtained

**Edits:** Must be 1, 2, 3, or -1.

**(b2)** **NAME:** United States Citizenship
**SHORT NAME:** Citizen

**Definition:** Enter applicable code after appropriate verifications.

l = 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

**Edits:** Must be 1, 2, 3, or -1.

**(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

**Edits:** Must be 00 to 12, 14 to 16, 20, or -1.

**Note regarding this element and (b4):** A distinction must be made between education and training. Attendance at one institution or facility cannot be coded under both categories. Experience that leads to a certificate is considered vocational or technical (voc/tech) school training. If the individual earns a degree (diploma), it is considered "formal" education. If training is post high school and claimant indicates training is for a certificate and does not lead to a degree, proceed to voc/tech question.

**(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

**Edits:** Must be 1, 2, 3, or -1.

**(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

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

**Edits:** Must be 00, 11 to 14, 21 to 24, or -1.

**(b6)** **NAME:** O*Net Code for last job prior to filing most recent Initial/Additional Claim
**SHORT NAME:** Occ Code Last

**Definition:** Enter the first three digits of the O*NET code for claimant's **last** job.

| Code | O*NET Major Group | Code | O*NET 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 | | |

-1 = Missing or information not available
**Edits:** First 2 digits must be an odd number from 11 to 55, or -1.

**(b7)** **NAME:** O*Net Code for Usual Occupation
**SHORT NAME:** Occ Code Usual

**Definition:** Enter the first three digits of the O*NET code for claimant's usual occupation (see chart in element **b6**). The first source for this information is the claimant's response on the claimant questionnaire. This information must be verified with the claimant's base period and/or separating employer. The BAM investigator must resolve discrepancies between the claimant's statement and the base period and/or the separating employer. If the information is not available from the claimant questionnaire, the employer verification or agency record, then use labor market information.

-1 = Missing or information not available

**Edits:** First 2 digits must be an odd number from 11 to 55, or -1.

**(b8)** **NAME:** Normal Hourly Wage for Base Period Occupation

**SHORT NAME:** Normal Hr Wage

**Definition:** Enter normal hourly wage for the claimant's occupation during the base period. The first source for this information is the claimant's response on the claimant questionnaire. The BAM investigator must verify this information with the claimant's base period employer and resolve any discrepancies between the claimant's statement and information from the base period employer. If the information is not available from the claimant questionnaire or through verification with the base period and/or separating employer, then use labor market information. Express with decimal point in dollars and cents per hour (e.g., $7.50 per hour is coded as 7.50).

Use state conversion formula when other than hourly wage 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.

Military (UCX) compute using the information provided on the DD-214. Military wages are based on 240 hours monthly, 56 hours weekly and 8 hours daily.

-1 = Missing or information not available

**Edits:** Must be within the validation range set by state agency. Can be -1.

**(b9)** **NAME:** O*Net Code for the Type of Work the Claimant is Seeking
**SHORT NAME:** Occ Code Seeking

**Definition:** Enter the first three digits of the O*NET code for type of work that claimant is **seeking** (see chart in b6). Use the claimant's response on the questionnaire for the occupational code. If claimant is exempt from seeking work because of job attachment or recall date and the claimant questionnaire was not completed, this data element should reflect the

occupation for the employment on which the agency based the claimant's exemption from work search.

-1 = Information missing or not available

**Edits:** First 2 digits must be an odd number from 11 to 55, or -1.

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

**Definition:** Enter lowest hourly wage that the claimant was willing to accept during the Key Week. The first source for this data element is the claimant's response on the claimant questionnaire. This information must be verified with either the base period employer or the separating employer. The BAM investigator must resolve any discrepancies between the claimant's statement and the employer information. Express in dollars and cents per hour (e.g., $7.50 per hour is coded as 7.50). Use state conversion formula when other than hourly wages is given. If no state formula, use the appropriate formula provided in b8 above.

-1 = Missing or information not available

**Edits:**
- Must be within the validation range set by state agency.
- Must be with decimal point in dollars and cents per hour.
- Can be -1.

**(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".

**Edits:**
- YYYY = 1900 to Current Year.
- Cannot be later than c3 - Benefit Year Beginning.

**(b12)** **NAME:** Sex
**SHORT NAME:** Sex

**Definition:** Enter appropriate code.

1 = Male
2 = Female
-1 = Missing or information not available

**Edits:** Must be 1, 2, or -1.

**(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.

99 = If neither race nor Hispanic/Latino ethnicity is known

| FIRST POSITION → SECOND POSITION ↓ | 0 – Not Hispanic or Latino | 1 – Hispanic or Latino | 9 – Ethnicity Unknown |
|---|---|---|---|
| 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 |

**Edits:** Must be 01 to 06, 09, 11 to 16, 19, 91 to 96, or 99.

**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 = Temporary emergency / extended benefits programs (e.g., EUC)
9 = Deleted Record (e.g., TAA, DUA, Workshare)

Code Interstate claims in one of the above categories

**Edits:**
- Must be 1 to 8.
- e1 must be greater than 1, if c1 equals 2, 3, 4, or 6.

**(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.

**Edits:**
- Must be 1 to 6.
- Cannot be 1 or 4, if e1 is less than or equal to 1 or e2 equals 1.

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

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

**Edits:**
- Cannot be less than "01/01/1980".
- Must be earlier than the Key Week Date.
- Cannot be more than 731 days prior to the Key Week Date.
- Must be earlier than or equal to c7.
- Must be earlier than or equal to f9.
- Cannot be earlier than b11 - Date of Birth.

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

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

l = In-Person Claim
2 = Mail Claim (including e-mail)
3 = Telephone Claim (including automated, interactive telephone systems)
4 = Employer-Filed Claim
5 = Other (e.g., electronic, other than e-mail)
6 = Internet claim
-1 = Missing or information not available

**Edits:** Must be 1 to 6 or -1.
**Stamp Edits:** Must be 1 to 6, or NULL.

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

**Definition:** 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**

| **A = In-person Interview** | **B= Group Interview** |
|---|---|
| 0 – Not given | 0 – Not given |
| 1 – In-person interview given | 2 – Group interview given |
| **C = Booklet / Pamphlet** | **D = Video/Electronic/Other Multimedia** |
| 0 – Not given | 0 – Not given |
| 3 – Booklet / Pamphlet given | 4 – Video/Electronic (including Internet/Telephone/Other Multimedia given |

-1 = Missing or information not available

**Edits:** Must be a combination of 0 to 4, or -1.

**(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.

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)

**Edits:**

- Must be 0 to 9, -1, or -2.
- c7 must be "01/01/0001", if c6 equals -1.
- c7 must be "02/02/0002", if c6 equals 0 or -2.

**(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

**Edits:**

- Must be greater than c3.
- Must be less than or equal to Key Week.
- Cannot be less than "01/01/1980".
- Must be "01/01/0001", if c6 is -1.
- Must be "02/02/0002", if c6 is 00 or -2.
- Cannot be "01/01/0001", if c6 is greater than 0.
- Cannot be "02/02/0002", if c6 is greater than 0.

**(c8)** **NAME:** Number of Prior Nonseparation Determinations Made
**SHORT NAME:** Prior Non-sep Issues

**Definition:** Enter number of prior non-separation issues disposed of in current benefit year through the Key Week ending date. This includes all reportable nonseparation determinations according to the definition in ET Handbook 401, 4th edition, (section 1, chapter 4) made during this period. Exclude issues detected by the BAM paid claims investigation.

0 = None

**Edits:**

- Must be 0 to 99.
- Must be equal to or greater than c9.

**(c9)** **NAME:** Number of Prior Disqualifications for Non-separation Issues
**SHORT NAME:** Prior Non-sep Disq

**Definition:** Enter number of prior disqualifications that resulted from non-separation 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

**Edits:**

- Must be 0 to 99.
- Must be less than or equal to c8.

**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 or permanent lay off)
20 = Voluntary Quit
30 = Discharge
40 = Labor Dispute
50 = Other (include military separation or Compelling Family Reasons)
60 = Not separated (partially or fully employed, job attached, leave of absence)

The second digit of the code is reserved for optional state use. For example, the state could identify different reasons for Voluntary Quit or Discharge.

**Edits:** Must be 10 to 69

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

**Definition:** Enter the code that the investigation establishes as the 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 or permanent lay off)
20 = Voluntary Quit
30 = Discharge
40 = Labor Dispute
50 = Other (include military separation or Compelling Family Reasons)
60 = Not separated (partially or fully employed, job attached, leave of absence)

**Edits:** Must be 10 to 69.

**(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.

**Edits:**
- Must be less than or equal to Key Week.
- Cannot be less than "01/01/1980".

**(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.

01/01/0001 = Missing or information not available

**Edits:**
- Must be less than or equal to Key Week.
- Can be "01/01/0001".
- Cannot be less than "01/01/1980".

**(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)

**Edits:** Must be 0, 1, 2, -1, or -2.

**(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)

**Edits:** Must be 0, 1, 2, -1, or -2.

**(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 14.92; 3.6% is entered as 3.60; 7.478% is entered as 7.48).

Enter 99.99 if employer reimburses fund.
Enter -1 if non-subject employing unit or information is not available.

**Edits:**
- Format is xx.xx.
- Can be all zeros.
- Can be -1.

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

**Definition:** Enter first four digits (industry group level) of North American Industry Classification System (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 |

**Edits:**

- First 2 digits must be 11, 21 to 23, 31 to 33, 42, 44 to 45, 48 to 49, 51 to 56, 61 to 62, 71 to 72, or 81, 92.
- Can be -1.
- Must be 4 digits long.

**PART ME -- 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.

**Edits:**
- Must be within the validation range set by state agency.
- Must be greater than 1, if c2 equals 1 or 4.
- Must be greater than 1, if c1 equals 2, 3, 4, or 6.

**(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.
**Note:** If applicable, consider the application of an alternative base period

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

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0.
- e6, e8, e14, and e16 must be 0 or -2, if e2 is 0.
- e4, e10, and e12 must be 0, if e2 is 0.
- Must be equal to 0 or be greater than 1, if c2 is 1 or 4.

**(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.

**Edits:**
- Must be within the validation range set by state agency.
- Cannot equal 0.
- Must be greater than or equal to e5.

**(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.
**Note:** If applicable, consider the application of an alternative base period

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

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0.
- Must be 0, if e2 is 0.
- Cannot be 0, if e2 is greater than 0.
- Must be greater than or equal to e6.

**(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.

**Edits:**
- Must be within the validation range set by state agency.
- Must be less than or equal to e3.
- Cannot equal 0.
- Can be -2.

**(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.
Enter -2 if not applicable

**Edits:**
- Must be within the validation range set by state agency.
- Must be less than or equal to e4.
- Must be 0, if e2 is 0.
- Cannot be 0, if e4 is greater than 0.
- Can be -2.

**(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.

**Edits:**
- Must be within the validation range set by state agency.
- Can be -2.

**Stamp Edits:** Must be -2 or NULL.

**(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.
Enter -2 if the number of weeks worked is not required.

**Edits:**
- Must be within the validation range set by state agency.
- Can be -2.
- Must be 0 or -2, if e2 equals 0.
- Cannot be 0, if e2 is greater than 0.

**Stamp Edits:** Must be -2 or NULL.

**(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).

**Edits:**
- Must be within the validation range set by state agency.
- Cannot be 0.
- Must be less than or equal to e11.
- e9 plus e15 (if any) must be greater than or equal to f13.
- e9 plus e15 must be greater than f3.
- e9 plus e15 must be greater than f7.
- e9 plus e15 must be greater than or equal to sum of f13 plus f3 plus f7.
- f3 plus f13 plus f7 must be less than or equal to e9 plus e15, if state does not equal WI (FIPS code 55).
- f3 plus f13 plus f7 must be less than or equal to (e9 plus e15) times 2 minus 1, if state equals WI (FIPS code 55).

**(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.

**Edits:**

- Must be within the validation range set by state agency.
- Must be 0, if e2 is 0.
- Must be less than or equal to e12.
- e10 plus e16 must be greater than or equal to f4 plus f8.
- Cannot be 0 if h1 is less than or equal to 4.

**(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 entitlement, state supplemental payments, dependents' allowances or any other deductions.

**Edits:**

- Must be within the validation range set by state agency.
- Cannot be 0.
- Must be greater than e19.
- Must be equal to or greater than e9.

**(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.

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 entitlement, state supplemental payments, dependents allowances or any other deductions. Must be zero (0) if (**e2**) is zero.

**Edits:**
- Must be within the validation range set by state agency.
- Must be 0, if e2 is 0.
- Must be equal to or greater than e10.

**(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.

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0 or -2.
- Must be -2, if e15 is -2.
- Must be 0, if e15 is 0.
- Cannot be 0, if e15 is not 0.

**Stamp Edits:**
- Must be -2 or NULL.
- e14, e15, and e16 will be set to -2 or NULL respectively, if e13 is set to -2 or NULL.

**(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.
Enter -2 if state does not have a dependency provision.

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0 or -2.
- Must be 0 or -2, if e2 is 0.
- Must be 0, if e16 is 0.
- Must be -2, if e16 is -2.
- Cannot be 0, if e16 is not 0.

**Stamp Edits:**
- Must be -2 or NULL.

- e13, e15, and e16 will be set to -2 or NULL respectively, if e14 is set to -2 or NULL.

**(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.
Enter -2 if state does not have a dependency provision.

**Edits:**
- Must be within the validation range set by state agency.
- Must be less than e9, except for Alaska (AK).
- Must be 0, if e13 is 0.
- Cannot be 0, if e13 is greater than 0.
- Must be -2, if e13 is -2.
- Can be 0 or -2.
- Cannot be -2, if e13 is not -2.
- e9 plus e15 must be greater than f3.
- e9 plus e15 must be greater than f7.
- e9 plus e15 must be greater than or equal to f13.
- f3 plus f13 plus f7 must be less than or equal to e9 plus e15, if state does not equal WI (FIPS code 55).
- f3 plus f13 plus f7 must be less than or equal to (e9 plus e15) times 2 minus 1, if state equals WI (FIPS code 55).

**Stamp Edits:**
- Must be -2 or NULL.
- e13, e14, and e16 will be set to -2 or NULL respectively, if e15 is set to -2 or NULL.

**(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.

Enter -2 if state does not have a dependency provision.

**Edits:**

- Must be within the validation range set by state agency.
- Must be less than or equals to e10, except for Alaska (AK).
- Must be 0 or -2, if e2 is 0.
- Must be 0, if e14 is 0.
- Cannot be 0, if e14 is greater than 0.
- Must be -2, if e14 is -2.
- e10 plus e16 must be greater than or equal to f4 plus f8.
- Can be 0 or -2.

**Stamp Edits:**

- Must be -2 or NULL.
- If e16 is set to -2 or NULL, e13, e14, and e15 will be set to -2 or NULL respectively.

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

**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. NAICS codes should always be obtained for out-of-state employers, non-profit employers and exempt employers, if at all possible. NAICS codes can be found at: www.census.gov/naics/

-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 |

**Edits:**

- First 2 digits must be 11, 21 to 23, 31 to 33, 42, 44 to 45, 48 to 49, 51 to 56, 61 to 62, 71 to 72, 81, or 92.
- Can be -1.
- Must be 4 digits long.

**(e18)NAME:** Monetary Redetermination Before Investigation
**SHORT NAME:** Mon Redet Before

**Definition:** Enter appropriate code that indicates if state 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

**Edits:** Must be 1 or 2.

**(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 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 state 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.

**Edits:**

- Must be less than e11.
- Can be 0.

## 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 9999 if $9999 or more.
Enter zeros (0000) if none.

**Edits:**
- f3 must be 0, if f1 equals 0.
- Must be equal to or greater than f3.

**(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 9999 if $9999 or more.
Enter zeros (0000) if none.

**Edits:**
- f4 must be 0, if f2 equals 0.
- Must be equal to or greater than f4.

**(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.

**Edits:**

- Must be 0, if f1 is 0.
- Must be less than or equal to f1.
- Must be less than e9 plus e15 (if any).
- f3 plus f13 plus f7 must be less than or equal to e9 plus e15, if state does not equal WI (FIPS code 55).
- f3 plus f13 plus f7 must be less than or equal to (e9 plus e15) times 2 minus 1, if state equals WI (FIPS code 55).

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

**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.

**Edits:**

- Must be 0, if f2 is 0.
- Must be less than or equal to f2.
- Must be less than or equal to e10 plus e16 (if any).
- The sum of f4 plus f8 must be less than or equal to e10 plus e16.

**(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 state'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.

**Edits:**

- Can be 0.
- f7 must be 0, if f5 equals 0.
- Must be equal to or greater than f7.

**(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 state's method to determine the weekly amount of the pension.

Enter zero (0) if none

**Edits:**
- Can be 0.
- f8 must be 0, if f6 data is 0.
- Must be equal to or greater than f8.

**(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.

**Edits:**
- Can be 0.
- Must be 0, if f5 is 0.
- Must be less than or equal to f5.
- Must be less than e9 plus e15 (if any).
- f3 plus f13 plus f7 must be less than or equal to e9 plus e15, if state does not equal WI (FIPS code 55).
- f3 plus f13 plus f7 must be less than or equal to (e9 plus e15) times 2 minus 1, if state equals WI (FIPS code 55).

**(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.

**Edits:**

- Can be 0.
- Must be 0, if f6 is 0.
- Must be less than or equal to f6.
- Must be less than or equal to e10 plus e16 (if any).
- Sum of f4 plus f8 must be less than or equal to e10 plus e16 (if any).

**(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).

**NOTE**: This is NOT necessarily the first compensated week as defined for the Claims and Payment Activities Report (ETA 5159, Part B). However, if no first compensable week is reportable for the claim, then use the first week compensated.

**Edits:**

- Must be greater than or equal to c3.
- Cannot be less than "01/01/1980".
- Must be less than or equal to Key Week.
- Cannot be more than 731 days prior to Key Week.
- Must be less than or equal to f10.

**(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).

**Edits:**

- Must be greater than or equal to f9.
- Cannot be less than "01/01/1980".

**(f11)** **NAME:** Key Week Filing Method

**SHORT NAME:** KW File Meth

**Definition:** Enter filing method for Key Week claim.

l = Mail Claim (including e-mail)
2 = In-person Claim
3 = Employer filed (i.e., partial)
4 = Telephone (including automated, interactive telephone systems)
5 = Other (e.g., electronic, other than e-mail)
6 = Internet Claim
-1 = Missing or information not available

**Edits:** Must be 1 to 6, or -1.
**Stamp Edits:** Must be 1 to 6, or NULL.

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

**Definition:** The filing method for Key Week claim. 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)

**Edits:** Must be 1, 2, or 3.
**Stamp Edits:** Must be 1, 2, or NULL.

**(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 over issuances of food stamp coupons for Key Week. Code $98.00 as 98 without a leading zero.

**Edits:**
- Must equal h5 if h2 equals 0.
- Must equal h2 if h5 and h6 equal 0.
- f3 plus f13 plus f7 must be less than or equal to e9 plus e15, if state does not equal WI (FIPS code 55).

- f3 plus f13 plus f7 must be less than or equal to (e9 plus e15) times 2 minus 1, if state equals WI (FIPS code 55

## PART G – EMPLOYMENT SERVICES 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

**Edits:**
- Must be 1 to 5, or -2.
- g1 cannot equal 1, if g10 is -2.
- Cannot equal -2, if ei2 is 14.
- Cannot equal -2, if ei3 is 420.

**Stamp Edits:**
- Must be 1 to 2, -2, or NULL.
- g1 cannot equal 1, if g10 is -2.

**(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 regarding state written law, policy, and procedures that govern whether claimants are required to be registered with the Employment Service and what constitutes registration. 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.

1 = Yes, per state law
2 = No
3 = Yes, as a result of profiling
4 = Yes, for both reasons

**Edits:**
- Must be 1 to 4.
- g4 must be -2, if g2 equals 1, 3, or 4.
- g4 must be 1 to 6, if g2 equals 2.

**Stamp Edits:** Must be 1 to 4, or NULL.

**(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 regarding the claimant's registration with the State Employment Service. BAM coding should be consistent with state law, policy, and procedures.

1 = Registered with the Employment Service and has received one or more staff-assisted service during the current benefit year (for example, job referral, placement in training, reemployment or assessment services, or job search activities)
2 = Not registered with Employment Service and has not used self-help services from the One-Stop delivery system during the current benefit year.
3 = Not registered with Employment Service but has received staff assisted services or has used self-help services from the One-Stop delivery system during the current benefit year.
4 = Registered with the Employment Service but has received no staff-assisted services during the current benefit year.
-1 = Information missing or not available.

**Edits:**
- Must be 1 to 4, or -1.
- g5 cannot be -2, if g3 equals 1.
- g5 must be -2, if g3 equals 2.
- g5 must be 0, if g3 equals 4.

**Stamp Edits:** Must be 1 or NULL.

**(g4)** **NAME:** Reason Labor Exchange Registration Deferred

**SHORT NAME:** LE Defer

**Definition**: Enter appropriate code.

1 = Union member
2 = Job attached
3 = Partial
4 = Seasonal
5 = Approved training
6 = Local Office policy
7 = Other
-2 = Not Applicable, if claimant not deferred

**Edits:**
- Must be 1 to 7, or -2.
- Must be -2, if g2 equals 1, 3 or 4.
- Must be 1 to 7, if g2 equals 2.

**Stamp Edits:** Must be -2 or NULL.

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

**Definition:** Enter number of times Employment Services 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.
Enter -1 if information missing or not available.
Enter -2 if claimant not registered or received no services during CBY.

**Edits:**
- Must be within the validation range set by state agency.
- May be -1 or -2.
- Cannot be -2, if g3 equals 1.
- Must be -2, if g3 equals 2.
- Must be 0, if g3 equals 4.

**(g6)** **NAME:** Registered with Private Employment Agency (as defined by state law)
**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
-1 = Information missing or not available.

**Edits:**
- Must be 1, 2, or -1.
- g7 cannot be -2, if g6 equals 1.

**(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 (as defined by state law) during the Key Week.

Enter zero (0) if registered but not referred.
Enter -1 if information missing or not available.
Enter -2 if claimant not registered.

**Edits:**
- Must be within the validation range set by state agency.
- Cannot be -2, if g6 is 1.
- Must be -2, if g6 is 2.
- Must be -1, if g6 is -1.

**(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 information not available

**Edits:**
- Must be 0 to 3, or -1.
- g9 must be -1, if g8 -1.
- g9 must be -2, if g8 equals 0, 2, or 3.

**(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.

**Edits:**
- Must be within the validation range set by state agency.
- Must be -1, if g8 is -1.
- Must be -2, if g8 is 0, 2, or 3.
- Can be 0 only when g8 is 1.

**(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 is not available
Enter -2 if not required to and did not seek work.

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0, -1, or -2.
- Cannot be -2, if g1 is 1.

**Stamp Edits:**
- Must be -2 or NULL.
- Cannot be -2, if g1 is 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 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.

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

**Edits:**

- Must be within the validation range set by state agency.
- Can be 0, -1, or -2.

**Stamp Edits:** Must be -2 or NULL.

**(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.

**Edits:**

- Can be 0.
- Must be less than or equal to the sum of g10 and g11.
- Must be equal to the sum of g13, g14, and g15.
- g13, g14, and g15 must be 0, if g12 is 0.

**Stamp Edits:** Must be 0 or NULL.

**(g13) NAME:** Number of Acceptable Work Search Contacts for Key Week

**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.

**Edits:**

- Must be 0, if g12 is 0.
- Must be less than or equal to g12.
- g14 and g15 must be 0, if g13 equals g12.
- g13 plus g14 plus g15 must equal g12.

**(g14)** **NAME:** Number of Unacceptable Work Search Contacts for Key Week
**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.

**Edits:**

- Must be 0, if g12 is 0.
- Cannot be greater than g12.
- g14 and g15 must be 0, if g13 equals g12.
- g13 plus g14 plus g15 must equal g12.
- g13 and g15 must be 0, if g14 and g12 are equal.

**(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.

**Edits:**

- Must be 0, if g12 is 0.
- Must be 0, if g12 and g13 are equal.
- Cannot be greater than g12.
- g13 plus g14 plus g15 must equal g12.
- g13 and g14 must be 0, if g15 equals 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. Because a single case represents a very large number of payments in the state's population, it is important that BAM completes the investigation for each payment sampled. For any set measurement period, payment accuracy is estimated from the coded findings of all completed cases.

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 of the payments that BAM investigates are proper. When the investigator has completed the case, 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. In most cases, the investigator will enter "1" to indicate 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 Reopened Cases.** Additional h1 codes are available for use ONLY when **reopening** previously closed PCA cases. These PCA cases are crossmatched with the National Directory of New Hires (NDNH) and UI wage records files to provide information, in part to:

- estimate the magnitude of overpayments attributable to unreported earnings that are detected through the use of NDNH or wage record crossmatch but are not detected through other BAM audit methods; 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).

Cases may also be reopened to revise coding based on additional information obtained through claimant, employer, or third party responses received by the agency after the case was signed off by the BAM supervisor.

These additional h1 codes are:

4 = Payment correct after original BAM investigation 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 responses.

5 = Payment improper after original BAM investigation 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.

7 = Payment correct after original BAM investigation 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 (requires entry of data in the error issue table).

8 = Payment improper after original BAM investigation 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 (requires entry of data in the error issue table).

**4. Coding Improper Payments**. Payment error codes are provided for both underpayments and overpayments. Multiple actions taken for a single issue, multiple issues detected for a single case, and various extents of agreement or disagreement between BAM 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 that reflect the state's law and official (written) policies. It is important to clarify the relationship between BAM and the other parts of the UI system. The BAM payment error coding system encompasses appealable actions taken by any state 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 state finality provisions.

**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.

When code 7, 8, or 9 is entered into h1, Screen I is displayed by the software for data entry of error issues. This interrupts data entry into Screen H. The BAM investigator will enter the overpayment and underpayment information on the

new screen. 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 in terms of the amount of error.

**Note**: If Key Week Action Code Flag h1 = 1, 2, 3, 4 (proper payment), or 5 (no additional improper payment issues) Screen I will not be displayed.

**Edits for h1:**

- Must be 1, 2, 3, or 9 for Update Cases.
- Must be 1 to 5, 7, 8, or 9 for Reopen Completed Cases.
- Must be 4, 5, 7 or 8 if Reopen Completed Case Code (ro1) is 7, 8 or 9.
- h2 must equal f13, if h1 equals 1, 2, 3, or 4.
- Must be 1 to 4, if h5 and h6 are 0.

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 nine 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) BAM Detection Point
(ei6) Prior Agency Action
(ei7) Prior Employer Action
(ei8) BAM Action Regarding Key Week Appealed
(ei9) Prior Claimant Action

States may modify the last digits of the codes for five 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, Prior Employer Action code ei7, and Prior Claimant Action code ei9. The default last digit in each of these codes is zero. States 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. Round to the nearest whole dollar amount.

**Edits:**

- Must be greater than 0.
- Cannot exceed state maximum WBA plus dependents allowance.
- Cannot exceed f13 if ei2 is 10 to 16.
- Must be less than or equal to e10 plus e16, if ei2 is 20 to 23 and state does not equal WI (FIPS code 55).
- Must be less than or equal to e10 plus e16 times 2 minus 1, if ei2 is 20 to 23 and state is equal to WI (FIPS code 55).
- The minimum dollar amount of all issues with action codes 10 to 13 and 15 must not exceed h5; except: if action code (ei2) equals 11, 12, 13, or 15 and Prior Agency Action (ei6) equals 90 to 99, h5 must equal 0.
- The minimum dollar amount of all issues with action codes 20 to 22 must not exceed h6.

**(2) (ei2) Key Week Action.**

Enter the code that identifies the type of error/issue identified by the BAM investigation.

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

14 = BAM determines payment was too large except for formal warning rule that prohibits official action. The payment is "technically"

proper due to law/rules requiring formal warnings for unacceptable work search efforts.

15 = BAM 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.

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

22 = BAM 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).

24= BAM determines payment was too small, but claimant is not entitled to payment due to collateral issues.

**Edits:**

- Must be 10 to 16, or 20 to 24.
- ei1 must not exceed f13, if ei2 equals 10 to 16.
- ei1 must be less than or equal to e10 plus e16, if ei2 equals 20 to 24, and state does not equal WI (FIPS code 55).
- ei1 must be less than or equal to e10 plus e16 times 2 minus 1, if ei2 equals 20 to 24 and state is equal to WI (FIPS code 55).

- Cannot equal 14, if g1 equals -2.
- If ei2 equals 14, Error Cause (ei3) must equal 420 to 429.

**(3) (ei3) Error Cause**. Each payment error must be assigned a cause code. These codes are grouped into six major categories. Enter the one code that best identifies the cause of the payment error. The last digit is reserved for state 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 for Key Week.

(b) In the **Base Period**, errors in reporting/recording earnings or weeks/days/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.

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

240 = Misclassified worker. Employer misclassified the claimant as an independent contractor.

248 = Misclassified worker. Claimant improperly classified as an independent contractor; however, the employer furnished claimant a 1099 earnings statement

249 = Misclassified worker. Claimant improperly classified as an independent contractor and the employer **did not furnish** the claimant with a 1099 earnings statement

(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 = Employment Service registration

470 = Other causes related to eligibility issues

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

**Note**: Identity theft codes 480 to 489 are valid for any payment error detected through the BAM audit and are not limited to payment errors

detected through matches with the State or National Directory of New Hires or with UI wage record files.

(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.

638= Fraud outside of Key Week caused the Key Week to be improper due to disqualification penalty.

**Note:** BAM units should use Key Week (KW) Action (ei2) code 10 and Error Cause (ei3) code 638 for paid weeks that by state law are included in a penalty assessed for a fraudulent overpayment that occurred in a week prior to the BAM KW.

Example: The paid week selected for the BAM sample is the 8th week of benefits the claimant has received in the current benefit year. The BAM investigation identifies through crossmatch with the New Hire directory that week 4 was a fraud overpayment attributable to claiming UI while employed. Under state law, a penalty of 10 weeks is assessed in addition to the overpayment established for week 4. The claimant has no fraud issue affecting the KW itself. BAM would code the KW as fraud: KW Action code 10 and Error Cause code 638.

**Edits:**

- Must be 100 to 159, 200 to 229, 240 to 249, 300 to 329, 400 to 489, 500 to 519 or 600 to 639.
- Cannot be 300 to 329, 420 to 489, 600 to 609, or 620 to 629, if ei2 is 20 to 24.
- Must be 420, if ei2 equals 14.
- ei2 must equal 10, 11, 12, 13, or 15, if ei3 is 480 to 489.
- ei4 must equal 1[xxx] in any combination with codes 0, 2, 3 and 4, if ei3 is 480 to 489.
- Cannot equal 420, if g1 equals -2.

**(4)** **(ei4) Error Responsibility**. Each payment error must be assigned a responsibility code. Enter ALL the appropriate codes to indicate the party or parties responsible (by action or inaction) for the payment error. Do not repeat a code even if more than one responsible party per category applied, e.g., if more than one employer was responsible, or more than one "Third Party" was responsible. Each position is coded with the appropriate code for the responsible party or zero according to the following table.

| ERROR RESPONSIBILITY | |
|---|---|
| **Position 1 = Claimant** | **Position 2= Employer** |
| 0 – Not responsible<br>1 – Responsible | 0 – Not responsible<br>2 – Responsible |
| **Position 3= Agency** | **Position 4= Third Party** |
| 0 – Not responsible<br>3 – Responsible | 0 – Not responsible<br>4 -- Responsible |

Responsibility codes may be difficult to assign for 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.

**Edits:**

- Variable entry by position. Can be 0/1, 0/2, 0/3, 0/4.; no duplicates, except 0.
- Cannot contain a 2, if ei7 equals 70.
- Must contain a 3, if ei6 equal s 30-39, 40-49, 50-59, 80-89 or 90-99.

- Must contain a 2 if ei7 equals 20 to 59 or 80 to 89.
- Must contain a 1 if ei9 equals 20 to 59.

**(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 state 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 (Not new hire or wage record files)

60 = Employment Service records

70 = Verification with union

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

States can use codes 81 through 89 to document point of detection subsequent to new hire directory match.

81= Verification of work search contact
82= Verification of wages and/or separation
83= Claimant interview
84= Verification of eligibility with 3rd parties
85= UI records
86= Employment Services records
87= Verification with a labor union
88= (Second digit reserved for state use)
89= (Second digit reserved for state use)

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

States can use codes 91 through 99 to document point of detection subsequent to wage record match.

91= Verification of work search contact
92= Verification of wages and/or separation
93= Claimant interview
94= Verification of eligibility with 3rd parties
95= UI records
96= Employment Services records
97= Verification with a labor union
98= (Second digit reserved for state use)
99= (Second digit reserved for state use)

**Edits:** Must be 10 to 99.

**(6) (ei6) Prior Agency Action**. For each payment error, a code is assigned which indicates any action(s) taken by the state on the Key Week issue as of the date sample selected. Enter appropriate code from below. The last digit is reserved for state 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 = State was in the process of resolving KW issue prior to sample being selected or state 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 = State identified KW issue prior to KW selection but took incorrect action.

40 = State 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 state thereby precluding ability to detect KW issue.

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

80 = Agency provided incorrect information or instructions to claimant, employer or third party.

90 = Error affecting the Key Week payment or the agency's determination to deny eligibility was the result of another state's workforce agency's procedural error or incorrect information provided to the claimant, employer, the liable state's workforce agency or other party.

**Edits:**

- Must be 10 to 99.
- Cannot equal 90-99, if ei2 equals 10.

**(7) (ei7) Prior Employer Action**. For each payment error a code is assigned to indicate action(s) taken by the employer affecting the KW error 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 state 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.

80-89 = Employer failed to report the claimant as a new hire as mandated by law and this "lack of action" permitted the overpayment to occur, which made the key week improper (e.g. concealed earnings/separation error).

91 = Employer representative provided adequate information to state in a timely manner for payment determination.

92 = Employer representative provided adequate information after due date for payment determination.

93 = Employer representative provided inadequate/incorrect information in a timely manner for payment determination.

94 = Employer representative provided inadequate/incorrect information after due date for payment determination.

95 = Employer representative did not respond to request for information.

96 = Employer representative on behalf of the Employer, as an interested party, was not requested by agency to provide information for determination.

**Edits:**

- Valid codes: 10 to 79, 80 to 89, 91 to 96.
- Cannot equal 70-79, if ei4 contains a 2.

Note: The 90 series codes will be available with the software release greater than 10.0

**(8) (ei8) BAM Action Regarding Key Week Appealed**. Enter the appropriate code for appeals filed as a result of PCA action on the Key Week 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 = State appealed BAM determination.

**Edits:** Must be 1 to 6.

**(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 state use to provide greater detail regarding claimant action.

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

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

30 = Claimant provided timely but inadequate/incorrect information to the agency for determination.

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

50 = Claimant did not respond to the agency's request for information.

60 = The agency did not request the claimant to provide information.

**Edits:** Must be 10 to 69.

**Continuation of h Codes for Improper Payments:**

**(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." Exclude action codes 14, 16, (11, 12, 13, and 15 if Prior Agency Action (ei6) equals 90 to 99), 23, and 24.

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 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.

**Edits:**

- Cannot exceed maximum WBA (e9) plus maximum Dependents' Allowance (e15).
- Cannot be less than state's minimum Dependents' Allowance (e15).
- Must equal f13, if h1 is 1, 2, 3, or 4.

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

**Definition:** This element captures the total amount of overpayments established for the claimant as a result of the BAM investigation. 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 officially established for weeks claimed or paid. Include payments from any Extended Benefits and temporary extended or emergency compensation programs. **Do not adjust (i.e., net) amount due to the establishment of underpayments**, **code only overpayments**. 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.

**Edits:** Must be from 0 to 50,000.

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

**Definition**: This element captures the total amount of underpayments established for the claimant as a result of the BAM investigation. 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 established for weeks actually claimed or paid. Include amounts from prior benefit years if applicable. Include payments from any Extended Benefits and temporary extended or emergency compensation programs. **Do not adjust (i.e., net) amount due to establishment of overpayments, code only for underpayments**. 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.

**Edits:** Must be from 0 to 50,000.

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

**Definition**: This element captures the total amount of Key Week overpayments for a case, except for those recorded as formal warnings, officially reversed appeal decisions with which BAM disagrees, and nonfraud overpayments for which an agency other than the liable state agency was responsible.

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, 16, and action codes 11, 12, 13 and 15 if prior agency action equals 90 to 99.

Exclude any overpayments for weeks paid prior to or after the Key Week and any prospective errors relating to weeks not claimed.

Exclude any overpayment established or WBA, KWDA entitlement, MBA, or RB decreased which was later "officially" reversed. BAM agrees with the "official" action.

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

**Edits:**

- Must not exceed f13.
- Must equal ei1, if there is only one overpayment issue with either action code 10 or (action codes 11 to 13, and 15, and ei6 equals 10 to 89).
- Cannot exceed the sum of the dollar amounts in ei1 for all issues with action codes 10 and (action codes 11 to 13, and 15, and ei6 equals 10 to 89).
- Must be greater than or equal to the minimum dollar amount of all issues with action codes 10 and (action codes 11 to 13, and 15, and ei6 equals 10 to 89).
- Must equal f13 if h2 equals 0.
- Must equal f13 minus h2 if case only has single overpayment and no underpayment issue.
- Must equal 0 if ei2 equals 14, 16, or (11, 12, 13, and 15 and ei6 equals 90 to 99)..

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

**Definition:** 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.
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 codes 23 and 24.
**Edits:**

- Must equal ei1, if h6 has a single underpayment issue with action codes 20 to 22.

- Cannot exceed the sum of the dollar amounts of ei1 of all issues with action codes 20 to 22.
- Cannot exceed the state's maximum WBA plus maximum dependent allowance minus original amount paid.
- Must be greater than or equal to the minimum dollar amount of all issues with action codes 20 to 22.
- Must equal h2 minus f13 if case only has single underpayment and no overpayment issue.

**5. 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:

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

Each state must develop a standard BAM form for use in computing the entries for these data elements. The form must contain, at a minimum, entries to record the information on the two-page facsimile that follows in section (a). The format of the facsimile should be adequate for most states; however, some states, e.g., those with dependents allowances, will need to modify the form. The BAM investigator must complete the form for all cases with multiple issues and retain it 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. Exclude formal warnings (ei2 equals 14), officially reversed actions (ei2 equals 16), cases in which ei2 equals 11, 12, 13, and 15 and Prior Agency Action (ei6) equals 90 to 99), and cases in which ei2 equals 23 or 24.

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

**$ Amount** -- Dollar Amount of Key Week issue (ei1).

**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 UP: | | |

| 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** = | $ |

**(h2) NAME:** Amount That Claimant Should Have Been Paid (See page V-11)

| 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):** | | $ |

**(h5) NAME:** Total Overpayment Amount for the Key Week (See page V-12)

| E. **(h6)** Total Key Week Underpayments | | |
|---|---|---|
| 1. | Enter the state maximum WBA plus Dependents' Allowance: | $ |
| 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):** | | $ |

**(h6) NAME:** Total Underpayment Amount for the Key Week (See V-13)

b. **Instructions**. On the front page of the worksheet, list all errors/issues in the applicable boxes (A for overpayments or B for underpayments). Exclude overpayments coded as formal warnings (Key Week Action code 14), officially

reversed actions (Key Week Action code 16), and nonfraud overpayments attributable to the actions of an agency other than the liable state (Key Week Action codes 11, 12, 13, and 15 if Prior Agency Action (ei6) equals 90 to 99). Exclude underpayments coded as officially reversed actions (Key Week Action code 23), and cases for which BAM determines that the payment was too small, but claimant is not entitled to payment due to collateral issues (Key Week Action code 24). These codes are not used in the Annual Report 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 is 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 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 is 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 is used to figure the dollar amount for h6, Total Key Week Underpayments.

Enter the maximum WBA plus Dependents' Allowance payable in the state 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. The figures entered on the worksheets are for illustration only. They are not accurate for any particular state since calculations will be based upon each state's own formulas for monetary determinations, wage reductions, etc. A clean copy of this form can be found in Appendix B, pages B-18 and B-19.

**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, (11, 12, 13, and 15 when Prior Agency Action (ei6) equals 90 to 99), 23, and 24 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 UP: $5 | | |

| 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:<br><br>$25 – unreported earnings<br>$65 – vacation pay<br><br>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 state maximum WBA plus Dependents' Allowance: | $ 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, (11, 12, 13, and 15 if Prior Agency Action (ei6) equals 90 to 99), 23, and 24 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 |
|---|---|

| 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 UP: | | $ 55 |

| 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:<br><br>_____<br>_____<br>_____ | |
| | 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 state maximum WBA plus Dependents' Allowance: | $ 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, (11, 12, 13, and 15 if Prior Agency Action (ei6) equals 90 to 99), 23, and 24 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 |
|---|---|

| 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 UP: | | $ 195 |

| 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 state maximum WBA plus Dependents' Allowance: | $ 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 |

**6. Case Completion**. Data elements **h7** through **h11** are utilized to close the case files.

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

**Definition:** Enter code 1 when case investigation 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. The current system date will stamped in (**h8**).

**Edits:**

- Must be NULL or 1.
- Can only be set by investigator who was assigned the case (or BAM Supervisor).
- All DCI fields must be completed.

**(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.

**Edits:** Must be less than or equal to h10.

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

**Definition**: The BAM supervisor will enter either 0 or 1 to close the case. Subsequent adjustments to the case data must be made by reopening the case. Entry in this field will only be allowed if item h7 has been coded 1.

Entry of 0 or 1 will cause the current system date to be stamped in h10 and the login ID of the supervisor in **h11**.

0 = Supervisor has completed the case without review
1 = Supervisor has completed the case after review

**Edits:**
- Must be 0, 1, or NULL.
- Can only be entered if h7 equals 1.

**(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.

**Edits:** Must be greater than or equal to h8.

**(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.

**Edits:** Cannot be greater than eight (8) characters/digits.

**7. 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 = State 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.

7 =Data of a closed case were changed or payment accuracy status updated as a result of additional information obtained through cross match of claimant SSN with state directory or National Directory of New Hires.

8 =Data of a closed case were changed or payment accuracy status updated as a result of additional information obtained through cross match of claimant SSN with state or national UI wage record files.

9=Data of a closed case were changed or payment accuracy status updated as a result of additional information obtained through investigation methods other than crossmatch with new hire or wage records.

**Note**: If Reopen Code = 7, 8, or 9, Key Week Action Flag Code h1 must equal 4, 5, 7, or 8. Timeliness will not be recalculated for cases reopened using reopen codes 7, 8, or 9. Timeliness will be based on the latest date in supervisor completion date h10 or reopen date ro2 for records with reopen code (3).

**Edits:**

- Must be 3, 4, 5, 6, 7, 8 or 9.
- Must be 7, 8 or 9 if h1 is 4, 5, 7, or 8.

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

**Definition**: The date that identifies when a case was reopened.
The BAM software system will automatically set it as current date for the Reopen Case Codes 3, 4, or 5. The field will remain NULL when the Reopen Case Code is 6.

**Edits:** System entered date

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

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

**Edits:** Cannot be greater than eight (8) characters/digits

# 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 (Appendix B)
- Separation / Intervening Separation / Recall Status Verification
- Benefit Year Earnings / Current Employment Status / New Hire Reporting Compliance Verification (See Appendix B)

- 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 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. Sample Selection. The annual sample sizes for UI paid claims and the three types of denials are fixed by DOL 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, states 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 non-separation denials will be selected each year, for a total of 450 DCA cases.

13. 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.):

- 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.

14. 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 end 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
- Documentation of Method of Claimant Identification
- Authorization to Release Information, if required by the state.
- Signed statements on factfinding issues
- Work Search Verification - Employer
- Work Search Verification - Labor Organization
- Work Search Verification - Private Employment Agency
- Employment Separation Verification
- 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
- Documentation of National Directory of New Hires crossmatch
- Documentation of the Occupational Code source
- Computer Screen Shots at the time of case assignment
- Summary of Investigation

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

**4. <u>Transmission of Data to the National Office</u>.** BAM records must be available for daily electronic transmittal of data from states to the Department of Labor's National Office.

# CHAPTER VIII

# DENIED CLAIMS ACCURACY

**1. Introduction.** The BAM program has continued to measure the accuracy of UI 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 intrastate 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 state practices and procedures, and analyze DCA data to assess the impact of federal requirements on the UI system.

The Data Collection Instruments (DCI), with instructions and database specifications for DCA can be found in appendix D of this handbook. 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 above listed methods. 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. As previously stated in Chapter VI, 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.

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 non-separation 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 non-separations. 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 state and DOL 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, states that have formal policies regarding the rounding of dollars should follow those policies. Other states should round to the nearest whole dollar, i.e., drop decimals of (4) or less; round up decimals of (5)or more.

- Beginning with Batch 200701, coding is mandatory for elements 10 through 36 on the DCI.

## CASE CONTROL AND CLAIMANT INFORMATION

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

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

**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

**Definition:** 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.

**Edits**:
- The sequence number cannot be NULL.
- The sequence number values are from **01**-**99**.

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

**Definition:** 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

**Edits**: Must be 1 for PCA and 2, 3, or 4 for DCA.

**Name**: Claimant's last name

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

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

**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

**Definition:** 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.

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.

If the issue investigated arises from a claimed or compensated week, enter the month, day and year of the week ending date of the claimed or

compensated week (first week affected ending date – the first week in a claim series to which a notice of nonmonetary determination applies)

**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

**Definition:** 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)

Note: The '0' code cannot be used as the Claim Type for monetary denials. Claim type for monetary denials must reflect the appropriate code ('1' – new initial, '3' – transitional). Edits in the Update Cases and Reopen Cases programs will not allow a Claim Type code of '0' for monetary denials.

**Edits**:
- Must be 0-5.
- Claim Type cannot be NULL

**(7)** **NAME**: State
**SHORT NAME**: state

**Definition:** 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 |
| **KS** | Kansas | **ND** | North Dakota | **WY** | Wyoming |
| **KY** | Kentucky | **OH** | Ohio | | |

**Edits:**

- The must be a valid alpha code from the above.
- Must be -2, only if 90 - Action Flag is 8.

**(8)** **NAME**: Local Office
**SHORT NAME**: locoff

**Definition:** Enter the state agency's local office code, itinerant point number, or code designating telephone or electronically filed claims through which the claim was filed.

**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

**Definition:** 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 the payment/determination under investigation was correctly

made. Entry of this code will automatically enter the current date in the assignment date field.

**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

**Definition:** 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
-2 = Not applicable, if the claimant withdrew claim after denial issued

**Edits:**

- Must be 1, 2, 3, or -1.
- Must be -2, only if 90 - Action Flag is 8.

**(11)** **NAME**: U.S. Citizen
**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 = Information not available or missing
-2 = Not applicable, if the claimant withdrew claim after denial issued

**Edits:**

- Must be 1, 2, 3, or -1.
- Must be -2, only if 90 - Action Flag is 8.

**(12)** **NAME**: Date of Birth
**SHORT NAME**: dob

**Definition:** 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 missing or unknown, use "01/01/0001". If claimant withdrew claim after denial was issued, enter "02/02/0002" for not applicable.

**Edits:**

- Must be 1900 ~ Current.
- Cannot be later than 24 - Benefit Year Beginning.
- Can be "01/01/0001".
- Can be "02/02/0002", only if 90 - Action Flag is 8.

**(13) NAME**: Gender
**SHORT NAME**: gender

**Definition:** Enter appropriate code.

1 = Male
2 = Female
-1 = Information not available or missing
-2 = Not applicable

**Edits:**

- Must be 1, 2, or -1.
- Can be -2, only if 90 - Action Flag is 8.

**(14) NAME**: Race / Ethnic Classification
**SHORT NAME**: 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.

99 = If neither race nor Hispanic/Latino ethnicity is known
-2 = Not applicable if claimant withdrew claim after denial was issued

| FIRST POSITION → | 0 – Not Hispanic | 1 – Hispanic or | 9 – Ethnicity Unknown |
|---|---|---|---|
| SECOND POSITION ↓ | | | |

| | or Latino | Latino | |
|---|---|---|---|
| 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 |

**Edits:**

- Must be a valid code from the above table.
- Can be 99.
- Can be -2, only if 90 - Action Flag is 8.

**(15)** **NAME**: Education
**SHORT NAME**: educ

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

00 = 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.)
-1 = Information not available or missing
-2 = Not applicable

**Edits:**

- Must be 00, 01 to 12, 14 to 16, 20, or -1.
- Can be -2, only if 90 - Action Flag is 8.

**Note regarding this element and (16):** A distinction must be made between education and training. Attendance at one institution or facility cannot be coded under both categories. If the experience leads to a certificate it is to be considered vocational or technical (voc/tech) school training. If the individual is awarded 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.

**(16) NAME**: Vocational or Technical School Training
**SHORT NAME**: voctech

**Definition:** 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

**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

**Definition:** Enter the applicable code, after verification, for the claimant's training status during the denial period.

00 = Not in training

| UI Approved Training: | NOT UI Approved Training: |
|---|---|
| 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

**Edits:**
- Must be 00, 11 to 14, 21 to 24, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.

**(18) NAME**: O*Net Code for Claimant's Usual Occupation

**SHORT NAME**: usualocc

**Definition:** Enter the first three digits of the O*NET code for claimant's usual occupation. The first source for this data element is the claimant's response on the claimant questionnaire. This information must be verified with either the base period employer or the separating employer. The BAM investigator must resolve any discrepancies between the claimant's statement and the employer information. If the information is not available from the claimant questionnaire or the employer verifications, then use labor market information.

-1 = Information not available or missing
-2 = Information not applicable

| Code | O*NET Major Group | Code | O*NET 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 | | |

**Edits:**

- The first two digits must be a valid code from the above.
- Must be -2, if 90 - Action Flag is 8.

**(19)** **NAME**: Occupation Code (Seeking Work)
**SHORT NAME**: seekocc

**Definition:** Enter the first three digits of the O*NET code for type of work that claimant is seeking. (See **Element 18** for list) The first source for this data element is the claimant's response on the claimant questionnaire. If the information is not available from the claimant questionnaire, then use information obtained from the agency records.

If the claimant is not required to seek work, and the claimant interview was not completed, this data element should reflect the claimant's occupation for the employment on which the agency based the exemption from work search

-1 = Information not available or missing
-2 = Information not applicable

**Edits:**

- The first two digits must be a valid code from the above.
- Must be -2, if 90 - Action Flag is 8.

**(20)** **NAME:** Normal Hourly Wage for Base Period Occupation
**SHORT NAME:** ushrwage

**Definition:** Enter normal hourly wage for the claimant's occupation during the base period. The first source for this information is the claimant's response on the claimant questionnaire. The BAM investigator must verify this information with the claimant's base period employer and resolve any discrepancies between the claimant's statement and information from the base period employer. If the information is not available from the claimant questionnaire or through verification with the base period and/or separating employer, then use labor market information. Express with decimal point in dollars and cents per hour (e.g., $7.50 per hour is coded as 7.50).

Use state conversion formula when other than hourly wage 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.

Military (UCX) compute using the information provided on the DD-214. Military wages are based on 240 hours monthly, 56 hours weekly and 8 hours daily.

-1 = Information not available or missing
-2 = Information not applicable

**Edits:**
- Must be in the validation range set by state agency
- Must be -2, if 90 - Action Flag is 8.

**(21)** **NAME**: Lowest Acceptable Hourly Wage
**SHORT NAME**: lohrwage

**Definition:** Enter lowest hourly wage that claimant was willing to accept. The first source for this data element is the claimant's response on the claimant questionnaire. This information must be verified with either the base period employer or the separating employer. The BAM investigator must resolve any discrepancies between the claimant's statement and the employer information. Express in dollars and cents per hour (e.g., $7.50 per hour is coded as 7.50). Use state conversion formula when other than hourly wages is given. If no state formula, use the appropriate formula provided in element (20) above.

-1 = Information not available or missing
-2 = Information not applicable

**Edits:**
- Must be in the validation range set by state agency.
- Must be -2, if 90 - Action Flag is 8.

**BENEFIT YEAR INFORMATION**

**(22)** **NAME**: Program Code
**SHORT NAME**: program

**Definition:** Enter appropriate program 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 = (Reserved for temp. programs)
9 = Deleted record (did not belong in sampling frame)

**Edits:** Must be 1 to 8.

**(23)** **NAME**: Combined Wage Claim
**SHORT NAME**: cwc

**Definition:** Enter the code that applied at the time the claim was denied.

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 the claimant declined to combine. Use codes 3 or 6 if out-of-state wages have been requested but not received or acted upon at the time the determination was made.

**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

**Definition:** Enter effective date of most recent new or transitional (not reopened or additional) claim for denial or payment being investigated.

Entry can be “02/02/0002”, Not Applicable, if claimant withdrew claim after denial was issued.

**Edits:**

- Can not 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

**Definition:** 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 fax or electronic other than e-mail)
6 = Internet Claim
-1 = Information not available or missing
-2 = Not Applicable

**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

**Definition:** 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, telephone or other multimedia) / or other multimedia. The valid codes are summarized in the following table.

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

-1 = Information not available or missing
-2 = Not Applicable

**Edits:**

- Must be a combination of 0 to 4, -1 or -2.
- Must be -2, if 90 - Action Flag is 8.

**(27)** **NAME**: Industry Code of Primary Base Period Employer
**SHORT NAME**: priempsic

**Definition:** Enter four-digit (industry group level) North American Industry Classification System (NAICS) code for the claimant's primary base period employer as identified for the Claim Date (**element 5**). If only a two-digit NAICS sector level is available on the state's computer system, enter the two

digits followed by two zeros. If at all possible, NAICS codes should be obtained for out-of-state employers, non-profit employers and exempt employers. NAICS codes can be found at: www.census.gov/naics/.

-1 = Information not available or missing
-2 = Not Applicable (No base period employer or claimant withdrew claim after denial was issued.)

| | | | |
|---|---|---|---|
| 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 |

**Edits:**

- First two positions of code must be a valid two-digit NAICS code defined above.
- Must be -2, if 90 - Action Flag is 8.

**(28)** **NAME**: Industry Code of Last Employer
**SHORT NAME**: lastempsic

**Definition:** 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 state's computer system, enter the two digits followed by two zeros.

-1 = Information not available or missing
-2 = Not Applicable

**Edits:**

- First two positions of code must be a valid two-digit NAICS code defined above.
- Must be -2, if 90 - Action Flag is 8.

**(29)** **NAME**: Method for Filing Week Claimed
**SHORT NAME**: wkfilmeth

**Definition:** 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 fax or electronic other than e-mail)
6 = Internet Claim
-1 = Missing
-2 = Not Applicable

**Edits:**

- Must be 0 to 6, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be 0 if Claim Type is 0.

**Stamp Edits:** Must be 1 to 6, or NULL.

**(30)** **NAME**: Original Amount Paid and/or Offset for Denial Period / Week
**SHORT NAME**: origamtpd

**Definition:** 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.

-2 = Not Applicable

**Edits:**

- Can be 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be less than or equal to 35 - MBA Before.

**(31)** **NAME**: Number of Weeks Denied Before Investigation
**SHORT NAME**: wksdenbef

**Definition:** 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

**Edits:**

- Must be 0 to 52, 99, or -2.
- Must be -2, if 90 - Action Flag is 8.

**(32)** **NAME**: Number of Weeks Denied After Investigation
**SHORT NAME**: wksdenaft

**Definition:** 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

**Edits:**

- Must be 0 to 52, 99 or -2.
- Must be -2, if 90 - Action Flag is 8.

**(33)** **NAME**: Weekly Benefit Amount (WBA) Before Investigation
**SHORT NAME**: wbabef

**Definition:** 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 any adjustments to WBA resulting from a monetary redetermination caused by nonmonetary

issues (e.g., a separation issue or administrative penalty). Disregard any EB benefit entitlement, state supplemental payments, dependents' allowances or any deductions.

For separation/non-separation determinations, enter the WBA based on the original monetary determination or the adjusted WBA 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

**Edits:**

- Must be in the validation range set by state agency.
- 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

**Definition:** For monetary denials (sample type 2), enter claimant's WBA based on the monetary determination that should have applied after the DCA investigation, expressed in whole dollars. Disregard any adjustments to WBA resulting from a monetary redetermination caused by nonmonetary issues (e.g., a separation issue or administrative penalty). Disregard any EB benefit entitlement, state supplemental payments, dependents' allowances or any deductions.

For separation/non-separation determinations, enter the WBA based on the original monetary determination or the adjusted WBA 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

**Edits:**

- Must be in the validation range set by state agency.
- 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

**Definition:** 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. 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 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

**Edits:**
- Must be in the validation range set by state agency.
- 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

**Definition:** For monetary denials (sample type 2), enter claimant's MBA based on the monetary determination that should have applied after the DCA investigation, expressed 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 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

**Edits:**

- Must be in the validation range set by state agency.
- 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

**Definition:** 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 (base period wages less than minimum requirements)

20 = Insufficient hours/weeks/days

30 = Failure to meet high quarter wage requirement (high quarter wages less than minimum).

40 = Requalification wage requirement

50 = Other

-2 = Not Applicable, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be 10 to 59.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(43)** **NAME**: Reason for Monetary Denial After Investigation
**SHORT NAME**: monstataft

**Definition:** Enter the code that the DCA investigation establishes as the correct criterion for the monetary denial determination. Second digit is for optional state use. Note: For states with alternate base periods, BAM is determining whether the monetary denial was proper or improper, therefore the investigator must scrutinize all five quarters of wages considered in making this determination.

*Series ID:*

00 = Sufficient wages/hours/weeks/days (claimant monetarily eligible)

10 = Insufficient wages(base period wages less than minimum requirements)

20 = Insufficient hours/weeks/days

30 = Failure to meet high quarter wage requirement (high quarter wages less than minimum).
40 = Requalification wage requirement
50 = Other
-2 = Not Applicable, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be 00 to 59.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(44)** **NAME**: Number of Base Period Employers Before Investigation
**SHORT NAME**: bpempbef

**Definition:** 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.

-2 = Not Applicable, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be within the validation range set by state agency.
- Can be 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(45)** **NAME**: Number of Base Period Employers After Investigation
**SHORT NAME**: bpempaft

**Definition:** 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.
**Note:** If applicable, consider the application of regular or alternative base period.

Enter "0" if it is established that there were no base period employers as a result of the investigation.

-2 = Not Applicable, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be within the validation range set by state agency.
- 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.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(46)** **NAME**: Base Period Wages Before Investigation
**SHORT NAME**: bpwbef

**Definition:** Enter total amount of all wages from employers identified in (44) "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, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be within the validation range set by state agency.
- Can be 0.
- Must be greater than or equal to the 48 - HQ Wages Before.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(47)** **NAME**: Base Period Wages After Investigation
**SHORT NAME**: bpwaft

**Definition:** Enter total amount of all BP wages from employers identified in (45) "Number of BP Employers After Investigation", even if claimant is

ineligible. Express in whole dollars. Disregard any state reduction in BP wages due to administrative penalty.
**Note:** If applicable, consider the application of regular or alternative base period.

-2 = Not Applicable, if claimant withdrew claim after denial was issued OR the Sample Type is Separation (3) or Nonseparation (4)
**Edits:**
- Must be within the validation range set by state agency.
- 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.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(48)** **NAME**: High Quarter Wages Before Investigation
**SHORT NAME**: hqwbef

**Definition:** 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.

Equals 99999 if greater than $99,999.
-1 if information not available or missing
-2 if not applicable

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0, -1, or -2.
- 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.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(49)** **NAME**: High Quarter Wages After Investigation
**SHORT NAME**: hqwaft

**Definition:** The total whole dollar amount of claimant's high-quarter base period wages from those employers identified in (45), "Number of Base Period Employers After Investigation", even if claimant is ineligible, that should have been used for the monetary determination under investigation. **Note:** If applicable, consider the application of regular or alternative base period.

Equals 99999 if greater than $99,999.
-1 if information not available or missing
-2 if not applicable, if the claimant withdrew claim after denial issued OR the Sample Type is Separation (3) or Nonseparation (4)

**Edits:**

- Must be within the validation range set by state agency.
- Can be 0, -1, or -2.
- Must be less than or equal to 47 - BP Wages After.
- 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 -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**(50)** **NAME**: Number of Weeks Worked in BP Before Investigation
**SHORT NAME**: bpwksbef

**Definition:** 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

**Edits:**

- Must be within the validation range set by state agency.
- Can be 0.
- Can be -2, if not required by State law for eligibility.
- Must be -2, if 90 - Action Flag is 8.
- Must be -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

**Definition:** Enter number of weeks claimant worked in base period after investigation. Complete this item if required by state law for eligibility.
**Note:** If applicable, consider the application of regular or alternative base period.

0 = Earnings in week(s), but insufficient to establish a credited week of eligibility
-2 = Weeks/hours of work are not required

**Edits:**
- Must be within the validation range set by state agency.
- Can be 0.
- 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 -2, if 90 - Action Flag is 8.
- Must be -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

**Definition:** Enter the number of dependents claimed.

0 = None and state has a dependency provision
-2 = State does not have a dependency provision

**Edits:**
- Must be within the validation range set by state agency.
- Must be 0, if 54 - Depend. Allow Before is 0.
- Cannot be 0, if 54 - Depend. Allow Before is not 0.
- Must be -2, if 54 - Depend. Allow Before is -2.
- Cannot be -2, if 54 - Depend. Allow Before is not equal to -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**Stamp Edits:**
- Must be -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

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

0 = None and state has a dependency provision
-2 = State does not have a dependency provision

**Edits:**
- Must be within the validation range set by state agency.
- 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 be -2, if Sample Type is 3 or 4.

**Stamp Edits:**
- Must be -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

**Definition:** 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 and state has a dependency provision
-2 = State does not have a dependency provision

**Edits:**
- Must be within the validation range set by state agency.
- 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 be -2, if Sample Type is 3 or 4.

**Stamp Edits:**

- Must be -2 or NULL.
- If 54 - Depend. Allow Before is set to -2 or NULL, then 52 - Depend. Before, 53 Depend. After, and 55 - Depend. Allow After will be set to -2 or NULL respectively.

**(55)** **NAME**: Dependents' Allowance After Investigation
**SHORT NAME**: allowaft

**Definition:** 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 and state has a dependency provision
-2 = State does not have a dependency provision

**Edits:**

- Must be within the validation range set by state agency.
- 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 greater than 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.
- Must be -2, if 53 - Depend. After is -2.
- Cannot be -2, if 53 - Depend. After is not equal to -2.

**Stamp Edits:**

- Must be -2 or NULL.
- If 55 - Depend. Allow After is set to -2 or NULL, then 52 - Depend. Before, 53 - Depend. After, and 54 - Depend. Allow Before will be set to -2 or NULL respectively.

**(56)** **NAME**: Monetary Redetermination
**SHORT NAME**: monredet

**Definition:** Enter appropriate code which indicates whether state redetermined claimant's monetary eligibility prior to or during the course of the DCA investigation. Consider only monetary 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 (Did not involve the application of an alternative base period (ABP) or extended base period (EBP) in determining monetary eligibility.)

2 = No

3 = Yes (Did involve the application of an alternative base period (ABP) or extended base period (EBP) in determining monetary eligibility.)

-2 = Not Applicable

**Edits:**

- Must be 1, 2, 3 or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 3 or 4.

**SEPARATION INFORMATION**

**(57) NAME:** Separation Issue Number

**Definition:** Enter the Numeric 2 digit 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

**Edits:**

- Must be 0 to 99, or -2.
- Default value is 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 4.

**(58)** **NAME**: Reason for Separation Determination Before Investigation
**SHORT NAME**: sepbef

**Definition:** 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 state use for coding more detailed issue information such as different types of Voluntary Quits or Discharges.

*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 or Compelling Family Reason
60 = Not separated (partials, job attached, leave of absence)
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR the Sample Type is Monetary (2) or Nonseparation (4)

**Edits:**
- Must be 10 to 69.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 4.

**(59)** **NAME**: Reason for Separation After Investigation
**SHORT NAME**: sepaft

**Definition:** 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 state use for coding more detailed issue information such as different types of Voluntary Quits or Discharges.

*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 or Compelling Family Reason
60 = Not separated (partials)

-2 = Not Applicable (Sample Type equals 2 and 4 only)

**Edits:**

- Must be 00 to 69.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 4.

**(60)** **NAME**: Date of Separation Before Investigation
**SHORT NAME**: sepdatebef

**Definition: :** Enter date (MM/DD/YYYY) of separation as defined by state law/policy, from last employer used to determine code assigned in **(58)**. If the claimant has not been separated, enter the last day worked, but no later than the Key Week ending date, if code in **(58)** is 60-69.

01/01/0001 = Information not available or missing
02/02/0002 = Not Applicable

**Edits:**

- Can not 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.

**(61)** **NAME**: Date of Separation After Investigation
**SHORT NAME**: sepdateaft

**Definition:** Enter the date (MM/DD/YYYY) of separation as defined by state law/policy, from last employer after investigation as identified in **(59)**. If the claimant has not been separated, enter the last day worked, but no later than the Key Week ending date, if code in **(59)** is 60-69.

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)

**Edits:**

- Can not 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

**Definition:** 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 3

**Edits:**

- Must be 0 to 99, or -2.
- Default value is 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(63)** **NAME**: Reason for Nonseparation Determination Before Investigation
**SHORT NAME**: nonsepbef

**Definition:** Enter the code that represents the reason for the nonseparation determination before the DCA investigation. The second digit is for optional state use to code more detailed information.

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 Issue (e.g. alien, athlete, school, seasonality, employment status)
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Must be 10 to 79.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(64)** **NAME**: Reason for Nonseparation Determination After Investigation
**SHORT NAME**: nonsepaft

**Definition:** Enter the code that the DCA investigation establishes as the correct nonseparation issue. The second digit is for optional state use to code more detailed information.

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
60 = Reporting/registration Violation Issue
70 = Other Issue(e.g. alien, athlete, school, seasonality, employment status)
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Must be 00 to 79.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(65)** **NAME**: Recall Status Before Investigation
**SHORT NAME**: rclstatbef

**Definition:** 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, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**
- Must be 0, 1, 2, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(66)** **NAME**: Recall Status After Investigation
**SHORT NAME**: rclstataft

**Definition:** Enter the correct recall status code for the denial determination after 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, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**
- Must be 0, 1, 2, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(67)** **NAME**: Total Earnings for Week(s) Before Investigation
**SHORT NAME**: totearnbef

**Definition:** 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 |
| Equals 9999 | = | If $9,999 or more |
| -2 | = | Not Applicable, if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3 |

**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 be -2, if Sample Type is 2 or 3.

**(68)** **NAME**: Total Earnings for Week(s) After Investigation
**SHORT NAME**: totearnaft

**Definition:** Enter whole dollar amount of earnings for weeks affected by the determination after investigation. Do not include other income such as pensions, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

| | | |
|---|---|---|
| 0 | = | None |
| Equals 9999 | = | If $9,999 or more |
| -2 | = | Not Applicable, if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3 |

**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 be -2, if Sample Type is 2 or 3.

**(69)** **NAME**: Earnings Deduction for Week(s) Before Investigation
**SHORT NAME**: earndedbef

**Definition:** Enter total amount deducted for all weeks affected by determination before 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, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Can be -2.
- Cannot be greater than 33 - WBA Before times 31 - No. Wks. Denied Before, if 31 - No. Wks. Denied Before is greater than 0.
- Must be less than 33 - WBA Before if 31 - No. Wks. Denied Before is 0.
- Must be 0, if 67 - Earnings Before is 0.
- Must be less than or equal to 67 - Earnings Before.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(70)** **NAME**: Earnings Deduction for Week(s) After Investigation
**SHORT NAME**: earndedaft

**Definition:** Enter the total amount deducted for all weeks affected by the determination after 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, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Cannot be greater than 32 - No. Wks. Denied After times the sum of: 34 - WBA After plus b_dca_vallim.max_val for allowaft (#55), if 32 - No. Wks. Denied After is greater than 0.

- Must be less than the sum of: 34 - WBA After plus b_dca_vallim.max_val for allowaft (#55), if 32 - No. Wks. Denied After is 0.
- Must be 0, if 68 - Earnings After is 0.
- Must be less than or equal to 68 - Earnings After.
- 70 - Earn. Deduct. After plus 74 - Other Income Deductions Aft must be less than equal to 36 - MBA After.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(71)** **NAME**: Total Other Deductible Income for Week(s) Before Investigation
**SHORT NAME**: othdedincbef

**Definition:** Enter total whole dollar amount of other income (deductible under state law) and which was included in the determination before investigation. Include pension received for the denial period, regardless of effect on the payment amount, using the state's method of determining the weekly amount of the pension. Include all types of deductable income for the denial period such as holiday pay, vacation pay, pay in lieu of notice, separation pay, etc.

0 = None
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**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.

**Edits:**
- Can be 0 or -2.
- Must be greater than or equal to 73 - Other Income Deductions Bef.
- 73 - Other Income Deductions Bef must be 0, if 71 - Other Deductible Inc. Before is 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(72)** **NAME**: Total Other Deductible Income for Week(s) After Investigation
**SHORT NAME**: othdedincaft

**Definition:** Enter the total whole dollar amount of other income (deductible under state law) affected by determination after investigation. Include pension received for the denial period, regardless of effect on the payment amount, using the state'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 71, Total Other Deductible Income for Week(s) Before Investigation.

0 = None
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Can be 0 or -2.
- Must be greater than or equal to 74 - Other Income Deductions Aft.
- 74 - Other Income Deductions Aft must be 0, if 72 - Other Deductible Inc. After is 0.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(73)** **NAME**: Other Income Deductions for Week(s) Before Investigation
**SHORT NAME**: othdedsbef

**Definition:** 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, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**

- Can be 0.

- Cannot be greater than 33 - WBA Before times 31 - No. Wks. Denied Before, if 31 - No. Wks. Denied Before is greater than 0.
- Must be less than 33 - WBA Before if 31 - No. Wks. Denied Before is 0.
- Must be 0, if 71 - Other Deductibles Inc. Before is 0.
- Must be less than or equal to 71 - Other Deductibles Inc. Before.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(74)** **NAME**: Other Income Deductions for Week(s) After Investigation
**SHORT NAME**: othdedsaft

**Definition:** 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 after investigation. Total cannot exceed WBA times the number of weeks denied.

0 = None

-2 = Not Applicable, if the claimant withdrew claim after denial issued OR

Sample Type equals 2 or 3

**Edits:**

- Can be 0.
- Cannot be greater than 32 - No. Wks. Denied After times the sum of: 34 - WBA After plus b_dca_vallim.max_val for allowaft (#55), if 32 - No. Wks. Denied After is greater than 0.
- Must be less than the sum of: 34 - WBA After plus b_dca_vallim.max_val for allowaft (#55), if 32 - No. Wks. Denied After is 0.
- Must be 0, if 72 - Other Deductibles Inc. After is 0.
- Must be less than or equal to 72 - Other Deductibles Inc. After.
- 70 - Earn. Deduct. After plus 74 - Other Income Deductions Aft must be less than equal to 36 - MBA After.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(75)** **NAME**: Work Search Requirements
**SHORT NAME**: wsreq

**Definition:** 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).

**Edits:**

- Must be 1 to 5, or -2.
- Cannot be 1, if 76 - Contacts is -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.
- **Stamp Edits:**
- Must be 1, 2, -2, or NULL.
- Cannot be 1, if 76 - Contacts is -2.

**(76)** **NAME**: Number of Job Contacts Listed
**SHORT NAME**: jobcon

**Definition:** 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 missing or not available

-2 = Not Applicable, if claimant not required to seek work and claimant did not seek work OR Sample Type equals 2 or 3

**Edits:**

- Must be within the validation range set by state agency.
- 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 be -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

**Definition:** 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
-1 = Information is missing or not available
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**Edits:**
- Must be within the validation range set by state agency.
- 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 be -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

**Definition:** Enter total number of work search contacts investigated, regardless of investigator's determination regarding acceptability. Do not include here any work-search contacts that were not investigated for DCA.

0 = No contacts were investigated
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR
Sample Type equals 2 or 3

**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 is 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. and 80 - Contacts Unacc and 81 - Contacts Unver.
- Must be -2, if 90 - Action Flag is 8.
- Must be -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

**Definition:** 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 if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3)

**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 plus 80 - Contacts Unacc plus 81 - Contacts Unver must be equal to 78 - Contacts Inv.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(80)** **NAME**: Number of Unacceptable Work Search Contacts
**SHORT NAME**: wsconnotok

**Definition:** Include only job contacts for which written documentation exists in DCA file that such contacts were not made by the 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 if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3)

**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 plus 80 - Contacts Unacc plus 81 - Contacts Unver must be equal to 78 - Contacts Inv.
- Must be -2, if 90 - Action Flag is 8.
- Must be -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

**Definition:** 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.

-2 = Not Applicable (no WS Contacts investigated OR if claimant withdrew claim after denial issued OR Sample Type equals 2 or 3)

**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 plus 80 - Contacts Unacc plus 81 - Contacts Unver must be equal to 78 - Contacts Inv.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(82)** **NAME**: Labor Exchange Registration Required
**SHORT NAME**: leregreq

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

1 = Yes, per state law
2 = No
3 = Yes, as a result of profiling
4 = Yes, for both reasons
-2 = Not Applicable

**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 be -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**: lereg

**Definition:** 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 Employment Services and what constitutes registration. DCA coding should be consistent with such law, policy, and procedures.

1= Registered with the Employment Services and has received one or more staff assisted services during the current benefit year

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

3= Not registered with Employment Services but has received staff assisted services or has used self-help services from the One Stop delivery system during the current benefit year

4= Registered with the Employment Services but has received no staff assisted services during the current benefit year

-1= Information not available or missing

-2= Not Applicable if the claimant withdrew claim after denial issued OR the Sample Type is Monetary (2) or Separation (3)

**Edits:**

- Must be 1 to 4, -1, 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 Requirement is -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -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**: leregdef

**Definition:** Enter appropriate code.

1 = Union member
2 = Job attached
3 = Partial
4 = Seasonal
5 = Approved training
6 = Local Office Policy
7 = Other
-2 = Not Applicable if the claimant withdrew claim after denial issued OR the Sample Type is Monetary (2) or Separation (3)

**Edits:**
- Can be 1 to 7, or -2.
- Must be -2, if 82 - LE Reg. Req is 1, 3, 4, or -2.
- Must be 1 to 7, if 82 - LE Reg. Req is 2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**Stamp Edits:** Must be -2 or NULL.

**(85)** **NAME**: Number of Labor Exchange Referrals
**SHORT NAME**: lerefers

**Definition:** Enter number of times Employment Services 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 missing or not available or missing
-2 = Not Applicable (not registered during current benefit year OR claimant withdrew claim after denial issued OR Sample Type equals 2 or 3)

**Edits:**
- Must be within the validation range set by state agency.
- Can be -1 or -2.
- Cannot be -2, if 83 - LE Reg/Services is 1.
- Can be 0, if 83 - LE Reg/Services is 1.
- Must be 0, if 83 -LE Reg/Services is 4.
- Must be -2, if 83 - LE Reg/Services is 2 or -2.
- Must be -1, if 83 - LE Reg/Services is -1.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(86)** **NAME**: Registered with Private Employment Agency
**SHORT NAME**: privagreg

**Definition:** Enter code that applied as of the denial period.

1 = Yes
2 = No
-1 = Information missing or not available
-2 = Not Applicable, if the claimant withdrew claim after denial issued OR the Sample Type is Monetary (2) or Separation (3)

**Edits:**

- Must be 1, 2, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(87)** **NAME**: Number of Private Employment Agency Referrals
**SHORT NAME**: privagref

**Definition:** 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

**Edits:**

- Must be within the validation range set by state agency.
- 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 be -2, if Sample Type is 2 or

**(88)** **NAME**: Union Referral Status
**SHORT NAME**: unrefstat

**Definition:** 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 missing or not available
-2 = Not Applicable

**Edits:**

- Must be 0 to 3, -1, or -2.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

**(89)** **NAME**: Number of Union Referrals
**SHORT NAME**: unref

**Definition:** 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 missing or not available
-2 = Not Applicable

**Edits:**

- Must be within the validation range set by state agency.
- Can be -2.
- Must be -1, if 88 - Union Referral Status is -1.
- Must be -2, if 88 - Union Referral Status is 0, 2, or 3.
- Can be 0, only if 88 - Union Referral Status is 1.
- Can not be -2, if 88 - Union Referral Status is 1.
- Must be -2, if 90 - Action Flag is 8.
- Must be -2, if Sample Type is 2 or 3.

## 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 based on 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

**Definition:** Enter the appropriate code.

0 = Monetary eligibility established upon receipt of CWC, UCFE, and/or UCX wage credits; or monetary eligibility established as a result of the application of an alternate base period (ABP) or extended base period (EBP). Claimant eligibility initially denied.

1 = Proper denial determination / payment.

2 = Overpayment established or 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 or 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.

**Edits:** Must be 0, 1, 2, 3, 8 or 9.

If 90 - Action Flag is 0:

- 3 - Sample Type must be 2 (Monetary); AND 43 - Reason for Monetary Denial After Investigation must be 00-09; AND
  - 22 - Program must be 2, 3, 4, 5, 6, or 7; OR
  - 23 - CWC must be 1, 3, 4, or 6; OR
  - 56 - Monetary Redetermination must be 3.

If 90 - Action Flag is 8:

- Neither 22 - Program nor 23 - CWC can be NULL.

**(91)** **NAME**: Initial Determination Appealed
**SHORT NAME**: detapp

**Definition:** Enter the appropriate code as of the date the investigator completed the case.

0 = Denial not appealed
1 = Claimant appealed
2 = Employer appealed
3 = Other interested party appealed
-2 = Not applicable

**Edits:**

- Must be 0 to 3, or -2.
- 92 - Results of Appeal of Initial Determination must be 0, if 91 - Initial Det. Appealed is 0.
- 92 - Results of Appeal of Initial Determination 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**: apprslt

**Definition:** 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 state
-2 = Not applicable

**Edits:**

- Must be 0 to 6, or -2.
- 91 - Initial Det. Appealed must be 0, if 92 - Results of Appeal of Initial Determination is 0.
- 91 - Initial Det. Appealed must be 1 to 3, if 92 - Results of Appeal of Initial Determination is 1 to 6.
- 91 - Initial Det. Appealed must be -2, if 92 - Results of Appeal of Initial Determination is -2.

**(93)** **NAME**: Investigation Completed
**SHORT NAME**: invcomp

**Definition:** 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.

**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 case.
- Claim Type cannot be greater than 0 when claim date is 02/02/0002.

**(94)** **NAME**: Date Investigator Completed Case
**SHORT NAME**: invcompdate

**Definition:** Automatically filled upon entry of code 1 in "Investigation Completed".

**Edits**: None, Automatically filled

**(95)** **NAME**: Supervisory Review Completed
**SHORT NAME**: suprevcomp

**Definition:** 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 filed will is only 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.

**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

**Definition:** Automatically filled upon entry of code 0 or 1 in field "Supervisory Approval Completed".

**Edits**: None, Automatically filled

**(97)** **NAME**: Supervisor Identification
**SHORT NAME**: supvid

**Definition:** 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.

**Edits**: None, Automatically filled

**CODING DCA ERROR ISSUES**

When the denial is not a proper denial, code "9" is entered into DCA Element 90-Action Code Flag. When code 9 is entered the system retrieves a new screen (Error Issue Information screen) for data entry of issues. This interrupts completion of DCA Elements 91 through 97. The user will see a new screen into which individual issues or wrong denials are to be recorded. Please note that if Action Code Flag equals 0, 1, 2, 3, or 8, the Error Issue Information screen will not be displayed.

The Error Issue Information screen records the following information for each issue:

( 98 ) Dollar Amount of Error
( 99 ) Error Issue Action Code
(100) Error Cause
(101) Error Responsibility
(102) Error Detection Point
(103) Prior Agency Action
(104) Prior Employer Action
(105) DCA Action Appealed
(106) Prior Claimant Action

States may modify the last digits of the codes for five of these items to provide more detailed information for their use: Error Cause (**100**), Error Detection Point (**102**), Prior Agency Action (**103**), Prior Employer Action (**104**), and Prior Claimant Action (**106**). The last digit in each of these codes is zero. State s may choose to develop additional categories using any digits from 1-9 to provide further detail in these areas.

Definitions and explanations for the above data elements are detailed below:

**(98)** **NAME**: Dollar Amount of Error
**SHORT NAME**: totamt

**Definition:** 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.

**Edits:**

- Can be 0.
- Must be 0 if 99 - Action Code is 24.
- Cannot exceed State Maximum Benefit Amount (MBA) plus State Maximum Dependents Allowance(b_vallim.max_val(mbaaft) + b_vallim.max_val(allowaft)).

**(99)** **NAME**: Error Issue Action Code
**SHORT NAME**: action

**Definition:** 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 (RB).

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).

**Note**: Code 24 is used to code DCA investigation findings in which 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. This is due to either: 1) a separate official action(s) by the state agency, or 2) the state 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 Non-recoverable 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.

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.

**Edits:**

- Must be 10-16, 20-24, or 30.
- 100 - Cause must be a 700-709, if 99 - Action Code is 30.
- 100 - Cause must be a 710-729, if 99 - Action Code is 24.
- Cannot be 14 if 75 - WS Requirement is -2.
- Cannot be 10-16 if Sample Type is 2 and 30 - Original Amount Paid is 0.

**(100) NAME**: Error Cause
**SHORT NAME**: cause

**Definition:** Enter the code to indicate the cause (reason) for the error. Enter appropriate code from below. The last digit of this code is reserved for state 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:

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:

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

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

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.

240= Misclassified worker. Employer misclassified the claimant as an independent contractor

248 = Misclassified worker. Claimant improperly classified as an independent contractor; however, the employer furnished claimant a 1099 earnings statement

249 = Misclassified worker. Claimant improperly classified as an independent contractor and the employer **did not furnish** the claimant with a 1099 earnings statement

(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.

638 = Fraud outside of Key Week caused the Key Week to be improper

(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.]

**Note**: 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.]

**Note** : 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 investigators 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.

**Note**: 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.

**Edits:**

- Must be 100-159, 200-249, 300-329, 400-489, 500-519, 600-639, or 700-729.
- Must be 420, if 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 and sample type is 2
- Must be 710-729, if 99 - Action Code is 24 and Sample Type is 3 or 4 .
- Cannot be 420, if 75 - WS Requirement is -2.

**(101) NAME**: Error responsibility
**SHORT NAME**: resp

**Definition:** Enter ALL the appropriate codes to indicate the party or parties responsible (by action or inaction) for the payment error. Do not repeat a given code even if more than one party per category applied, (e.g., if more than one employer or more than one third party was responsible). Responsibility is a four-position data element. Each position is coded with the appropriate code for the responsible party or zero (0), according to the following table:

| **ERROR RESPONSIBILITY** | |
|---|---|
| **A = Claimant**<br>0 – Not responsible<br>1 – Responsible | **B= Employer**<br>0 – Not responsible<br>2 – Responsible |
| **C = Agency**<br>0 – Not responsible<br>3 – Responsible | **D = Third Party**<br>0 – Not responsible<br>4 – Responsible |

**Edits:**

- Cannot have an Employer Responsibility entry, if 104 - Prior Employer Action has a series code of 70.
- Must contain a 2 if 104 - Prior Employer Action equals 20 to 59.
- Must contain a 1 if 106 - Prior Claimant Action equals 20 to 59.
- Must contain a 1 if 99 - Error Action Code equals 10.
- Must have an Agency Responsibility entry, if 103 - Prior Agency Action has a series code of 30, 40, 50, or 80.

**(102) NAME**: Error Detection Point

**SHORT NAME**: detectpt

**Definition: E**nter 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 state 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 = Employment Service records

70 = Verification with union

80 = Crossmatch of claimant SSN with state or National Directory of New Hires

States can use codes 81 through 89 to document point of detection subsequent to new hire directory match.

81= Verification of work search contact
82= Verification of wages and/or separation
83= Claimant interview
84= Verification of eligibility with 3rd parties
85= UI records
86= Employment Services records
87= Verification with a labor union
88= (Second digit reserved for state use)
89= (Second digit reserved for state use)

90 = Crossmatch of claimant SSN with state or national wage record files

States can use codes 91 through 99 to document point of detection subsequent to wage record match.

91= Verification of work search contact
92= Verification of wages and/or separation
93= Claimant interview
94= Verification of eligibility with 3rd parties
95= UI records
96= Employment Services records
97= Verification with a labor union
98= (Second digit reserved for state use)
99= (Second digit reserved for state use

**Edits:** Must be 10 to 99.

**(103) NAME**: Prior Agency Action
**SHORT NAME**: agact

**Definition:** A code is assigned which indicates any actions) taken by the state on the issue as of the date sample selected. Enter the appropriate code from below. The last digit of this code is reserved for state 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 = State was in the process of resolving issue and took correct action before DCA investigation completed or state had correctly resolved issue prior to sample being selected.

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

40 = State 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 state thereby precluding ability to detect issue.

60 =State agency had detected payment error as a result of crossmatch of claimant SSN with state or National 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 or national 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.

**Edits:**

- Must be 10 to 99.
- Cannot have a series entry of 30, 40, 50, or 80, if 101 - Responsibility does not have an Agency Responsible entry (3).

**(104)** **NAME**: Prior Employer Action
**SHORT NAME**: empact

**Definition:** 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 state use to provide greater detail regarding employer action.

10 = Employer provided adequate information to state 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.

80-89 = Employer failed to report the claimant as a new hire as mandated by law and this "lack of action" permitted the overpayment to occur. (e.g. concealed earnings/separation error).

91 = Employer representative provided adequate information to state in a timely manner for denial determination.

92 = Employer representative provided adequate information after due date for denial determination.

93 = Employer representative provided inadequate/incorrect information in a timely manner for denial determination.

94 = Employer representative provided inadequate/incorrect information after due date for denial determination.

95 = Employer representative did not respond to request for information.

96 = Employer representative on behalf of the Employer, as an interested party, was not requested by agency to provide information for denial determination.

**Edits:**

- Must be 10 to 79, 80 to 89, 91 to 96.

Note: The 90 series codes will be available with the software release greater than 10.0

- Cannot have a series entry of 70, if 101 - Responsibility has a Employer Responsible entry (2).

**(105)** **NAME**: DCA Action Appealed
**SHORT NAME**: actapp

**Definition:** Enter the appropriate code from below for appeals filed as a result of DCA action on the denial determination.

The last digit of this code is reserved for state 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 = State appealed DCA determination.

70 = Not an appealable DCA determination.

**Edits:** Must be 10 to 79.

**(106)** **NAME**: Prior Claimant Action
**SHORT NAME**: clmtact

**Definition:** 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 state use to provide greater detail regarding claimant action.

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

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

30 = Claimant provided timely but inadequate/incorrect information to state for determination.

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

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

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

**Edits:** Must be 10 to 69.

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

**(reoptype)**

**NAME:** Reopen Case
**SHORT NAME:** Reopen Case

**Definition:** Enter one of the following codes:

3 = State 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.

9 = Data of a closed case were changed or payment accuracy status updated as a result of additional information obtained through investigation methods other than crossmatch with new hire or wage records.

**Edits:** Must be 3, 4, 5, 6, 9, or null

**(reopdate)**

**NAME:** Reopen Case Date
**SHORT NAME:** Reopen Case Date

**Definition**: The date that identifies when a case was reopened. The BAM software system will automatically set it as current date for the Reopen Case Codes 3, 4, or 5. The field will remain NULL when the Reopen Case Code is 6.

**Edits:** System entered date

**(reopid)**

**NAME:** Reopen Case Identification
**SHORT NAME:** Reopen ID

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

# APPENDIX A

## BAM/QC REGULATION

# PART 602—QUALITY CONTROL IN THE FEDERAL-STATE UNEMPLOYMENT INSURANCE SYSTEMT


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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 theQC 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 date 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 affects[1] 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, 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 therefore, 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

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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.

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 ll to ll of the llll (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

## Claimant Questionnaires


- BAM Paid Claims Claimant Questionnaire B-2
- Denials Monetary Claimant Questionnaire B-10
- Denials Separations Claimant Questionnaire B-14
- Denials Nonseparations Claimant Questionnaire B-16
- Employer Questionnaire and Verification B-21
- Key Week Error Summary Worksheet B-23

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - PAID CLAIM**

Batch # _____Seq____

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. It 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.

Benefit Accuracy Measurement (BAM) audits randomly selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
2) permitting access to the information by only authorized persons;
3) ensuring that the physical and electronic storage of the information is secure; and
4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

1. Name (First, Middle, Last)

In the past three years, if you were known or earned income by another name, enter it here:

2. Social Security Number

In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here:

3. Street Address

Apt Number

4. City, State, ZIP

5. Mailing Address (if different)

6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:

7. Telephone Number (include area code)

10. Race - Indicate by selecting one or more of the following:

☐ White
☐ Black or African-American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Unknown

11. Ethnic Group - Indicate by selecting one of the following:

☐ Not Hispanic or Latino
☐ Hispanic or Latino
☐ Unknown

12. US Citizen? ☐ Yes ☐ No

If No, Alien Registration #_____

13. Highest level of education completed (circle one):

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: _____

14. Have you had vocational or technical school training?
☐ Yes ☐ No
Type of certificate: _____

15. Circle the days of the week you usually work.
SUN MON TUES WED THURS FRI SAT

| | |
|---|---|
| | Do you usually work part time? ☐ Yes ☐ No |
| 8. Date of Birth (MM/DD/YYYY) | 16. Circle the days of the week you are willing and able to work.<br>SUN MON TUES WED THURS FRI SAT<br>Are you only seeking part time work? ☐ Yes ☐ No |
| 9. Gender:<br>☐ Male ☐ Female | 17. What hours or shifts do you usually work?<br>☐ 1st shift – Day ☐ 2nd shift – Swing<br>☐ 3rd shift – Night ☐ Other shift – including rotation |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - PAID CLAIM**

18. What hours are you willing and able to work on a job?

FROM _____am TO _____ pm OR
FROM _____am TO _____ pm

19. Which shifts are you willing and able to work on a job?

☐ 1st shift – Day ☐ 2nd shift – Swing
☐ 3rd shift – Night ☐ Other shift – including rotation

20. In the last 18 months, what has been your normal wage for the work you usually do?

$ _____ per _____

21. What is the lowest rate of pay you will accept for a job?

$ _____ per _____

22. In the last 18 months, what has been your usual occupation?

_____

What are your main job duties at your usual work?

_____

_____

23. 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:

_____

_____

_____

_____

**WORK SEARCH**

The next group of questions asks about your efforts to find work. Some of these questions will refer to a specific week, called **"THE WEEK"**. **"THE WEEK"** is the week that began on _____and ended on _____. Please keep these dates in mind when answering the questions about **"THE WEEK"**.

24. How many miles are you willing to travel one-way daily to a job?

25. How many minutes or hours are you willing to travel one way daily to a job?

26. Do you have a valid driver's license?
☐ Yes ☐ No

27. By what means do you normally travel to look for work? (Check all that apply)

☐ Personally owned vehicle ☐ Borrow a vehicle
☐ Ride with friends or relatives ☐ Public transportation
☐ Other (specify)

Do you have transportation to get to and from a job? ☐ Yes ☐ No

28. Would a job have to last a certain period of time before you would accept it?
☐ Yes ☐ No
If "Yes", explain:

31. During **"THE WEEK"**, did the State Employment Service refer you to any jobs? ☐ Yes ☐ No

32. What were the results of these referrals?
_____

_____

Have you received any referrals from the State Employment Services since you opened your current claim? ☐ Yes ☐ No

If "Yes", to how many jobs were you referred?
_____

33. Have you registered with a private employment agency since you first filed for unemployment benefits on _____?
☐ Yes ☐ No

If "Yes", when did you register with the agency?
_____

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 State Employment 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: _____

Does your union a have a local hiring hall? ☐ Yes ☐ No

Are your dues considered current? ☐ 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

If "Yes", when was the last time you signed the list?

_____

If "No", explain: _____

_____

_____

During **THE WEEK**, how many jobs were you referred to by the union? _____

What were the results of these referrals?

_____

_____

36. During **THE WEEK**, did you have or a member of your immediate family 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:

39. During **THE WEEK**, was there any reason that you could **NOT** accept full-time work? ☐ Yes ☐ No

If "Yes" explain:

40. During **THE WEEK**, were you an officer of a corporation, union, or other organization? ☐ Yes ☐ No

If "Yes" give name of organization and office held:

_____

_____

| | |
|---|---|
| 35. During **THE WEEK**, were you attending school or enrolled in a training program? ☐ Yes ☐ No<br>If "Yes", complete the following: Name, Address, Phone Number of school or training program:<br><br>_____<br><br>_____<br><br>_____<br><br>Is the schooling or training related either to the type of work you usually do or the type of work you are seeking?<br>☐ Yes ☐ No<br><br>Do you have or can you obtain evidence that you are making satisfactory progress? ☐ Yes ☐ No | 41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking?<br>☐ Yes ☐ No<br><br>If "Yes", did you have the license or certificate needed?<br>☐ Yes ☐ No<br><br>What kind of license or certificate is it?<br><br>_____<br><br>When does it expire? _____ |

**42. WORK SEARCH CONTACTS**

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than four 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 Employment Service.

**"THE WEEK"** is the week that began on _____ and ended on _____.

| | | |
|---|---|---|
| **1.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify):<br>_____ |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **2.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify):<br>_____ |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **3.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify):<br>_____ |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **4.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify):<br>_____ |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |

| | | |
|---|---|---|
| | | |
| Please indicate any other job-development activities you engaged in during **THE WEEK** (such as networking, resume writing, visiting web sites or employment agencies, job clubs, etc.) | | |
| | | |
| | | |

**"THE WEEK"** is the week that began on _____ and ended on _____.

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? ☐ Yes ☐ No

If "Yes", did you accept any jobs offered to you? ☐ Yes ☐ No

If "No", why not?

_____

_____

_____

If "Yes", complete the following:

Date you accepted the offer: _____

Date you began or will begin work: _____

Name, address and phone number of employer:

_____

_____

_____

_____

44. During **THE WEEK**, did you do work of any kind? ☐ Yes ☐ No

If "Yes", what type of work did you do?

_____

_____

_____

Days and times worked:

_____

_____

Name, address and phone number of employer:

_____

_____

_____

_____

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.

☐ None If "None", go to Question 45b

☐ Wages $ _____

☐ Earnings from self-employment or contract labor $ _____

☐ Commission Payments $ _____

☐ Reserve or National Guard Pay $ _____

☐ Separation or Severance Pay $ _____

☐ Holiday Pay $ _____

☐ Wages in Lieu of Notice $ _____

☐ Vacation Pay $_____

☐ Tips or Gratuities $_____

☐ Workers Compensation $_____

☐ Disability Payments $_____
(Do NOT include Social Security or Veteran's Benefits)

☐ Other (specify): $_____

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

☐ Yes ☐ No

If "No", go to Question 46

If "Yes", give the amount you received:

Social Security $ _____

Veterans Benefits $ _____

Railroad Retirement $ _____

Federal Civil Service Retirement $ _____

U.S. Military Retirement $ _____

State/Local Government Retirement $ _____

| | |
|---|---|
| Are you still working for this employer? ☐ Yes ☐ No<br>If "no" provide the reason you are no longer employed:<br><br>_____<br><br>_____<br><br>_____<br><br>_____ | Private Employer or Union Pension $ _____<br><br>Other $ _____ |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - PAID CLAIM**

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

☐ Internet/telephone/other multimedia

☐ 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.

49. Between the day you filed for unemployment benefits and day that you completed this questionnaire, have you worked for any employers?

☐ Yes ☐ No

If yes, are you still working for this employer? ☐ Yes ☐ No If "No", Why are you no longer working for this employer?

_____

_____

_____

_____

I have understood the questions on this questionnaire 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.

_____ _____
Claimant's Signature Date Signed

_____ _____
Interviewer's Signature Date Signed

AGENCY USE ONLY → Information obtained by: ☐ Mail ☐ Fax ☐ Phone ☐ In-person ☐ E-mail

**Please complete your work history on the following page(s).**

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - PAID CLAIM**
**EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **CURRENT OR MOST RECENT** | **2ND MOST RECENT** | **3RD MOST RECENT** | **4TH 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 |
| Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation | Reason for Separation | Reason for Separation | Reason for Separation |

| | | | |
|---|---|---|---|
| ☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - PAID CLAIM**
**EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **5TH MOST RECENT** | **6TH MOST RECENT** | **7RD MOST RECENT** | **8TH 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 |
| Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed |

| | | | |
|---|---|---|---|
| ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

**BENEFITS ACCURACY MEASUREMENT**

**CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM**

Batch # _____Seq___

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. It 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.

Benefit Accuracy Measurement (BAM) audits randomly selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
2) permitting access to the information by only authorized persons;
3) ensuring that the physical and electronic storage of the information is secure; and
4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

1. Name (First, Middle, Last)

In the past three years, if you were known or earned income by another name, enter it here:

2. Social Security Number

In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here:

3. Street Address

Apt Number

4. City:

State: ZIP code:

5. Mailing Address (if different)

6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:

7. Telephone Number (include area code)

8. Date of Birth (MM/DD/YYYY)

11. Ethnic Group - Indicate by selecting one of the following:
☐ Not Hispanic or Latino
☐ Hispanic or Latino
☐ Unknown

12. US Citizen? ☐ Yes ☐ No

If No, Alien Registration #_____

13. Highest level of education completed (circle one):

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: _____

14. Have you had vocational or technical school training?
☐ Yes ☐ No
Type of certificate: _____

15. Are you currently attending school or enrolled in a training program?
☐ Yes ☐ No If "Yes", provide the following: Name, Address, Phone Number of school or training program:

_____

_____

| | |
|---|---|
| 9. Gender: ☐ Male ☐ Female | _____<br>Do you have or can you obtain evidence that you are making satisfactory progress? ☐ Yes ☐ No |
| 10. Race - Indicate by selecting one or more of the following:<br><br>☐ White<br>☐ Black or African-American<br>☐ Asian<br>☐ American Indian or Alaska Native<br>☐ Native Hawaiian or other Pacific Islander<br>☐ Unknown | 16. In the last 18 months, what has been your usual occupation?<br><br>_____<br><br>What are your main job duties at your usual work?<br><br>_____<br><br>_____ |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM**

17. What type of work are you looking for?

_____

_____

_____

Months/Years experience in this type of work:_____

Are you only seeking part time work? ☐ Yes ☐ No

18. In the last 18 months, what has been your normal wage for the work you usually do?

$ _____ per _____

What is the lowest rate of pay you will accept for a job?

$ _____ per _____

19. 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

☐ Internet/telephone/other multimedia

☐ Other (specify) _____

20. Do you need any special licenses or certificates to do the type of work you are seeking? ☐ Yes ☐ No

If "Yes", did you have the license or certificate needed?

☐ Yes ☐ No

What kind of license or certificate is it?

_____

When does it expire? _____

_____

_____

21. Were you entitled to any Social Security, pension, or retirement fund payments since the effective date of your current claim?

☐ Yes ☐ No

If "Yes", give the amount you received:

Social Security $ _____

Veterans Benefits $ _____

Railroad Retirement $ _____

Federal Civil Service Retirement $ _____

U.S. Military Retirement $ _____

State/Local Government Retire. $ _____

Private Employer or Union Pension $ _____

Other (specify) $ _____

**Please complete your work history on the following page and sign the form.**

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM**
**EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **CURRENT OR MOST RECENT** | **2ND MOST RECENT** | **3RD MOST RECENT** | **4TH 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 |
| Check all that apply<br>Type of work<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Check all that apply<br>Type of work<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Check all that apply<br>Type of work<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Check all that apply<br>Type of work<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

| Reasons | Reasons | | |
|---|---|---|---|

I have understood the questions on this questionnaire 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

AGENCY USE ONLY → Information obtained by: ☐ Mail ☐ Fax ☐ Phone ☐ In-person ☐ E-mail

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - MONETARY DENIAL CLAIM**
**EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **5TH MOST RECENT** | **6TH MOST RECENT** | **7RD MOST RECENT** | **8TH 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 |
| Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed |

| | | | |
|---|---|---|---|
| ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIM**

Batch # _____Seq__

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. It 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.

Benefit Accuracy Measurement (BAM) audits randomly selected paid and denied Unemployment Compensation (UC) claims to verify their accuracy. Failures to report, disclose, or provide information when directed or to complete the BAM questionnaire by the due date may result in a delay or in a denial of benefits. Your responses are subject to state confidentiality statutes, which must conform to Federal regulations (20 CFR Part 603). State and Federal agencies safeguard the confidentiality of the BAM information by:

1) using the information only for purposes of verifying claimant eligibility for UC and identifying general descriptive characteristics about the Unemployment Insurance program;
2) permitting access to the information by only authorized persons;
3) ensuring that the physical and electronic storage of the information is secure; and
4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

1. Name (First, Middle, Last)

In the past three years, if you were known or earned income by another name, enter it here:

2. Social Security Number

In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here:

3. Street Address

Apt Number

4. City:

State: ZIP code:

5. Mailing Address (if different)

6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:

7. Telephone Number (include area code)

11. Ethnic Group - Indicate by selecting one of the following:

☐ Not Hispanic or Latino
☐ Hispanic or Latino
☐ Unknown

12. US Citizen? ☐ Yes ☐ No

If No, Alien Registration #_____

13. Highest level of education completed (circle one):

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: _____

14. Have you had vocational or technical school training?

☐ Yes ☐ No

Type of certificate: _____

15. Are you currently attending school or enrolled in a training program?

☐ Yes ☐ No

If "Yes", complete the following: Name, Address, Phone Number of school or training program:

_____

| | |
|---|---|
| 8. Date of Birth (MM/DD/YYYY)<br><br>9. Gender: ☐ Male ☐ Female | _____<br><br>_____<br><br>Do you have or can you obtain evidence that you are making satisfactory progress? ☐ Yes ☐ No |
| 10. Race - Indicate by selecting one or more of the following:<br>☐ White<br>☐ Black or African-American<br>☐ Asian<br>☐ American Indian or Alaska Native<br>☐ Native Hawaiian or other Pacific Islander<br>☐ Unknown | 16. In the last 18 months, what has been your usual occupation?<br><br>_____<br><br>What are your main job duties at your usual work?<br><br>_____<br><br>_____ |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - SEPARATION DENIAL CLAIM**

17. What type of work are you looking for?

_____

Months/Years experience in this type of work:_____

18. In the last 18 months, what has been your normal wage for the work you usually do?

$ _____ per _____

What is the lowest rate of pay you will accept for a job?

$ _____ per _____

19. 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
☐ Internet/telephone/other multimedia
☐ Other (specify) _____

20. Name, address and telephone number of last employer:

_____

_____

_____

_____

Work site: _____

Your job title: _____

21. Do you need any special licenses or certificates to do the type of work that you are seeking? ☐ Yes ☐ No

If "Yes", did you have the license or certificate needed? ☐ Yes ☐ No

What kind of license or certificate is it?

_____

When does it expire? _____

22. In your usual job do you normally work part time? ☐ Yes ☐ No

Are you only seeking part time work? ☐ Yes ☐ No

23. Reason for Separation (Check block that indicates why you are no longer working for this employer.)

☐ Still employed
☐ Lack of Work or Layoff
☐ Discharge or Fired
☐ Quit or Retired
☐ Labor Dispute
☐ Seasonal
☐ Quit to move with spouse
☐ Other Compelling Reasons (explain):

_____

_____

_____

24. 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:

_____

_____

_____

_____

If yes, are you still working for this employer? ☐ Yes ☐ No If "No", Why are you no longer working for this employer?

_____

_____

_____

I have understood the questions on this questionnaire 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

AGENCY USE ONLY → Information obtained by: ☐ Mail ☐ Fax ☐ Phone ☐ In-person ☐ E-mail

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

Batch # _____Seq___

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. It 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.

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3) ensuring that the physical and electronic storage of the information is secure; and
4) publishing the results of the BAM audits in a format that precludes the identification of any individual providing the information.

1. Name (First, Middle, Last)

In the past three years, if you were known or earned income by another name, enter it here:

2. Social Security Number

In the past three years, if you earned income under another Social Security Number (SSN), enter the SSN here:

3. Street Address

Apt Number

4. City:

State: ZIP code:

5. Mailing Address (if different)

6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:

7. Telephone Number (include area code)

8. Date of Birth (MM/DD/YYYY)

11. Ethnic Group - Indicate by selecting one of the following:
☐ Not Hispanic or Latino
☐ Hispanic or Latino
☐ Unknown

12. US Citizen? ☐ Yes ☐ No

If No, Alien Registration #_____

13. Highest level of education completed (circle one):

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: _____

14. Have you had vocational or technical school training? ☐ Yes ☐ No

Type of certificate: _____

15. Are you currently attending school or enrolled in a training program?
☐ Yes ☐ No

If "Yes", complete the following: Name, Address, Phone Number of school or training program:

_____

| | |
|---|---|
| 9. Gender: ☐ Male ☐ Female | _____<br><br>_____<br>Do you have or can you obtain evidence that you are making satisfactory progress? ☐ Yes ☐ No |
| 10. Race - Indicate by selecting one or more of the following:<br><br>☐ White<br>☐ Black or African-American<br>☐ Asian<br>☐ American Indian or Alaska Native<br>☐ Native Hawaiian or other Pacific Islander<br>☐ Unknown | 16. In the last 18 months, what has been your usual occupation?<br>_____<br><br>_____<br><br>What are your main job duties at your usual work?<br>_____<br><br>_____ |

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

17. What type of work are you looking for?

_____

Months/Years experience in this type of work:_____

18. In the last 18 months, what has been your normal wage for the work you usually do?

$ _____ per _____

What is the lowest rate of pay you will accept for a job?

$ _____ per _____

19. 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 ☐ Internet/telephone/other multimedia
☐ Other (specify) _____

20. Are you entitled to any Social Security, pension, or retirement fund payments? ☐ Yes ☐ No

If "Yes", give the amount you received:

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) $ _____

22. Do you need any special licenses or certificates to do the type of work you are seeking? ☐ Yes ☐ No

If "Yes", did you have the license or certificate needed? ☐ Yes ☐ No

What kind of license or certificate is it? _____

When does it expire? _____

23. Have you registered with the State Employment Service since you filing for unemployment benefits on _____?

☐ Yes ☐ No

If "Yes", date: _____ Number of referrals: _____

What were the results of these referrals?

24. Have you registered with a private employment agency since you first filed for unemployment benefits on _____?

☐ Yes ☐ No

If "Yes", number of referrals: _____

What were the results of these referrals?

_____

_____

21. 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:

_____

_____

_____

_____

_____

25. Are you a member of a Union? ☐ Yes ☐ No
If "Yes" complete the following:

Union Name: _____

Local Number _____

Address: _____

_____

Phone Number: _____

Whom do you contact at the local? _____

Does your union have a local hiring hall? ☐ Yes ☐ No
Are your dues considered current? ☐ Yes
☐ No
Do you get work ONLY through the union? ☐ Yes
☐ No
Will you accept a non-union job? ☐ Yes ☐ No

Are you eligible to be referred to jobs by the union? ☐ Yes
☐ No
If "No", explain:

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 CLAIM**

26. During the period that you where denied, did you have or a member of your immediate family 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:

_____

_____

_____

_____

27. During the period you where denied, 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 28.
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:

_____

_____

28. During the period you where denied did you have transportation to get to and from a job? ☐ Yes ☐ No

29. Did you actively seek work during the week of _____? ☐ Yes ☐ No If "Yes", complete the following:

| | | |
|---|---|---|
| **1.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify): |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br><br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **2.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify): |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br><br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **3.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify): |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No<br><br>Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| **4.** Employer Name | Contact Date: | Method of Contact:<br>☐ In Person ☐ Mail<br>☐ Telephone ☐ Fax<br>☐ Internet ☐ Other (Specify): |
| Address: | Employer Phone (include area code): | Application taken? ☐ Yes ☐ No |

| | | |
|---|---|---|
| | | Resume submitted? ☐ Yes ☐ No |
| City/State/Zip | Type of work applied for: | Was a job offered? ☐ Yes ☐ No |
| Please indicate any other job-development activities you engaged in during THE WEEK (such as networking, resume writing, visiting web sites or employment agencies.) | | |
| | | |

**BENEFITS ACCURACY MEASUREMENT**

**CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**

**EMPLOYMENT HISTORY PAGE 1**

Please provide the following information about employers for whom you worked. Begin with your most recent employer and work back to the date shown. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **CURRENT OR MOST RECENT** | **2ND MOST RECENT** | **3RD MOST RECENT** | **4TH 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 |
| Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | Reason for Separation<br>☐ Still employed<br>☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

I have understood the questions on this questionnaire 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

AGENCY USE ONLY → Information obtained by: ☐ Mail ☐ Fax ☐ Phone ☐ In-person ☐ E-mail

**BENEFITS ACCURACY MEASUREMENT**
**CLAIMANT QUESTIONNAIRE - NONSEPARATION DENIAL CLAIM**
**EMPLOYMENT HISTORY PAGE 2**

Please continue to provide the following information about employers for whom you worked. Continue your work history from the prior page and work back to the date shown below. Include **ALL** employment (i.e. full time, part time, out of state, federal employment or contract work).

**FROM THE PRESENT BACK TO** _____
MONTH / DAY / YEAR

| **5TH MOST RECENT** | **6TH MOST RECENT** | **7RD MOST RECENT** | **8TH 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 |
| Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military | Type of work<br>Check all that apply<br>☐ Full time<br>☐ Part Time<br>☐ Contract<br>☐ Federal<br>☐ Military |
| Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ | Length of Employment<br>First day _____<br>Last day _____ |
| Your Job Title | Your Job Title | Your Job Title | Your Job Title |
| Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ | Your Wages on this Job<br>$_____ Per_____ |
| What were your main job duties? | What were your main job duties? | What were your main job duties? | What were your main job duties? |
| Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed | Reason for Separation<br>☐ Still employed |

| | | | |
|---|---|---|---|
| ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons | ☐ Lack of Work or Layoff<br>☐ Discharge or Fired<br>☐ Quit or Retired<br>☐ Labor Dispute<br>☐ Seasonal<br>☐ Other Compelling Reasons |

| **Benefit Accuracy Measurement Employer Verification** | | | Batch Seq Claim Type | |
|---|---|---|---|---|
| Claimant Name: | | | | Claimant SSN: |
| Employer: | | | Employer Acct #: | Contact Person: |
| Employer Address: | | | Phone: | Fax: |
| Claimant Hired on: | Separated on: | Last Day Worked: | States worked in: | Other SSN or Name used: while employed in last three years? ☐ Yes ☐ No<br>If Yes, provide it: |
| Claimant provided I-9 Employment Eligibility Verification Information | ☐ - US Citizen ☐ -Alien Authorized to Work<br>☐ Lawful Permanent Resident | | | Alien # |
| Payroll: frequency is? Circle answer Daily, Weekly, Biweekly, Semi-Monthly, Monthly, Commission | Pay Period begins on what day of the week?<br>And ends on what day? | | | Pay Day is on what day? |
| Recall ☐ Yes ☐ No<br>Date? | Claimant actively employed?<br>☐ Yes ☐ No | Rate of pay when employed $_____ Per: | | For requalification:<br>total earnings since _____ = $ |
| Type of work (Check all that apply) ☐ Full time ☐ Part Time ☐ Contract worker ☐ Federal ☐ Military ☐ Seasonally | | | | |
| Claimant Job title: | Claimant Job Responsibilities | | | |
| Circle Separation type: Quit / Fired or Discharged for Misconduct / Permanent layoff –Reduction In Force / Temporary layoff / Still working / Retirement / Discharge - no misconduct (unable to perform) / Other compelling reasons (i.e. move with spouse, family illness) | | | | |
| Explain separations except lack of work/layoff. | | | | |
| | | | | |
| | | | | |

If wages were for any time period after last day worked, please complete the following:

| TYPE OF PAY | $ AMOUNT | # OF WEEKS | DATES COVERED |
|---|---|---|---|
| Accrued Vacation | | | |
| Holiday \ Sick | | | |
| Last Pay Period | | | |
| Commission \ Bonus | | | |
| Wages in Lieu of Notice | | | |
| Severance \ Separation Pay | | | |
| Pension - Employer contribution plan? Yes or No | | | |

BASE PERIOD YEAR – FROM ( / / ) TO ( / / )

| IMPORTANT: ***Please enter each pay period end date and gross pay for each payday in the*** | **Year/Quarter:** | | | **Year/Quarter:** | | |
|---|---|---|---|---|---|---|
| | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | ***GROSS PAY*** | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | **GROSS PAY** |
| | | | | | | |
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|---|---|---|---|---|---|---|
| ***quarter. If the amounts for all weeks do not match the original amount reported by you – please call!*** | | | | | | |
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| TOTAL AUDITED | | | | | | |

BASE PERIOD YEAR – FROM ( / / ) TO ( / / )

| IMPORTANT: ***Please enter each pay period end date and gross pay for each payday in the quarter. If the amounts for all weeks do not match the original amount reported by you – please call!*** | **Year/Quarter:** | | | **Year/Quarter:** | | |
|---|---|---|---|---|---|---|
| | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | ***GROSS PAY*** | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | **GROSS PAY** |
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| TOTAL AUDITED | | | | | | |

***CLAIM BENEFIT YEAR EARNINGS – FROM ( / / ) TO ( / / )***

If you hired this person after the "from" date above, was this new hire reported to the New Hire Registry? ☐ Yes ☐ No.

If yes, when _____ and to which state was the new hire reported _____.

If did not report this person as a new hire, did you previously employ this person within the past 365 days? ☐ Yes ☐ No.

| IMPORTANT: ***Please enter each pay period end date and gross pay for each payday in the benefit claim period shown above. If the amounts for all weeks do not match the original*** | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | ***GROSS PAY*** | **PAY PERIOD BEGIN AND END DATES** | **PAYDAY** | **GROSS PAY** |
|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|
| ***amount reported by you – please call!*** | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL AUDITED | | | | | | |
| **I certify that the above information is correct to the best of my knowledge and belief.** | | | | | | |
| Employer's signature: | | | Title: | | | Date: |

Official Use Only

| | | |
|---|---|---|
| Auditor's signature: | Phone: Fax: | Date Received: |
| Form completed: | Employer is: | Batch Seq# Type |
| Employer is represented by a third party: | | |

## 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, (11, 12, 13, and 15 when Prior Agency Action (ei6) equals 90 to 99), 23, and 24 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 UP: | | |

| 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:<br><br>_____<br>_____<br><br>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 state maximum WBA plus Dependents' Allowance: | $ |
| 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): | $ |

# APPENDIX C

## INVESTIGATIVE GUIDE

Appendix C

## 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. Following through using standard practices, such as fact-finding interviews, 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.

INVESTIGATIVE GUIDE

PART A - MASTER TABLE

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Social Security Number | State Records<br>Claimant Questionnaire<br>Employer Records<br>Claimant S.S. Card, if needed. | State must capture new verification from sources against claimant system information | System confirmation that a new verification was asked for. |
| 2. Week Ending Date of KW | State 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 OUI Issuance | None |
| 5. Sequence Number | BAM System Generated | None | None |
| 6. State I.D. Code | BAM System Generated | None | None |
| 7. Local Office Number | State Records<br>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 |

PART B - CLAIMANT INFORMATION

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Method Claimant Information was Obtained | Questionnaire<br>Case Documentation | None if obtained | Explanation if not Obtained |
| 2. U.S. Citizen | Questionnaire<br>State Records<br>Alien Reg. Card<br>Employer(s)<br>Immigration | -If citizen - None<br>-If not, verify status with INS | Photocopy Alien Reg. Card<br>INS Report<br>Fact-finding statement if an issue |
| 3. Education | Questionnaire<br>Employment Service Records | None | None |
| 4. Voc/Tech Training | Questionnaire<br>Employment Service Records | Compare sources to determine proper code | None |
| 5. Current Training Status | Questionnaire<br>State Records<br>Training Facility | Verify and compare information from sources to determine proper code | Fact-finding Statement if applicable |
| 6. Occupational Code Last Occupation | Employer<br>State Records<br>Questionnaire<br>Proper Code | Verify and compare information from sources to determine | Separating Employer Verification and Claimant Questionnaire |
| 7. Occupational Code Primary Occupation | Employer<br>State Records<br>Questionnaire | Compare sources to determine proper code | BAM Wage Verification |
| 8. Normal Hourly Wage | Claimant Questionnaire<br>Employer Questionnaire<br>State Records<br>Observation | Compare sources to determine proper code | BAM Wage Verification |
| 9. Occupational Code Seeking Work | Questionnaire<br>State Records<br>Employment Service if Registered | Review claimant's interest and work history to determine proper code<br>Compare sources for consistency | Fact-finding Statement if an issue |
| 10. Lowest Wage will accept | Questionnaire<br>State Records | Compare claimant's wage demand to prevailing wage for | Fact-finding Statement if Wage Restriction |

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| | | occupation | |
| 11. Date of Birth | Questionnaire<br>State Records<br>Drivers License | Compare sources for consistency<br>Review with claimant | None |
| 12. Sex | Questionnaire<br>State Records<br>Observation | Compare sources for consistency | None |
| 13. Ethnic Group | Questionnaire<br>State Records<br>Observation | Compare sources for consistency | None |

## PART C - BENEFIT YEAR INFORMATION

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Program Code | State Records<br>Employer(s) Records | Verify accuracy during wage verification | Wage Verification |
| 2. Combine Wage Claim | State Records<br>Employer(s) Records | Review work history with claimant.<br>Verify with employer during wage verification | Wage Verification<br>IB-4 copy |
| 3. Benefit Year Beginning | State Records | Compare initial claim filing date to BYB. | Initial Claim |
| 4. Init./AC Clm Filing Method | State Records | None | Initial Claim |
| 5. Benefit Rights Given | State Records<br>Questionnaire | Compare sources for consistency | Copy of BRI Record |
| 6. Number of ERPs | State Records | Sum from state records | Copy of ERI Record |
| 7. Last ERP Date | State Records | None | Copy of ERI Record |
| 8. Number of Nonsep Determinations issued | State Records | Sum from state records | Copy of All Non-sep Non-mon Records |
| 9. Number of Prior Disqualified for Nonseparation Issues | State Records | None | Copy of All Non-sep Non-mon Records |

## PART D - SEPARATION INFORMATION

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Separation Reason (Before) | State Records | None | State Records |
| 2. Separation. Reason (After) | Questionnaire Employer | Compare sources for proper determination | Fact-finding Statements from ERs and Claimant |
| 3. Date of Separation (Before) | State Records | None | None |
| 4. Date of Separation (After) | Questionnaire Employer | Compare sources for proper data and potential unreported earnings | Fact-finding Statements from ERs and Claimant if an issue |
| 5. Recall Status (Before) | State Records | None | Work Search Exemption Policy if Applicable |
| 6. Recall Status (After) | Employer Questionnaire State Records | Compare sources for proper data | Fact-finding Statements from ERs and Claimant |
| 7. Tax Rate (Last Employer) | State Records | None | Employer Quarterly Report |
| 8. Industry Code (Last Employer) | Separation Employer State Records Questionnaire NAICS Handbook | Review sources for accurate code assignment | None |

PART ME - MONETARY ELIGIBILITY

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1.No. of Base Period Employers (Before) | Monetary Determination | None | Monetary Determination |
| 2. No. of Base Period Employers (After) | Employer(s) Monetary Determination Claimant | Verify wages with all base period ERs to determine proper # | Wage Verification |
| 3. Base Period Wages (Before) | Monetary Determination | None | Monetary Determination |
| 4. Base Period Wages (After) | Employer(s) Monetary Determination | Verify wages with all base period ERs to determine proper amount | Wage Verification |
| 5. High Quarter Wages (Before) | Monetary Determination | None | Monetary Determination State Records |
| 6. High Quarter Wages (After) | Employer(s) Monetary Determination Claimant | Verify wages with all base period ERs to determine proper amount | Wage Verification |
| 7. Base Period Weeks Worked (Before) | State Records | None | Monetary Determination |
| 8. Base Period Weeks Worked (After) | State 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 Verification | Wage Verification Monetary Redetermination if applicable |
| 11. MBA (Before) | Monetary Determination | None | Monetary Ddetermination |
| 12. MBA (After) | Employer(s) Monetary Determination | Verify that MBA is based on employ./Wage Verification | Wage Verification Monetary Redetermination if applicable |
| 13. # Dependents Claimed (Before) | State Records | None | None |

| | | | |
|---|---|---|---|
| 14. # Dependents Claimed (After) | Questionnaire<br>State Records | Verify as required by State procedures | Verification Document(s) Dependent Award |
| 15. Dependent Allowance (B) | State Records | None | None |
| 16. Dependent Allowance (A) | Questionnaire<br>Dependency<br>State records | Compare sources to determine correct amount | Dependent Award (monetary determination) |
| 17. Primary BPE Industry | Employer(s)<br>State records<br>NAICS | Review sources for accurate code | Wage Verification |
| 18. Monetary Redeterminations Before | Monetary Redetermination | None | Copy of Redetermination |
| 19. Remaining Balance | Benefit History | None | Benefit History |

INVESTIGATIVE GUIDE

PART F - BENEFIT PAYMENT HISTORY

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Amt KW Earnings (Before) | State Records<br>Benefit History<br>Weekly Certification | Compare sources to determine proper amount | State Records<br>Benefit History<br>Weekly Certification |
| 2. Amt KW Earnings (After) | Employer(s)<br>Questionnaire<br>State Records<br>NDNH Crossmatch | Compare sources to determine proper amount | Fact-finding statement re: wage verification if applicable – NDNH |
| 3. Earn. Deduction (Before) | State Records<br>Benefit History<br>Weekly Certification | Compare sources to determine earnings deduction | State Records<br>Benefit History<br>Weekly Certification |
| 4. Earn. Deduction (After) | Employer(s)<br>Questionnaire<br>State Records | Compare sources to determine proper amount deducted | Wage Verification |
| 5. Other Deductible Income (B) | State Records<br>Benefit History<br>Weekly Certification | Compare sources to determine all other deductible income | State Records<br>Benefit History<br>Weekly Certification |
| 6. Other Deductible Income (A) | State Records<br>Benefit History<br>Weekly Certification | Compare sources to determine proper amount | Wage Verifications<br>Pension Verification if applicable |
| 7. Other Deductions (B) | State records<br>Benefit history<br>Weekly certification | Compare sources to determine amount of deduction | State records<br>Benefit history<br>Weekly certification |
| 8. Other Deductions (A) | Employer(s)<br>Questionnaire | Compare sources to determine proper amount deducted | Wage Verifications<br>Pension Verification |
| 9. 1st Compensable Week Ending Date | State Records | None | Benefit History |
| 10. Date of First Payment | State Records | None | Benefit History |
| 11. KW Filing Method | State Records | None | KW Certification |
| 12. KW Certification Procedure | State Records | None | KW Certification |
| 13. Amount Paid/Offset | State Records | None | Benefit History |

## PART G - REGISTRATION/WORK SEARCH INFORMATION

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Required to seek work | State Records | If required to seek work, obtain official policy/requirement | Agency Policy Statement |
| 2. State Employment Service Registration Required | State Records | If registration required, obtain official policy/regulation | Agency Policy Statement |
| 3. Registered with State Employment Service | State Records<br>Questionnaire<br>Status with Employment Service | Verify if claimant is referable | ES 511 Records |
| 4. Reason State Employment Service Registration Deferred | State Records<br>Questionnaire | If deferred, obtain explanation; i.e. official policy | Deferral Explanation |
| 5. # of State Employment Services Referrals | State Records<br>Questionnaire | Compare sources to determine proper number | ES 511 Records |
| 6. Private Employment Registered | Questionnaire | None | None |
| 7. # Private Employment Referrals | Questionnaire<br>Private Agency | If information available, verify as part of verification | Work Search Verification |
| 8. Union Referral Status | Union Records<br>State Records<br>Questionnaire | Verify with union claimant's standing and its effect on eligibility | Union Verification Fact-finding Statement if applicable |
| 9. # Union Referrals – KW | Union | Sum of Sources<br>Questionnaire | Union Verification |
| 10. # Work Search Contacts-KW | Employer(s), Unions<br>Private Employment Agencies<br>Questionnaire | Sum from All Sources | None |
| 11. # WS Contacts Outside KW | State Records<br>Employer(s), Union<br>Private Employment Agencies | Sum from All Sources | None |
| 12. # WS Contacts Investigated | Employer(s)<br>Union<br>Private Employment | Sum from All Sources Contacted for Verification | Work Search Verification for Each Source |

| | | | |
|---|---|---|---|
| | Agencies | | |
| 13. # WS Contacts Acceptable | Employer(s), Union Private Employment Agencies | Record number of contacts verified as valid | Work Search Verification |
| 14. # WS Contacts-Unacceptable | Employer(s), Union Private Employment Agencies | Record number of contacts verified as invalid Conduct fact-finding on WS issue | Work Search Verification Explanation in Summary of Investigation (SOI) Fact-finding Statement if applicable |
| 15. # WS Contacts-Unverifiable | Employer(s) Union Private Employment Agencies | Record number of contacts that couldn't be verified | Work Search Verification Explanation in SOI |

## PART H - ERROR CLASSIFICATION/COMPLETION INFORMATION

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 1. Action Code | BAM Investigative File | None on proper payment; appropriate action on improper payments | Explanation in Summary of Investigation and Copy of Official Agency Actions if applicable |
| 2. Amount should have been paid | BAM Investigative File | None on proper payment. Compute correct amount for improper payments | Explanation in Summary of Investigation and Copy of Official Agency Actions if applicable |
| 3. Total $ Amount of OP (including KW) | BAM Investigative File | Determine sum of OP and complete official action | Explanation in Summary of Investigation and Copy of Official Agency Actions if applicable |
| 4. Total $ Amount of UP (including KW) | BAM Investigative File | Determine sum of UP and complete official action | Monetary Redeterminations Printout of Supplemental. Checks |

| | | | |
|---|---|---|---|
| 5. Total OP for KW | BAM Investigative File | Determine amount of KW OP and complete official action | Explanation in Summary of Investigation and Copy of Official Agency Actions if applicable |
| 6. Total UP for KW | BAM Investigative File | Determine amount of KW UP and complete official action | Explanation in Summary of Investigation and Copy of Official Agency Actions if applicable |
| 7. Investigation completed | Investigator | All investigation information is complete and entered in database | Summary of Investigation |
| 8. Investigation completed date | BAM System Generated | None | None |
| 9. Supervisory Review Completed. | BAM Supervisor | All official action completed and approval code entered | Supervisor Sign-off |
| 10. Supervisory Complete Date | BAM System Generated | None | None |
| 11. Supervisor ID | BAM System Generated | None | None |

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<br>Copy of Official Agency Action |
| 2. KW Action:<br>OP codes: 10, 11, 12, 13, 14, 15, 16<br>UP codes: 20, 21, 22, 23, 24 | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency Action |
| 3. Error Cause Series:<br>100- Benefit Year errors<br>200- Base Period errors<br>300- Separation issue errors<br>400- Eligibility issue errors<br>500- Dependents' Allow. errors<br>600- Other issue errors | BAM Investigative File Classification | Complete error classification procedures<br>Copy of official agency procedures | Explanation in Summary<br>Copy of Official Agency Action |
| 4. Error Responsibility | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency Action |
| 5. Detection Point<br>10- WS verification<br>20- Wage/sep. verification<br>30- Claimant interview<br>40- 3rd party verification<br>50- UI records<br>60- ES records<br>70- Union verification<br>80- New Hire Crossmatch<br>90- Wage Record Crossmatch | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency Action |
| 6. Prior Agency Action<br>10- Not detectable normally<br>20- State in process of correction | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency |

| | | | |
|---|---|---|---|
| 30- Identified; took wrong action<br>40- Suff. info. but took no action<br>50- Official actions not followed<br>60- New Hire crossmatch before BAM Investigation completed<br>70- Wage Record crossmatch before BAM Investigation completed<br>80- State provided incorrect information or instructions<br>90- Another state's workforce agency's procedural error or incorrect information | | | Action |

PART I - ERROR ISSUE(S) CLASSIFICATION – Continued

| DATA ELEMENTS | DATA SOURCE | ACTION REQUIRED | DOCUMENTATION |
|---|---|---|---|
| 7. Prior Employer Action<br>10- ER provide timely/adeq. info<br>20- ER provide timely/late info<br>30- ER provide wrong/timely info<br>40- ER provide wrong/late info<br>50- ER did not respond<br>60- ER not asked for info<br>70- Not an employer-related issue<br>80- Employer did not report new hire | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency Action |
| 8. Appeal Action<br>1- No appeal filed/NA<br>2- Cl't appeal det/ER interested<br>3- Cl't appeal det/ER not | BAM Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of official Agency Action |

| | | | |
|---|---|---|---|
| interest<br>4- ER appeal det/cl't interested<br>5- Cl't/ER appeal BAM det.<br>6- State appealed BAM det. | | | |
| 9. Prior Claimant Action<br>10- Cl't provide timely/adeq. info<br>20- Cl't provide timely/late info<br>30- Cl't provide wrong/timely info<br>40- Cl't provide wrong/late info<br>50- Cl't did not respond<br>60- State did not request info | BAM<br>Investigative File | Complete error classification procedures | Explanation in Summary<br>Copy of Official Agency Action |

## 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

DATA COLLECTION INSTRUMENTS D-2

DATABASE DESCRIPTION &
DATABASE PRIMARY TABLES D-10

Appendix D

**PAID CLAIMS ACCURACY**
**DATA COLLECTION INSTRUMENT (DCI)**

| State | | Batch # | | Sequence # | | Sample Type | |
|---|---|---|---|---|---|---|---|
| SSN | | Key Week | / / | Investigator ID | | Local Office | |

| | | | | | |
|---|---|---|---|---|---|
| b1 | Method Info Obtained | . | e15 | Dep Allowance Before | |
| b2 | U.S. Citizen | | e16 | Dep Allowance After | |
| b3 | Education | .. | e17 | Ind Code Primary Empl. | |
| b4 | Voc/Tech School | . | e18 | Mon. Redeterm. Before | |
| b5 | Currently In Training | .. | e19 | Remain Balance | $..... |
| b6 | Occ Code Last | | | | |
| b7 | Occ Code Usual | ... | f1 | KW Earnings Before | $... |
| b8 | Normal Hourly Wage | $..... | f2 | KW Earnings After | $... |
| b9 | Occ Code Seeking | ... | f3 | Earn Deduct Before | $... |
| b10 | Lowest Hourly Wage | $..... | f4 | Earn Deduct After | $... |
| b11 | Date of Birth | / / | f5 | Other Income Before | $... |
| b12 | Gender | | f6 | Other Income After | $... |
| b13 | Race/Ethnic | | f7 | Other Deduct Before | $... |
| | | | f8 | Other Deduct After | $... |
| c1 | Program Code | | f9 | First CWK Date | / / |
| c2 | Combined Wage Claim | | f10 | Date First Pay | / / |
| c3 | Benefit Year Begin | / / | f11 | KW File Method | 4 |
| c4 | Init Claim Filing Meth | . | f12 | KW Certification | 2 |
| c5 | Benefit Rights Given | .... | f13 | Original Amount Paid | $..... |
| c6 | ERPs | . | | | |
| c7 | Last ERPs | ../../.... | g1 | WS Requirement | |
| c8 | Prior Nonsep Issues | . | g2 | LE Reg Required | |
| c9 | Prior Nonsep Disq | . | g3 | LE Reg/Services | |
| | | | g4 | LE Deferred | |
| d1 | Reason Sep Before | .. | g5 | LE Referrals | |
| d2 | Reason Sep After | .. | g6 | Regis Private Agency | |
| d3 | Date Sep Before | ../../.... | g7 | Priv Agency Refers | |
| d4 | Date Sep After | ../../.... | g8 | Union Status | |
| d5 | Recall Status Before | . | g9 | Union Referral Status | |
| d6 | Recall Status After | . | g10 | KW Contacts | |

| | | | | | |
|---|---|---|---|---|---|
| d7 | Tax Rate Last Empl. | ..... | g11 | Prior KW Contacts | |
| d8 | Ind Code Last Empl. | .... | g12 | Contacts Inv | |
| | | | g13 | Contacts Acceptable | |
| e1 | BP Employers Before | | g14 | Contacts Unacceptable | |
| e2 | BP Employers After | .. | g15 | Contacts Unverified | |
| e3 | BP Wages Before | $ | | | |
| e4 | BP Wages After | $..... | h1 | Action Code | |
| e5 | High Qtr Wages Before | $..... | h2 | Should Have Been Paid | $. |
| e6 | High Qtr Wages After | $..... | h3 | Total Amount OP | $. |
| e7 | Weeks Worked Before | | h4 | Total Amount UP | $. |
| e8 | Weeks Worked After | | h5 | Total KW OP | $ |
| e9 | WBA Before | $ | h6 | Total KW UP | $ |
| e10 | WBA After | $... | h7 | Inv Completed | . |
| e11 | MBA Before | $ | h8 | Inv Completion Date | / / |
| e12 | MBA After | $..... | h9 | Supv Review Completed | . |
| e13 | Dep Before | | h10 | Supv Completion Date | / / |
| e14 | Dep After | | h11 | Supervisor ID | ..... |

## PAID CLAIMS ACCURACY
## DATA COLLECTION INSTRUMENT (DCI)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **State** | | **Batch #** | | **Sequence #** | | **Sample Type** | |
| **SSN** | | **Key Week** | | **Investigator ID** | | **Local Office** | |

**ERROR ISSUES**

***Error Issue #: 1***

| | | | | | |
|---|---|---|---|---|---|
| ei1 | Amount Key Week Error | | ei5 | QC Detection Point | |
| ei2 | Key Week Action | | ei6 | Prior Agency Action | |
| ei3 | Error Cause | | ei7 | Prior Employer Action | |
| ei4 | Error Responsibility | | ei8 | QC Action Appealed | |
| | | | ei9 | Claimant Action | |

***Error Issue #: 2***

| | | | | | |
|---|---|---|---|---|---|
| ei1 | Amount Key Week Error | | ei5 | QC Detection Point | |
| ei2 | Key Week Action | | ei6 | Prior Agency Action | |
| ei3 | Error Cause | | ei7 | Prior Employer Action | |

| | | | | | |
|---|---|---|---|---|---|
| ei4 | Error Responsibility | | ei8 | QC Action Appealed | |
| | | | ei9 | Claimant Action | |

***Error Issue #: 3***

| | | | | | |
|---|---|---|---|---|---|
| ei1 | Amount Key Week Error | | ei5 | QC Detection Point | |
| ei2 | Key Week Action | | ei6 | Prior Agency Action | |
| ei3 | Error Cause | | ei7 | Prior Employer Action | |
| ei4 | Error Responsibility | | ei8 | QC Action Appealed | |
| | | | ei9 | Claimant Action | |

***Error Issue #: 4***

| | | | | | |
|---|---|---|---|---|---|
| ei1 | Amount Key Week Error | | ei5 | QC Detection Point | |
| ei2 | Key Week Action | | ei6 | Prior Agency Action | |
| ei3 | Error Cause | | ei7 | Prior Employer Action | |
| ei4 | Error Responsibility | | ei8 | QC Action Appealed | |
| | | | ei9 | Claimant Action | |

***Error Issue #: 5***

| | | | | | |
|---|---|---|---|---|---|
| ei1 | Amount Key Week Error | | ei5 | QC Detection Point | |
| ei2 | Key Week Action | | ei6 | Prior Agency Action | |
| ei3 | Error Cause | | ei7 | Prior Employer Action | |
| ei4 | Error Responsibility | | ei8 | QC Action Appealed | |
| | | | ei9 | Claimant Action | |

Appendix D

# BENEFIT ACCURACY MEASUREMENT
# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI)
## Monetary Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: 2 Monetary Denial |
|---|---|---|

| | CLAIMANT INFORMATION: | | | MONETARY DATA: | |
|---|---|---|---|---|---|
| 4 | SSN: | | 42 | Reason Mon. Det. Before: | |
| 5 | Claim Date: | / / | 43 | Reason Mon. Det. After: | |
| 6 | Claim Type: | | 44 | BP Emps. Before: | |
| 7 | State: | | 45 | BP Emps. After: | |
| 8 | LO: | | 46 | BP Wages Before: | $ |
| 9 | Investigator ID: | | 47 | BP Wages After: | $ |
| 10 | Method Info Obt: | | 48 | HQ Wages Before: | $ |
| 11 | Citizen: | | 49 | HQ Wages After: | $ |
| 12 | Birth Date: | / / | 50 | Wks. Worked Before: | |
| 13 | Gender: | | 51 | Wks. Worked After: | |
| 14 | Ethnic/Race: | | 52 | Depend. Before: | |
| 15 | Education: | | 53 | Depend. After: | |
| 16 | Voc/Tech School: | | 54 | Depend. Allow Before: | |
| 17 | Training Status: | | 55 | Depend. Allow After: | |
| 18 | Usual Occ Code: | | 56 | Mon. Redet.: | |
| 19 | Seeking Occ Code: | | | | |
| 20 | Normal Hr. Wage: | | | | |
| 21 | Lowest Hr. Wage: | | | | |
| | **BENEFIT YEAR INFORMATION:** | | | | |
| 22 | Program: | | | | |
| 23 | CWC: | | | | |
| 24 | Ben. Yr. Beg: | / / | | | |
| 25 | Init. Clm. File Method: | | | | |
| 26 | BRI: | | | | |
| 27 | Ind. Code Primary Emp: | | | | |
| 28 | Ind. Code Last Emp: | | | **CASE ACTION:** | |
| 29 | File Meth: | | 90 | Action Flag: | |
| 30 | Orig. Amt. Paid: | | 91 | Initial Det. Appealed: | |
| 31 | No. Wks. Denied, Before: | | 92 | Result of Init. App: | |
| 32 | No. Wks. Denied, After: | | 93 | Inv. Completed: | |
| 33 | WBA Before: | | 94 | Inv. Comp. Date: | / / |
| 34 | WBA After: | | 95 | Supv. Rev. Completed: | |
| 35 | MBA Before: | | 96 | Supv. Comp. Date: | / / |

| | | | | | |
|---|---|---|---|---|---|
| 36 | MBA After: | | 97 | Supv. ID: | |

# BENEFIT ACCURACY MEASUREMENT
# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI)

## Monetary Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: |
|---|---|---|
| | | 2- Monetary Denial |

**ERROR ISSUES**

***Error Issue #: 1***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 2***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 3***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |

| | | | | | |
|---|---|---|---|---|---|
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 4***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

Appendix D

# BENEFIT ACCURACY MEASUREMENT
# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI) REPORT
## Separation Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: 3- Separation Denial |
|---|---|---|

| | CLAIMANT INFORMATION: | | | SEPARATION DATA: | |
|---|---|---|---|---|---|
| 4 | SSN: | | 57 | Sep. Issue Number: | |
| 5 | Claim Date: | / / | 58 | Reason Sep. Before: | |
| 6 | Claim Type: | | 59 | Reason Sep. After: | |
| 7 | State: | | 60 | Date Sep. Before: | / / |
| 8 | LO: | | 61 | Date Sep. After: | / / |
| 9 | Investigator ID: | | | | |
| 10 | Method Info Obt: | | | | |
| 11 | Citizen: | | | | |
| 12 | Birth Date: | / / | | | |
| 13 | Gender: | | | | |
| 14 | Ethnic/Race: | | | | |
| 15 | Education: | | | | |
| 16 | Voc/Tech School: | | | | |
| 17 | Training Status: | | | | |
| 18 | Usual Occ Code: | | | | |
| 19 | Seeking Occ Code: | | | | |
| 20 | Normal Hr. Wage: | $ | | | |
| 21 | Lowest Hr. Wage: | $ | | | |
| | **BENEFIT YEAR INFORMATION:** | | | | |
| 22 | Program: | | | | |
| 23 | CWC: | | | | |
| 24 | Ben. Yr. Beg: | / / | | | |
| 25 | Init. Clm. File Method: | | | | |
| 26 | BRI: | | | | |
| 27 | Ind. Code Primary Emp: | | | | |
| 28 | Ind. Code Last Emp: | | | **CASE ACTION:** | |
| 29 | File Meth: | | 90 | Action Flag: | 9 |
| 30 | Orig. Amt. Paid: | $ | 91 | Initial Det. Appealed: | 0 |
| 31 | No. Wks. Denied, Before: | | 92 | Result of Init. App: | 0 |
| 32 | No. Wks. Denied, After: | | 93 | Inv. Completed: | 1 |
| 33 | WBA Before: | $ | 94 | Inv. Comp. Date: | / / |
| 34 | WBA After: | $ | 95 | Supv. Rev. Completed: | |
| 35 | MBA Before: | $ | 96 | Supv. Comp. Date: | / / |

| | | | | | |
|---|---|---|---|---|---|
| 36 | MBA After: | $ | 97 | Supv. ID: | |

# BENEFIT ACCURACY MEASUREMENT
# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI)

## Separation Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: |
|---|---|---|
| | | 3 - Separation Denial |

**ERROR ISSUES**

***Error Issue #: 1***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 2***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 3***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |

| | | | | | |
|---|---|---|---|---|---|
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 4***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

Appendix D

# BENEFIT ACCURACY MEASUREMENT
# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI)
## Nonseparation Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: 4 - Nonseparation Denial |
|---|---|---|

| CLAIMANT INFORMATION: | | | NONSEPARATION DATA: | | |
|---|---|---|---|---|---|
| 4 | SSN: | | 62 | Nonsep. Issue Number: | |
| 5 | Claim Date: | / / | 63 | Reason Nonsep. Before: | |
| 6 | Claim Type: | | 64 | Reason Nonsep. After: | |
| 7 | State: | | 65 | Recall Stat. Before: | |
| 8 | LO: | | 66 | Recall Stat. After: | |
| 9 | Investigator ID: | | 67 | Earnings Before: | $ |
| 10 | Method Info Obt: | | 68 | Earnings After: | $ |
| 11 | Citizen: | | 69 | Earn. Deduct. Before: | $ |
| 12 | Birth Date: | / / | 70 | Earn. Deduct. After: | $ |
| 13 | Gender: | | 71 | Other Deductible Inc. Before: | $ |
| 14 | Ethnic/Race: | | 72 | Other Deductible Inc. After: | $ |
| 15 | Education: | | 73 | Other Income Deductions Bef: | $ |
| 16 | Voc/Tech School: | | 74 | Other Income Deductions Aft: | $ |
| 17 | Training Status: | | 75 | WS Requirement: | |
| 18 | Usual Occ Code: | | 76 | Contacts: | |
| 19 | Seeking Occ Code: | | 77 | Prior Contacts: | |
| 20 | Normal Hr. Wage: | $ | 78 | Contacts Inv: | |
| 21 | Lowest Hr. Wage: | $ | 79 | Contacts Acc: | |
| **BENEFIT YEAR INFORMATION:** | | | | Contacts Unacc: | |
| 22 | Program: | | 81 | Contacts Unver: | |
| 23 | CWC: | | 82 | LE Reg. Req: | |
| 24 | Ben. Yr. Beg: | / / | 83 | LE Reg/Services: | |
| 25 | Init. Clm. File Method: | | 84 | LE Defer: | |
| 26 | BRI: | | 85 | LE Referrals: | |
| 27 | Ind. Code Primary Emp: | | 86 | Regis. Priv. Agency: | |
| 28 | Ind. Code Last Emp: | | 87 | Priv. Agency Referrals: | |
| 29 | File Meth: | | 88 | Union Referral Status: | |
| 30 | Orig. Amt. Paid: | $ | 89 | Union Refers: | |
| 31 | No. Wks. Denied, Before: | | **CASE ACTION:** | | |

| | | | | | |
|---|---|---|---|---|---|
| 32 | No. Wks. Denied, After: | | 90 | Action Flag: | |
| 33 | WBA Before: | $ | 91 | Initial Det. Appealed: | |
| 34 | WBA After: | $ | 92 | Result of Init. App: | |
| 35 | MBA Before: | $ | 93 | Inv. Completed: | |
| 36 | MBA After: | $ | 94 | Inv. Comp. Date: | / / |
| | | | 95 | Supv. Rev. Completed: | |
| | | | 96 | Supv. Comp. Date: | / / |
| | | | 97 | Supv. ID: | |

# DENIED CLAIMS ACCURACY
# DATA COLLECTION INSTRUMENT (DCI)

## Nonseparation Denial

| 1. Batch: | 2. Sequence: | 3. Sample Type: |
|---|---|---|
| | | **4 - Nonseparation Denial** |

**ERROR ISSUES**

***Error Issue #: 1***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 2***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 3***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |

| | | | | | |
|---|---|---|---|---|---|
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

***Error Issue #: 4***

| | | | | | |
|---|---|---|---|---|---|
| 98 | Dollar Amount of Error: | | 102 | Detection Point: | |
| 99 | Action Code: | | 103 | Prior Agency Action: | |
| 100 | Cause: | | 104 | Prior Employer Action: | |
| 101 | Responsibility: | | 105 | Action Appealed: | |
| | | | 106 | Claimant Action: | |

# 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.

**Paid Tables**

| PAID CLAIMS ACCURACY TABLES |
|---|

| Table Name | Table Type |
|---|---|
| b-comparison | Primary |
| b-master | Primary |
| b-errisu | Primary |
| b-assigndate | Primary |
| b-reopen | Primary |

**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.<br><br>Range of values: 1 - 99.<br><br>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.<br><br>1 - BAM paid claim<br>2 - Monetary denials<br>3 - Separation denials<br>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.

**BAM DATA ELEMENTS**

| Data Elements in b_master: | | | | | |
|---|---|---|---|---|---|
| Column Name | Data Type | Item Name | Column Name | Data Type | Item Name |
| mssn | char(9) | SSN | d5 | char(2) | Rec Stat B |
| mkw | date | KW | d6 | char(2) | Rec Stat A |
| mcatyp | smallint | Case Type | d7 | dec(4,2) | Tx R Last |
| mp4 | integer | Serial # | d8 | char(4) | Ind Last |
| mbatch | integer | Batch # | e1 | smallint | BP Emps B |
| mseq | smallint | Sequence # | e2 | smallint | BP Emps A |
| ma1 | smallint | Modif. Code | e3 | mon(6,0) | BP Wages B |
| ma2 | date | Modif. Date | e4 | mon(6,0) | BP Wages A |
| mstate | char(2) | State Fips | e5 | mon(5,0) | High Qtr B |
| mlo | char(4) | Local Off | e6 | mon(5,0) | High Qtr A |
| minv | smallint | Invest | e7 | smallint | Wks Wkd B |
| b1 | char(2) | Meth Info | e8 | smallint | Wks Wkd A |
| b2 | char(2) | Citizen | e9 | mon(3,0) | WBA Before |
| b3 | char(2) | Education | e10 | mon(3,0) | WBA After |
| b4 | char(2) | Voc/Tech | e11 | mon(5,0) | MBA Before |
| b5 | char(2) | In Trainin | e12 | mon(5,0) | MBA After |
| b6 | char(3) | Occ Last | e13 | smallint | Depend B |
| b7 | char(3) | Occ Usual | e14 | smallint | Depend A |
| b8 | mon(5,2) | Normal Hr | e15 | mon(3, | Depend Alw |

| Data Elements in b_master: | | | | | |
|---|---|---|---|---|---|
| Column Name | Data Type | Item Name | Column Name | Data Type | Item Name |
| | | | | 0) | |
| b9 | char(3) | Code Seeki | e16 | mon(3, 0) | Depend Alw |
| b10 | mon(5,2) | Lowest Hr | e17 | char(4) | Ind Cd Pri |
| b11 | date | Birth Day | e18 | char(1) | Mon Redt B |
| b12 | char(2) | Sex | e19 | mon(4, 0) | Remain Bal |
| b13 | char(2) | Ethnic | f1 | mon(3, 0) | KW Earn B |
| c1 | char(1) | Program | f2 | mon(3, 0) | KW Earn A |
| c2 | smallint | CW Clm | f3 | mon(3, 0) | Earn Ded B |
| c3 | date | Yr Beg | f4 | mon(3, 0) | Earn Ded A |
| c4 | char(2) | Initial Cl | f5 | mon(3, 0) | Other In B |
| c5 | char(4) | BRI | f6 | mon(3, 0) | Other In A |
| c6 | smallint | ERPs | f7 | mon(3, 0) | Other Dd B |
| c7 | date | Last Erp D | f8 | mon(3, 0) | Other Dd A |
| c8 | smallint | Pr Nons B | f9 | date | First CWE |
| c9 | smallint | Pr Nons Dq | f10 | date | Dt 1st Pmt |
| d1 | char(2) | Resn Sep B | f11 | char(2) | KW Method |
| d2 | char(2) | Resn Sep A | f12 | char(1) | KW Cert |
| d3 | date | Date Sep B | f13 | mon(5, 0) | Orig Amt P |
| d4 | date | Date Sep A | g1 | smallint | WS Require |
| g2 | smallint | JS Require | g15 | smallint | Cts Unver |
| g3 | smallint | Act/Cur Rg | h1 | smallint | ActCodeFlg |
| g4 | smallint | JS Defer | h2 | mon(3, | Amt S B Pd |

| Data Elements in b_master: | | | | | | |
|---|---|---|---|---|---|---|
| Column Name | Data Type | Item Name | | Column Name | Data Type | Item Name |
| | | | | | 0) | |
| g5 | smallint | JS Refer | | h3 | mon(5, 0) | Tot Amt OP |
| g6 | smallint | Regis Priv | | h4 | mon(5, 0) | Tot Amt UP |
| g7 | smallint | Prv Ag Ref | | h5 | mon(3, 0) | Tot KW OP |
| g8 | smallint | Union Stat | | h6 | mon(3, 0) | Tot KW UP |
| g9 | smallint | Union Refs | | h7 | char(1) | Inv Compl Code |
| g10 | smallint | KW Conts | | h8 | date | Inv Compl Date |
| g11 | smallint | Pr KW Cont | | h9 | char(1) | Supv Compl Code |
| g12 | smallint | Conts Inv | | h10 | date | Supv Compl Date |
| g13 | smallint | Conts Acc | | h11 | char(8) | Supv ID |
| g14 | smallint | Cts Unacc | | mdp | Datetime | Data Pick up flag |

| b_asigndate | | | | b_reopen | | |
|---|---|---|---|---|---|---|
| Column | Type | Name | | Column | Type | Name |
| abatch | integer | Batch # | | | | |
| aseq | smallint | Sequence # | | rbatch | integer | Batch # |
| acatyp | smallint | Case Type | | rseq | smallint | Sequence # |
| aidx | smallint | Assign Idx | | rcatyp | smallint | Case Type |
| agp5 | integer | Serial # | | ridx | smallint | Reopen Idx |
| ag1 | date | Assign Date | | rop5 | integer | Serial # |
| ag2 | smallint | Investigato | | ro1 | char(1) | Reopen Code |
| ag3 | smallint | QCS Id Code | | ro2 | date | Reopen Date |
| ag4 | char (1) | Assign Code | | ro3 | char(8) | User Id |
| adp | Datetime | Data pick up | | rdp | Datetime | Data pick up |

| b_errisu | | |
|---|---|---|
| Column | Type | Name |
| ebatch | integer | Batch # |
| eseq | smallint | Sequence # |
| ecatyp | smallint | Case Type |
| eidx | smallint | Error Index |
| eip5 | integer | Serial # |
| ei1 | money(3,0 | ) Amt KW Err |
| ei2 | char(2) | KW Action |
| ei3 | char(3) | Error Cause |
| ei4 | char(4) | Error Resp |
| ei5 | char(2) | Detect. Pt. |

| b_errisu | | |
|---|---|---|
| Column | Type | Name |
| ei6 | char(2) | Prior Agenc |
| ei7 | char(2) | Prior Empl |
| ei8 | char(1) | QC Act Appl |
| ei9 | char(2) | Prior Clmt |
| edp | Datetime | Data Pick up |

| b_comparison | | |
|---|---|---|
| Column | Type | Name |
| cbatch | integer | Batch # |
| cidx | smallint | Comp Indx |
| cm1 | smallint | Samp Size |
| cm2 | integer | Pop Size |
| cm3 | money(5,0) | Samp $ |
| cm4 | money(9,0) | Pop $ |
| cm5 | dec(10,2) | Samp Var. |
| cm6 | dec(10,2) | Pop Var. |
| cm7 | smallint | Samp Male |
| cm8 | integer | Pop Male |
| cm9 | smallint | Samp Female |
| cm10 | integer | Pop Female |
| cm11 | smallint | Samp Sex Missg |
| cm12 | integer | Pop Sex Missg |
| cm13 | smallint | Samp White |
| cm14 | integer | Pop White |
| cm15 | smallint | Samp Non White |
| cm16 | integer | Pop Non White |

| b_comparison | | |
|---|---|---|
| Column | Type | Name |
| cm38 | integer | Pop Amt 151/200 |
| cm39 | smallint | Samp Amt <200 |
| cm40 | integer | Pop Amt <200 |
| cm41 | smallint | Samp Amt Pd Miss |
| cm42 | integer | Pop Amt Pd Miss |
| cdp | datetime | Data Pick up |

The comparison table is created by the COBOL program on the SWA mainframe computer & downloaded.

| | | |
|---|---|---|
| cm17 | smallint | Samp Race Missg |
| cm18 | integer | Pop Race Missg |
| cm19 | smallint | Samp Age U 25 |
| cm20 | integer | Pop Age U 25 |
| cm21 | smallint | Samp 25/34 |
| cm22 | integer | Pop 25/34 |
| cm23 | smallint | Samp 35/44 |
| cm24 | integer | Pop 35/44 |
| cm25 | smallint | Samp 45/64 |
| cm26 | integer | Pop 45/64 |
| cm27 | smallint | Samp Over 65 |
| cm28 | integer | Pop Over 65 |
| cm29 | smallint | Samp Age Missg |
| cm30 | integer | Pop Age Missg |
| cm31 | smallint | Samp Amt <50 |
| cm32 | integer | Pop Amt <50 |
| cm33 | smallint | Samp Amt 51/100 |
| cm34 | integer | Pop Amt 51/100 |
| cm35 | smallint | Samp Amt 101/150 |
| cm36 | integer | Pop Amt 101/150 |
| cm37 | smallint | Samp Amt 151/200 |

**DCA TABLES and ELEMENTS**

| b_dca_master | | | |
|---|---|---|---|
| Column Name | Data Type | Column Name | Data Type |
| ssn | char(9) | allowbef | money(3,0) |
| clmdate | date | allowaft | money(3,0) |
| clmtype | smallint | priempsic | char(4) |
| samptype | smallint | monredet | char(2) |
| batch | integer | balbef | money(5,0) |
| seq | smallint | balaft | money(5,0) |
| state | char(2) | monstatbef | char(2) |
| locoff | char(4) | monstataft | char(2) |
| invid | smallint | totearnbef | money(4,0) |
| methinfoobt | char(2) | totearnaft | money(4,0) |
| citizen | char(2) | earndedbef | money(4,0) |
| educ | char(2) | earndedaft | money(4,0) |
| voctech | char(2) | othdedincbef | money(4,0) |
| trainstat | char(2) | othdedincaft | money(4,0) |
| lastempsic | char(4) | othdedsbef | money(4,0) |
| usualocc | char(3) | othdedsaft | money(4,0) |
| ushrwage | money(5,2) | wkfilmeth | char(2) |
| seekocc | char(3) | origamtpd | money(5,0) |
| lohrwage | money(5,2) | wksdenbef | smallint |
| dob | date | wksdenaft | smallint |
| gender | char(2) | wsreq | smallint |
| ethnic | char(2) | jsregreq | smallint |
| program | char(1) | jsreg | smallint |
| cwc | smallint | jsregdef | smallint |
| byb | date | jsref | smallint |
| icfilmeth | char(2) | privagreg | smallint |
| bri | char(4) | privagref | smallint |
| sepbef | char(2) | unrefstat | smallint |
| sepaft | char(2) | unref | smallint |
| sepdatebef | date | unserv | smallint |
| sepdateaft | date | unastreq | smallint |
| nonsepbef | char(2) | unast | smallint |
| nonsepaft | char(2) | jobcon | smallint |
| rclstatbef | char(2) | prjobcon | smallint |
| rclstataft | char(2) | wsconinv | smallint |
| bpempbef | smallint | wsconok | smallint |
| bpempaft | smallint | wsconnotok | smallint |
| bpwbef | money(6,0) | wsconunver | smallint |
| bpwaft | money(6,0) | actflag | smallint |
| hqwbef | money(5,0) | detapp | smallint |
| hqwaft | money(5,0) | apprslt | smallint |
| bpwksbef | smallint | invcomp | char(1) |

| | |
|---|---|
| bpwksaft | smallint |
| wbabef | money(3,0) |
| wbaaft | money(3,0) |
| mbabef | money(5,0) |
| mbaaft | money(5,0) |
| depbef | smallint |
| depaft | smallint |

| | |
|---|---|
| invcompdate | date |
| supcomp | char(1) |
| supcompdate | date |
| suplogin | char(10) |
| lockid | smallint |
| data_pickup_date | datetime |

| **b_dca_assigndate** | |
|---|---|
| Column Name | Data Type |
| batch | integer |
| seq | smallint |
| samptype | smallint |
| index | smallint |
| assigndate | date |
| invid | smallint |
| supid | smallint |
| assignflag | char (1) |
| data_pickup_date | datetime |

| **b_dca_reopen** | |
|---|---|
| Column Name | Data Type |
| batch | integer |
| seq | smallint |
| samptype | smallint |
| index | smallint |
| reoptype | char (1) |
| reopdate | date |
| reopid | char (10) |
| data_pickup_date | datetime |
| | |

| **b_dca_errisu** | |
|---|---|
| Column Name | Data Type |
| batch | integer |
| seq | smallint |
| samptype | smallint |
| 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 (2) |
| data_pickup_date | datetime |

| **b_dca_comparison** | |
|---|---|
| Column Name | Data Type |
| batch | integer |
| samptype | smallint |
| sampsize | smallint |
| popsize | integer |
| malesamp | smallint |
| malepop | integer |

| **b_dca_comparison** | |
|---|---|
| Column Name | Data Type |
| age45_64samp | smallint |
| age45_64pop | integer |
| age65oversamp | smallint |
| age65overpop | integer |
| agemisssamp | smallint |
| agemisspop | integer |

| | |
|---|---|
| femsamp | smallint |
| fempop | integer |
| genmisssamp | smallint |
| genmisspop | integer |
| whsamp | smallint |
| whpop | integer |
| nonwhsamp | smallint |
| nonwhpop | integerq |
| ethmisssamp | smallint |
| ethmisspop | integer |
| ageund25samp | smallint |
| ageund25pop | integer |
| age25_34samp | smallint |
| age25_34pop | integer |
| age35_44samp | smallint |
| age35_44pop | integer |

| | |
|---|---|
| uiprogsamp | smallint |
| uiprogpop | integer |
| fedprogsamp | smallint |
| fedprogpop | integer |
| progmisssamp | smallint |
| progmisspop | integer |
| data_pickup_date | datetime |

## BAM Integrity Rate Definitions

The Benefit Accuracy Measurement (BAM) program is designed to determine the accuracy of paid and denied claims in three major Unemployment Insurance (UI) programs: State UI, Unemployment Compensation for Federal Employees (UCFE), and Unemployment Compensation for Ex-Service members (UCX). State Workforce Agencies (SWAs) select weekly random samples of UI payments and denied claims. BAM investigators audit these paid and denied claims to determine whether the claimant was properly paid or denied eligibility. The results of the BAM statistical samples are used to estimate accuracy rates for the populations of paid and denied claims. In addition, BAM is a diagnostic tool for Federal and State Workforce Agency (SWA) staff to use in identifying systemic errors and their causes and in correcting and tracking solutions to these problems.

The Improper Payments Information Act (IPIA) of 2002 (Pub. L. No. 107-300) requires agencies to examine the risk of erroneous payments in all programs and activities they administer. An improper payment includes any payment that was made to an ineligible recipient, duplicate payments, and payments that are for the incorrect amount -- both overpayments and underpayments, including inappropriate denials of payment or service. Agencies are required to review all programs and activities they administer and identify those that may be susceptible to significant erroneous payments. The Office of Management and Budget (OMB) has defined “significant erroneous payments” as annual erroneous payments exceeding both 2.5 percent of program payments and $10 million. UI meets both of these criteria. The Department of Labor (DOL) reports to OMB the Annual Report and Operational Overpayment rates, as well as the underpayment rate and improper denial rates, as part of its IPIA report. It is extremely important that BAM accurately measures the level of improper payments so that performance against the targets can be properly evaluated.

Readers are strongly cautioned that it may be misleading to compare one state's payment accuracy rates with another state's rates. No two states' written laws, regulations, and policies specifying eligibility conditions are identical, and differences in these conditions influence the potential for error. States have developed many different ways to determine monetary entitlement to UI. Additionally, nonmonetary requirements are, in large part, based on how a state interprets its law. Two states may have identical laws, but may interpret them quite differently. States with stringent or complex provisions tend to have higher improper payment rates than those with simpler, more straightforward provisions.

No single measure can reflect all aspects of UI benefit payment integrity. DOL uses six analytical measures to assess payment accuracy and estimate the risk of erroneous denial of benefits. BAM captures 110 data elements for each sampled payment or denial and DOL uses these elements to produce the various integrity rates listed. Data for nine of these elements are completed only for erroneous payments or denials. Each integrity rate represents a different view of the BAM data set. The BAM data construct provides multiple perspectives; and payment errors may be included or excluded for a specific rate

The following charts summarize the definitions for the integrity rates included in the BAM analyses.

| Paid Claims | | | |
|---|---|---|---|
| Rate | Sample Type | Action Code | Cause |
| Annual Report | 1 - Paid Claims | 10 - Fraud<br>11 - Nonfraud recoverable<br>12 - Nonfraud nonrecoverable<br>13 - Technically proper due to finality rules<br>15 - Technically proper due to rules other than finality or formal warning rule | All cause codes. |
| Operational | 1 - Paid Claims | 10 - Fraud<br>11 - Nonfraud recoverable | 100-159 Benefit year earnings<br>300-329 Separation<br>400-419 Able and available<br>430-439 Refusal of suitable work<br>440-449 Self-employment<br>450-459 Illegal alien status<br>470-479 Other eligibility issues<br>480-489 Identity theft<br>500-519 Dependents |
| Fraud | 1 - Paid Claims | 10 - Fraud | All cause codes. |
| Agency Responsibility | 1 - Paid Claims | 10 - Fraud<br>11 - Nonfraud recoverable<br>12 - Nonfraud nonrecoverable<br>13 - Technically proper due to finality rules<br>15 - Technically proper due to rules other than finality or formal warning rule<br><br>Includes only those overpayments for which the agency had full or partial responsibility -- codes 30, 1030, 230, 34, 1230, 1034, 234, 1234. | All cause codes. |

| | | | |
|---|---|---|---|
| Underpayment | 1 - Paid Claims | BAM investigation determines that the payment was too small:<br><br>20 - Supplemental check issued/offset applied or increase in weekly benefit amount (WBA), dependents' allowance (DA) entitlement, maximum benefit amount (MBA), or remaining balance (RB)<br>21 - Technically proper due to finality rules<br>22 - Technically proper due to rules other than finality | All cause codes. |

| Denied Claims | | | |
|---|---|---|---|
| Rate | Sample Type | Action Code | Cause |
| Improperly Denied | 2 - Monetary<br>3 - Separation<br>4 - Nonseparation | BAM investigation determines that the denial determination was improper or benefit payment was too small:<br><br>20 - Official agency action finds the claimant to be eligible for a supplemental check issued/offset applied or increase in WBA, DA, MBA, or RB<br><br>21 - Technically proper due to finality rules<br><br>22 - Technically proper due to rules other than finality<br><br>23 - Supplemental check issued/offset applied which was later officially reversed, revised, adjusted or modified, and BAM disagrees with the official action<br><br>24 - No payment is due to the claimant | For Action codes 20-23:<br>All causes except 700 - 729.<br><br>For Action code 24:<br><br>710-719: Claimant not entitled to benefits due to other issues affecting the claim<br><br>720-729: Claimant not entitled to benefits because no week was claimed (Codes valid only for Sample Type 3 or 4) |
| Adjusted Improperly Denied | 2 - Monetary<br>3 - Separation<br>4 - Nonseparation | Same as Improperly Denied minus:<br><br>Prior Agency Action codes 20-29: Agency was in the process of resolving issue and took correct action before DCA investigation completed or agency had correctly resolved issue prior to sample being selected | For Action codes 20-23:<br><br>All causes except 700 - 729.<br>For Action code 24:<br><br>710-719: Claimant not entitled to benefits due to other issues affecting the claim. |

| | | | |
|---|---|---|---|
| | | .- or –<br><br>Results of Appeal of Initial Determination codes<br>1 - affirmed, eligible; or<br>3 - reversed, eligible | 720-729: Claimant not entitled to benefits because no week was claimed (Codes valid only for Sample Type 3 or 4) |
| Overpayment | 3 - Separation<br>4 - Nonseparation | Action codes 10-16 | All causes except 700 - 729. |
| Properly Denied | 2 - Monetary<br>3 - Separation<br>4 - Nonseparation | Action Code 30 | Cause codes 700-709 |