UIPL 10-97, Attachment A: Benefits Time Lapse and Quality Questions and Answer Compilation

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I. *Time Lapse - First Payments, Nonmonetary Determinations, Combined
Wage Claims, Lower Authority Appeals, Implementation Time Lapse, and
Appeals Case Aging*

A. *First Payments*

Q.1   How will time lapse data be entered into the SUN system?

A.1   States may upload time lapse information by using ASCII files to
transfer from their automated systems, or the data can be
manually entered. Note that a partial ASCII upload for a report will
not pass edits; data must be uploaded for all fields.

Q.2   Will we be provided with extract file descriptions so that we know
how to format our files for uploading to the SUN?

A.2   Yes. This information was provided in ETA Handbook 402, 3rd
Edition, Change 2, issued June 6, 1996.

Q.3   What is meant by the statement in the first payment time lapse
section of UIPL 10-96 that combined wage claims (CWC) should
be reported in the appropriate category?

A.3   Refer to ETA Handbook 401, Change 7, reporting instructions for
ETA 9050, page V-1-5. Intrastate and Interstate are each broken
down into UI/UCFE/UCX claims, according to the nature of the
base period wages. Therefore, each first payment should be
reported in whichever of these categories is appropriate. CWC
should be reported on the ETA 9050 as a part of the Intrastate or
Interstate figures in the UI, UCFE, or UCX column.

Q.4   What are the specific criteria for determining when a claim should
be reported as UI, UCFE, or UCX?

A.4   Claims are classified for reporting purposes according to the base
period wages being used, as follows:
1. UI - all State UI wages, either alone or in combination with
UCFE and/or UCX wages.
2. UCFE - all UCFE wages, either alone or in combination with
UCX wages.
3. UCX claims involve only UCX wages.

Q.5   Will payments resulting from appeal reversals of multiclaimant
determinations be excluded from first payment time lapse?

A.5   No. Payments resulting from appeal reversals of multiclaimant
determinations will be included in first payment time lapse.

Formerly, the ETA 5159 reporting instructions (revision 2/93, page
I-2-6) stated "Payments resulting from the reversals of
multiclaimant nonmonetary determinations may be excluded for

purposes of this section." According to ETA Handbook 401, Change 7, first payment time lapse now resides in the new reporting form ETA 9050. On page V-1-5, the General Reporting Instructions state: "The First Payment Time Lapse measure requires that the State computer read the universe of all [emphasis added] first payment records," and the reference to excluding multiclaimant determinations was removed. Analysis of first payment results will take into account special circumstances such as multiclaimant reversals, which **should be documented in the comments section of the report.**

Q.6   Time lapse during the field test was measured from the first week compensated. Has that changed?

A.6   Yes. The time lapse measure being implemented begins with "first compensable week," which UIS has used for many years. It is referenced in 20 CFR Part 640, Standard for Benefit Payment Promptness - Unemployment Compensation. The first compensable week in the benefit year is the first possible week for which benefits could be paid, regardless of a claimant's nonmonetary eligibility. If the first compensable week in the benefit year is never paid due to a nonmonetary denial, the claim never appears in first payment time lapse. See ETA Handbook 401, definitions for ETA 9050, page V-1-6.

Q.7   How are partial/part-total payments defined for reporting purposes?

A.7   For reporting purposes, a partial/part-total payment is a payment for any week in which the weekly benefit amount is reduced by earnings from employment.

Q.8   Are any other reduced payments considered partial or part-total payments? What about pension reductions and overpayment offsets?

A.8   Pension reductions and overpayment offsets, even when they result in a partial reduction of WBA, do not meet the definition of reduction in WBA due to earnings from employment, and therefore are not considered partial or part-total payments.

Q.9   Since a week of excess earnings is not counted as a week claimed, on an initial claim where earnings are applied to the first week claimed, should the week following the excess earnings week be the

first compensable week for time lapse if there are no earnings in that week?

A.9   Yes. Refer to ETA 9050 Definitions, page V-1-6 of ETA Handbook 401.

Q.10 If the first compensable week is not paid because a pension reduces the weekly benefit amount to zero, is the week still counted for time lapse?

A.10 No. When the weekly benefit amount is reduced to zero by a pension, there is no payment. The week would still be reported as a week claimed on the ETA 5159 report, but would not be reported in first payment time lapse on the ETA 9050 report.

Q.11 If the entire payment for the first compensable week is used to offset a prior benefit year overpayment, is the week still counted for time lapse?

A.11 Yes, because the claimant is paid and his maximum benefit amount is reduced when the payment is applied to offset the overpayment.

Q.12 Will time lapse output reports be available through the SUN menus so that we can see our percentages?

A.12 This type of data analysis output report is currently under consideration. Comments about the usefulness of such reports and suggestions about possible formats are welcome. Until menu-driven reports are available, SESA data analysts will be able to access all UI reports through Informix Standard Query Language (ISQL) using the Sun system to extract their data for their own uses. Data analysts working with the Benefits Accuracy Measurement data tables are experienced in using ISQL.

B. *Nonmonetary Determinations*

Q.1   Have any States come up with a good method for capturing "First Week Affected" for the new nonmonetary time lapse reporting requirements?

A.1   Some States derive "First Week Affected" from other data elements in their automated systems. For example, for initial claims, if "Effective Date of Claim" is a data field and is a Sunday date, this date plus six days can yield the necessary date. For continued claims, the logic is similar.

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Q.2 Should the first week affected by a nonmonetary determination include the waiting week, even though it may not be paid?

A.2 Yes.

Q.3 Will the total number of nonmonetary determinations reported on the ETA 9052 and ETA 9053 be different from the total number of State UI determinations reported on the ETA 207?

A.3 The total number reported on the ETA 9052 and ETA 9053 for Separation Issues (column 2) Intrastate plus Interstate plus Nonseparation Issues (column 2) Intrastate plus Interstate should equal the total in Line 101, column 2 on the ETA 207. Other columns on the two reports will not track because (1) the ETA 9052 and ETA 9053 do not include redeterminations, and (2) the ETA 207 has redeterminations broken out only for State UI. UCFE and UCX redeterminations are combined in the totals for those categories on the ETA 207 and cannot be broken out.

Q.4 Our State agency intends to continue with its current procedure to do a determination only when a week is claimed. They are concerned, however, about delayed determination impact on time lapse. For example:

IC effective date   3/3/96
VQ Separation indicated
Date Detected (claim filed)   3/5/96
No weeks claimed
A/C filed/effective   5/5/96

In cases like this one, can Issue Detection Date be reset to the date the A/C is filed to prevent an excessively lengthy time lapse?

A.4 The short answer is "Yes." This situation is addressed specifically in Handbook 401 Change 7, in the definitions section of ETA 9052, Page V-3-6, a.

Q.5 Time lapse for multiclaimant determinations is based on the issuance of the single determination which affects many claimants. Will this determination be included in the nonmonetary universe for quality?

A.5 Yes. If a single nonmonetary determination was made which affected 200 claimants, the single determination will be included in the universe, not the 200 individual determinations generated from it.

Q.6 How do we include labor disputes in the universe if a totally separate unit deals with them and reports only total counts of its activities?

A.6 Several States have reported this situation. It will be necessary for each SESA to find a way to report the required data for these decisions in their automated systems. One State resolved the problem by entering multiclaimant decisions manually. The unit which formerly reported only a count of decisions is now required to report to the UI administrative office each decision issued, with issue detection date, program code, determination date, appropriate issue code, employer identification, and with a unique local office number to be used exclusively for multiclaimant decisions. This data is then manually entered into the mainframe in the administrative office, so that these decisions are in the universe for time lapse and quality.

Q.7 In some States, nonmonetary issues detected on an initial claim cannot be adjudicated if the claimant is monetarily ineligible. But if the outcome of a status investigation makes the claimant monetarily eligible later, a nonmonetary determination must be made. Can such determinations be excluded from the time lapse and quality universes (ETA 9052) because the agency could not act at the time the issue was detected?

A.7 No, such determinations cannot be excluded, but the issue detection date will be the date the claimant is determined monetarily eligible. A State which might issue a nonmonetary determination before monetary eligibility is established will **report** the nonmonetary determination at the time monetary eligibility is established.

Q.8 Can States eliminate issues found in overpayment on New Hire situations from the universe for nonmonetary determinations time lapse and quality (ETA 9052)? Quality of information is questionable as often the issue is very old when it is detected, and it is handled like crossmatch.

A.8 Whether such issues can be eliminated from the nonmonetary determinations time lapse and quality universes depends upon the action the SESA takes as a result of the information. An overpayment notice is not considered a nonmonetary determination. However, if the SESA issues an associated nonmonetary determination on the claimant's employment status or on misrepresentation or some other issue, the nonmonetary

determination must be included on the ETA 9052.

Q.9 Is reduction of the weekly benefit amount due to removal of wages in the base period a nonmonetary determination?

A.9 Removal of wages is a monetary determination. It is expected that the removal of any base period wages ther than those included in error (such as, corrected wage report, wage record data entry error, wages previously used, etc.) will be the result of a nonmonetary determination.

Q.10 If a claimant fails to report for a scheduled eligibility review interview, when is the issue detected?

A.10 The issue is detected the day the claimant fails to report.

Q.11 When the response to a profiling letter sent by Job Service reveals an issue, what is the issue detection date?

A.11 The issue detection date is the date the response is received by the UI service.

Q.12 What is the issue detection date on an interstate initial claim?

A.12 On interstate initial claims, the issue detection date is the date the liable State receives documentation establishing the existence and nature of an issue.

Q.13 Our State has a waiting week and claimants are on biweekly reporting. If a separation issue is detected when the initial claim is filed, our law says we can't rule on the issue until a week is claimed. What issue detection date do we use when the claimant reports to certify two weeks later?

A.13 If the claimant files a timely claim by the State's definition, the issue was detected when the initial claim was filed. That will be the detection date, regardless of when the agency determines the issue. The exception, described in ETA HB 401, page V-3-6, is when the claimant fails to file a timely certification; in that case, issue detection date will be the date the claimant subsequently files an additional or reopened claim.

C. *Implementation Time Lapse - Nonmonetary Determinations and Lower Authority Appeals*

Q.1 On figuring implementation time lapse for a nonmonetary determination, if another issue is pending on the claim which prevents

implementation of the determination that was sampled, does implementation time lapse end with the date of the determination or when the second issue is completed?

A.1   Implementation time lapse ends when the State's automated benefits system is updated with the outcome of the determination of the issue sampled. For example, if the sampled determination allowed benefits on a separation issue, but an A&A issue remained pending on the claim, the date the separation issue was determined and an "allow" for that issue was entered into the automated system would be the implementation date, even if actual payment could not be accomplished.

Q.2   All of our nonmonetary determinations are automatically implemented as soon as they are entered into the system. Will our implementation time lapse always be zero?

A.2   Yes, it will be in the 0 - 1 day interval, if the SESA mail date for payments or removal of a stop in the system is the same as the date on the determination allowing benefits.

Q.3   We figure determination date as system date plus one, two or three to arrive at actual mail date on determinations. But many of our determinations, especially denials, are implemented by simply adding a stop code to the automated system. The two dates that result in this situation seem to compute to a negative time lapse value. How will this be handled?

A.3   "Negative" time lapse caused by the circumstances you describe will default to the 0 - 1 day time lapse category if programmed correctly by the SESA.

D. *Combined Wage Claims: Wage Transfer, Billing, and Reimbursement*

Q.1   For CWC, our State does not maintain the IB-4 receipt date. Once we respond to the IB-4, the receipt date is deleted. Do we have to transfer this info to a separate file?

A.1   Yes, it will be necessary to build a transaction file containing IB-4 receipt date and response date.

Q.2   What are "CWC adjustment payments" in the ETA 586 reporting instructions? The new ETA 401 Change 7 instructions have no definition.

A.2   CWC adjustment payments are additional benefits paid, subsequent to a monetary determination made based on employment and wages received from more than one State, for weeks previously paid based on employment and wages covered under the paying State's law.

Q.3   Does CWC reimbursement time lapse include partial payments?

A.3   No. Refer to ET Handbook 399, Appendix A, page A-8, (c), "Each transferring State shall, as soon as practicable after receipt of a quarterly statement of charges described herein, reimburse the paying State accordingly." Payment of any amount less than the amount billed must represent the total amount due after resolution of disputed amounts.

Q.4   Some States will be reimbursing through a clearinghouse arrangement. How will time lapse be measured in such instances?

A.4   The measure is of the number of days from the date the transferring State receives the reimbursement request to the date payment is mailed to the paying State. The ending parameter in the instance cited will be the date on which the agency authorizes payment through the clearinghouse arrangement.

E.   *Lower Authority Appeals*

Q.1   Are UCFE and UCX appeals included in the population for lower authority appeals time lapse?

A.1   Yes.

Q.2   There seems to be no break-out for multiclaimant appeals. Is this correct?

A.2   Yes.

F.   *Appeals Case Aging*

Q.1   Are UCFE and UCX appeals to be reported separately on either of the Lower Authority Appeals Case Aging tables?

A.1   No.

Q.2   What happens when a case is remanded from Higher Authority to Lower Authority for further facts?

A.2 When a case is remanded for further hearing and a decision by Lower Authority Appeals, it is removed from the Higher Authority Appeals case aging universe. When a case is remanded for additional evidence, but will return to Higher Authority for a decision, the case remains in Higher Authority throughout.

II. Sampling

A. Nonmonetary Determinations Quality

Q.1 Why is the nonmonetary quality universe taken from the ETA 9052 report and not the ETA 207? If it was taken from the ETA 207, redeterminations would not be excluded from the quality sample.

A.1 Redeterminations should be excluded from the quality sample. The field test identified definitional problems which preclude including redeterminations in the universe for time lapse and quality.

Q.2 Referring to the answer to the question in I-B-5, "If a single nonmonetary determination was made which affected 200 claimants, the single determination will be included in the universe, not the 200 individual determinations generated from it." In our automated system, every single claimant is included by SSN and the appropriate multiclaimant decision code. How can we exclude the multiple numbers of claimants when we are running the sample?

A.2 Before sampling, such States will need to exclude from the sampling frame all but one claimant per determination. Check line 101, columns 5 and 6 of the ETA 207 to see if there were any multiclaimant determinations reported for the quarter. If there were, each determination reported must be represented on the ETA 9052 by one claimant affected by the determination. Refer to the instructions for the ETA 9052, found in Section F (5) on page V-3-10 of ETA Handbook 401, which state, "Report only one multiclaimant determination based on a set of facts which apply to a group(s) of similarly situated individuals and which is issued to two or more claimants who are members of such group(s)."

Q.3 Is it a problem if no multiclaimant determinations are chosen for quality review?

A.3 No, not if a genuinely random sample of the universe of

nonmonetary determinations has been obtained.

Q.4   Some States do not currently have issue codes that allow them to separate out every issue listed on page 38 of Attachment A to UIPL 10-96. Is it necessary for these States to develop codes to cover all of these possibilities?

A.4   If States do not use all of the issue codes listed, it is not necessary for them to develop further codes. For example, if their policy requires that to be A&A as required in any week the claimant must have been actively registered with Job Service, then the issue code "A&A" will be correct for Job Service registration, and the State need not add a specific code for Job Service registration issues. For review purposes, the State must provide reviewers with its list of issue codes and indicate the types of situations when each would be used.

Q.5   Our State has developed hundreds of extremely specific issue codes, and we don't understand how we can limit the number to the short list allowed in the skeleton field for issue code.

A.5   Many States have multiple issue codes with which they can identify issues much more specifically than would be possible using the rather broad codes provided for the issue code skeleton field. However, it is anticipated that all of the codes will fit under one or another of the issues listed. For example, a State may identify ten or more VQ issues, depending on circumstances. State ADP staff will need to insert "if" statements to roll all specific codes into the broader category. (If State codes 100 through 199 are all VQ codes, then codes 100-199 = 10 when the quality sample program runs.)

Q.6   If the State maintains only manual records, how can a random sample be obtained?

A.6   Count the total number of cases (separation and nonseparation nonmonetary determinations or lower authority appeals decisions) issued during the review period and divide that number by the size of the sample to be selected to determine the skip interval (n). Then use a random start number and pull every (n)th case from the log book or manually tallied list. For more details about sampling, see Appendix A to HB 401, "Sample Selection," Appendix A to HB 301, "Sample Selection," and UIPL 35-96, "Additional Guidance Concerning Sampling for Quality Measures

for Unemployment Insurance (UI) Benefits Operations."

Q.7 If the official nonmonetary determination is dated 10/1, but the outcome was entered into the automated system on 9/30, in which quarter should the nonmonetary appear in the universe for time lapse and quality?

A.7 The nonmonetary determination will appear in the universe for time lapse and quality in the quarter ending 12/31, because the date on the determination is 10/1.

B. *Lower Authority Appeals Quality*

Q.1 Our automated system cannot distinguish between appeals which are disposed of by decision after a hearing and those which are withdrawals, no-shows, or dismissals. What should we do if a case disposed of due to failure of the claimant to appear is chosen for quality review?

A.1 If an automated system cannot distinguish between disposal types, it will be necessary for the SESA to deliberately over-sample. This does not simply mean drawing a sample larger than required and choosing the cases which meet the criteria, because that compromises the random sample. There is a way to over-sample which retains statistical validity; refer to Appendix A to ETA Handbook 401, page A-6 for details.

In Handbook 401, the reporting instructions for ETA 5130, page I-3-5, give details about the distinction of disposition by decision and other than by decision. SESAs should review these instructions to be certain that appeals are being properly reported.

Q.2 Are any appeals besides claimant appeals, i.e., tax/employer appeals to be included in the appeals times lapse or case aging measures?

A.2 All appeals of determinations on **benefits** are to be included, whether filed by claimant or employer. Tax appeals are not to be included.

Q.3 Will the appeal rights and resultant appeals decisions change if there is no week filed to pay/deny?

A.3 No.

III. **Nonmonetary Determinations Quality Scoring**

A. **Issues in the Universe**

Q.1 Is it necessary to have a monetary determination in order to have a nonmonetary determination?

A.1 Yes, a claimant must have monetary eligibility before a reportable nonmonetary determination can be done. If a SESA issues a nonmonetary determination before monetary eligibility has been established, that nonmonetary determination must be reported at the time the claimant's monetary eligibility is established.

Q.2 If monetary ineligibility has been established, yet a State issues a nonmonetary determination on the claim, is this determination reportable?

A.2 No. The claimant has no benefit rights to be affected.

Q.3 The adjudication universe includes "BPC generated nonmonetary determinations." Is that saying that fraud and false statement determinations will be reviewed for quality?

A.3 Fraud and false statement determinations will be in the universe, and will be reviewed for quality if included in the sample.

Q.4 What is a "nonmonetary issue?"

A.4 A "nonmonetary issue" is: A point, matter, or question to be decided due to an act, circumstance or condition which has a potential for a denial of benefits under State law.

Q.5 If a claims taker identifies a *potential* issue on a claim, can States do a nonmonetary right away, rather than waiting until the claimant certifies for the week that would be affected? For example, if a claimant says (s)he will be checking into the hospital for elective surgery in two weeks and therefore will be unavailable for a week, can we adjudicate immediately?

A.5 Nonmonetary determinations done on future conditions are not reportable.

Q.6 When BPC makes a nonmonetary determination other than as a result of crossmatch, what issue code should be used?

A.6 The issue code should be chosen to reflect the actual issue on which the determination is made: discharge for misconduct,

ability to work, etc.

Q.7 Are separation issues and able and available issues arising from crossmatch excluded from the universe for nonmonetary time lapse and quality?

A.7 No. All issues arising from crossmatch are included if a nonmonetary determination was made.

Q.8 I understand that nonmonetary determinations where no controversy exists are now to be included in the universe for quality. Our State does nonmonetary determinations when the issue is "inability to perform," but only when controversy may exist. Isn't that what was intended?

A.8 In the first place, the phrase "where no controversy exists" may be misleading. Controversy need not exist for a nonmonetary determination to be required -- an issue must exist. For example, if the claimant and employer are in agreement that the separation was a voluntary quit because the claimant wanted to go back to school, there is no controversy. The issue remains, and the SESA must resolve the question of the claimant's eligibility with a nonmonetary determination.

Secondly, some States regard "inability to perform" as a discharge with possibility of misconduct involved. They perform fact finding to establish the exact circumstances, then rule on the separation. In the course of fact finding, if misconduct is discovered as a contributing factor to "inability to perform," (perhaps the claimant could not perform because he has become drug-dependent), the separation can be disqualifying.

Q.9 If a BPC-generated determination rules on an issue, producing a nonmonetary determination <u>and</u> including an overpayment statement, should it be included for quality review?

A.9 Yes.

Q.10 Our crossmatch-detected adjudications carry no unique code to differentiate them from others; they are only identified by issue, such as separation, A&A, etc. If one is pulled for the quality sample, can it be included?

A.10 Yes.

Q.11   Are investigations of tips and leads as potential fraud which do
        NOT result in a written determination (i.e., no disqualifying issue
        was found) included in the adjudications universe?

A.11   If no issue was found as a result of the investigation, no
        nonmonetary determination would be reported, and the activity
        would not be included in the universe for nonmonetary
        determinations time lapse and quality.

        Some States may issue a determination for the purpose of
        explaining the outcome of the investigation to claimant and
        employer(s), but this activity is not reportable, because no issue
        with the potential to affect the claimant's benefit rights was
        found. BPC activity for investigation of potential fraud is not being
        assessed by this measure, only the quality of any nonmonetary
        activity that results from it.

Q.12   Can determinations on both old and new benefit years be counted
        where they involve the same facts, e.g., the same separation issue
        spanning two benefit years?

A.12   Only one reportable nonmonetary determination can be done on
        an issue. The separation issue would be determined in the first
        benefit year, and if the claimant has not requalified and there is no
        new issue, the old disqualification remains in effect. Issuing a
        statement such as this is not reportable nonmonetary activity.

Q.13   If a claimant checks all of the blocks wrong on the claim
        certification and we resolve ("clear") all of them, can we count 11
        nonmons if we want to?

A.13   No. Resolving such questions is routine claims-taking activity.

Q.14   Now that we can count "all" issues as nonmons what will happen
        to the related MPUs? We understand there is no more money
        coming to the program. If the national count for nonmons (or the
        State count) goes up by 100%, will the MPU be halved?

A.14   The change in nonmonetary determination reporting was not intended
        to cause States to change their policies regarding nonmonetary
        activity. The intention was to bring all nonmonetary activity already
        being done into the universe for time lapse and quality so that a more
        accurate measure of SESA performance can be obtained. Some
        increase in reported nonmonetary activity is anticipated as a result of
        the redefinition, but it should for the most part reflect the **reporting** of

nonmonetary activity the SESA has been performing all along. While many budget issues are currently under discussion, revision of MPUs is not a consideration at this time.

B. *Use of the ETA 9056 for Nonmonetary Determination Quality Scoring*

Q.1   What are the "skeleton" fields for, and why do they have to be entered before the cases are reviewed?

A.1   The skeleton fields identify the particular nonmonetary determinations in the sample for the review quarter. They must be entered into the SUN data entry screens before the quality reviews are done, and all of the skeleton fields must be completed, because the information is used to check that each of the cases selected from the universe met the initial sample specifications for quality assurance. A program built into the SESA UI software will verify that all of the sampled determinations are nonmonetary determinations dated within the review quarter, and that the sample contains the minimum number of separation and nonseparation issues. If the sample passes the checks, the skeleton fields are "locked" to establish that this sample has met validation criteria and cannot be changed. If the sample does *not* pass:

● manually entered skeleton fields can be edited to make corrections for typographical errors or blank fields. If the sample still does not pass the edits after these corrections, the skeleton fields will not lock and allow for entry of evaluation scores. The skeleton fields must pass edits before quality evaluation begins. The State must check its sampling program for errors and make the necessary corrections, then run the sample selection routine again.

● skeleton fields loaded from a file (automated uploading) cannot be manually corrected. The State must check its sampling program for errors and make the necessary corrections, then run the sample selection routine again and upload a new sample.

Q.2   What is the purpose of the 5-digit sequence number?

A.2   For the National Office, it serves as "third key" record identifier. It is used with State and Report Date to identify one particular case.

In the State, it is the cross-reference to the social security number and name of the claimant. It will be the State's responsibility to maintain a copy of the cross-referenced file for data validation purposes, as Benefits Accuracy Measurement does.

Q.3   Why is verification of a week claimed required as one of the items which must be downloaded for the BTQ quality review sample if it is no longer part of the nonmonetary definition?

A.3   This field reflects differences in SESA operations, and monitors SESA adherence to its own policy. If State policy is to wait until a week is claimed before generating a nonmonetary determination on an issue, the entry in the nonmonetary determination skeleton field (cell 9) should be "Y." An "N" for "No" in the field would indicate activity outside the scope of State policy. In States where a nonmonetary determination may be made without a week claimed, the field allows for analysis of the comparative quality of the nonmonetary process under those circumstances.

Q.4   "Week claimed" is a skeleton field, and our State cannot provide it during automated uploading of the nonmonetary determinations sample. Will our skeleton fields fail to pass edits?

A.4   Yes. If the information cannot be obtained through any combination of file checks, the SESA sampling program will need to include an instruction to default this field to either "Yes" or "No," depending on State policy. If, after quality review, the default in this field is incorrect, use the comment section to identify the element and note the change. Workload validation has required "week claimed" in the past, but if your automated system no longer contains the information, use a default entry and enter a comment on any record where the default is incorrect.

Q.5   UIPL 10-96 indicates that to have a nonmonetary determination which can be scored for quality, (a) the SESA must have detected an issue which had the potential to affect the claimant's past, present, or future benefit rights, and (b) the SESA must have made a determination regarding that issue. Does this mean that nonmonetary determinations lacking documentation of facts, reasoning, and even a copy of the determination itself can be scored?

A.5   If there is sufficient documentation to indicate that the agency issued a nonmonetary determination, the reviewers will score the

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case, and will fail elements as appropriate. If all case material is missing, the reviewer will enter "N" for "Case Material Found?." This will exclude the case from calculation of the quality score. Reviewers will refer to the revised ETA Handbook 301 for details.

Q.6   Under the new scoring, what happens if upon review it is found that no issue with the potential to affect the claimant's past, present or future benefit rights existed? This could happen with so-called "charge-back" determinations.

A.6   These determinations are not reportable nonmonetary determinations. To score such a case, reviewers will select "N" for Correct Issue Code? (Number 4 on the DCI/data entry screen), and "OO" for the correct issue code (Number 5). When total scores for quality are computed, cases in which correct issue code = "OO" will be excluded from consideration, because these cases are failing for reasons other than the quality criteria (fact finding, rebuttal opportunity, etc.).

Q.7   How will cases be scored if the issue was identified incorrectly?

A.7   The reviewer will enter "N" in Number 4 on the data collection instrument (DCI), "Correct Issue Code?," and will enter the correct code in Number 5. The revised ETA Handbook 301 directs the reviewer to then complete the entire DCI, failing the case for quality of each item from Number 18, Claimant Information, through Number 23, Written Determination. The case will still be subject to tripartite review, but if the reviewers agree that the issue was identified incorrectly, the outcome will be failure on all quality elements.

Q.8   Our automated nonmonetary determinations are pre-worded with standard text, thereby eliminating or limiting the amount of specific facts which can be included in the determination. If we cannot modify our "generic" nonmonetary statements, what will happen to our quality score under the new requirements?

A.8   Regardless of the level of automation, determination notices should adhere to the claims determination standard, which requires that notices provide a summary of material facts, the reason for the determination, application of appropriate law, etc. States that have limited ability to provide the affected parties with information required by the claims determination standards run the risk of being scored down on quality. States should re-

examine their automated texts to ensure that the claims determination standard is being met.

Q.9   Will automated determinations invariably fail quality reviews?

A.9   No. A quality nonmonetary determination is defined as one which meets the claims determination standard, whether it is produced by an automated system or created manually.

Q.10   Our State standards for nonmonetary determinations quality are higher and more stringent than the standards set forth in the revised ETA Handbook 301. When reviewing the quality sample, which standards are we to use in scoring?

A.10   In order to achieve consistency and comparable results nationwide, the National Office has established minimum standards and requires that these minimum standards be used for quality scoring on cases to be reported on the ETA 9056. States and Regions are encouraged to set higher standards for their own operations. As we continuously improve under our new quality measurement system, we will review and periodically revise the federal minimum standards as appropriate.

Q.11   Working with only alpha entries on the DCI is a problem -- I would have liked the numerical scores to appear. Can you revise the DCI to include the numerical values of the quality score outcomes, so that cases can be conveniently scored manually by the reviewer?

A.11   States may add numerical values to the DCI quality items if they wish. The reason they do not appear now is that the graphical user interface (GUI) software which will be used for entering the results of quality reviews is set up with the responses as "buttons." The person entering the data will choose a button (A, I, N, X) and click on it with the mouse to make the entry. Behind the screen, the programming will automatically calculate the numerical score for the case.

In January 1997, the software will be available to calculate the scores automatically as the data is entered. Since the software is not available for entering results for the third quarter of 1996 immediately upon completion, reviewers will want to note the numeric result in addition to providing the alpha entries, so that they can compute the scores manually. Third quarter data should be entered into the automated data base as soon as the software

is available.

Q.12 If there was a key punch error which communicated the wrong issue identification to the automated system, but the review of the case materials shows that the correct issue was investigated and all fact finding and conclusions are properly documented, how can we report that the wrong number was entered into the system?

A.12 If the error was simply one of key punch error, let the code stand as correct, and note the exception in the comments section. However, if the key punch error caused an incorrect determination to go to the claimant, written determination will be completely wrong, and law and policy can be questionable (Q) at most. Be certain you can establish what determination went out.

Q.13 How will we handle it when an issue was incorrectly identified by the adjudicator, and the correct issue changes the sampled case from a separation to a nonseparation? Won't this skew data?

A.13 If this occurs, the corrected issue code should be entered, and all quality elements (18 - 23) will be scored to fail. So far as skewing the data, unless it happens frequently it should not skew the data. If the issue pulled was a separation and should have been identified as a nonseparation, we would expect that the fact finding would fail anyway. No adjustment can be made in this situation.

Q.14 If, on a case pulled for the sample, the nonmonetary determination resolved more than one issue, how will we know which to evaluate for quality?

A.14 When one of the issues is a separation issue and the other is a nonseparation, determine the sample for which the issue was selected, and score the appropriate determination. When both of the issues were separation issues, score the determination relating to the first issue detected. If the detection date for both issues is the same, score the issue pertaining to the separation that had the potential to affect the earliest week in the quarter being evaluated. When the earliest week affected is the same, select the last employer prior to the first week affected. When both of the issues are nonseparation issues, score the determination relating to the first issue detected. If the detection date for both issues is the same, evaluate the determination which had the potential to affect the earliest week in the quarter being

evaluated. When the earliest week affected is the same, select the issue with the greatest potential disqualifiying impact (i.e., a serious illness over a failure to report).

Q.15 For element 9, "Outcome reported correctly," how is the outcome reported to be checked for correctness?

A.15 Compare the case history files derived from the automated system with the fact finding and the determination. If the adjudicator's determination was that payment was denied, the outcome in the system should be reported as a denial. If the issue involved a reduction of the weekly benefit amount, the record should show a denial code, because a part of the claimant's benefits were denied. If the adjudicator found the claimant eligible for benefits after ruling on all issues, the code in the system should reflect an "allow."

Q.16 For element 11, Week Claimed, one is asked to indicate "Y" or "N." Is "N" the appropriate coding for nonmonetary determinations which were issued prior to a week being claimed?

A.16 "N" (no week claimed) in element 11 means that the nonmonetary determination being reviewed *was issued prior to a week being claimed.* When reviewing the correctness of this element, weeks claimed may show on the claims record. Compare the claims certification dates with the date of the determination and record whether the determination was issued **before** a potentially affected week was claimed.

Q.17 In elements 18 - 20, "X" means not applicable (10 points value). In elements 21 and 22, "X" means doesn't meet or wrong (value = 0). The same letters shouldn't mean two different things. Can you replace the second "X" (for elements 21 & 22) with different letters?

A.17 This request will be implemented in a future software release.

Q.18 How do you determine correctness of the first week affected by the determination, for elements 13 and 14?

A.18 You should be able to identify the first week affected either as the first week of the claim or as identified in the decision and verified by the fact finding and issue detection.

Q.19 Element 16 on the Nonmonetary Determination Quality Data Collection Instrument (DCI) asks if the detection date in the

automated system is correct, and element 17 asks for a corrected issue detection date if element 16 is "N" (No). If the detection date cannot be verified by a review of the record, how should these elements be completed?

A.19 If the fact finder has failed to record dates and no other documentation can be established during the case review, enter "N" for element 16, "Correct detection date?," and, working backward from the date on the determination, identify the date of the latest initial, additional initial, or reopened claim. Enter this date in element 17, as the corrected detection date.

Q.20 What kind of evidence in the case materials would definitively identify the issue detection date?

A.20 Issue detection date is a required part of the documentation in the claimant record. Written communications, such as employer protests, must bear a date stamp or annotation to indicate when they were received in UI. Information received by telephone must be annotated with the date received, caller's identification, and identification of the person annotating the record. Faxed materials are dated by an automated process, as are mailed or telephoned certifications. In every case, compare the detection date identified by the automated system with the documentation in the case record.

Q.21 If a corrected issue detection date is entered, must it be commented on?

A.21 If element 16 is "N", note briefly in the comments section why it was not correct. Refer to ETA HB 301, Page IV-26, "COMMENTS."

Q.22 Shouldn't ETA Handbook 301 scoring instructions say absolutely and strongly, that if elements 18-20 are Inadequate, element 22, Law/Policy can score no higher than Questionable?

A.22 Yes. This is being done with an official change to ETA HB 301 and ETA HB 401.

Q.23 In ETA HB 301, Page IV-15 -- there is no "Not Applicable" category for claimant information. Howerver, one shows on the DCI, in element 18. Shouldn't this be removed?

A.23 Because total possible scores must equal 100 in order for the automated scoring program to function correctly, the "Not Applicable" category will remain on the DCI. This will allow the

element to score 10 points in the rare case where no claimant information was necessary.

Q.24 If our agency detects a work refusal issue today, but the actual refusal occurred last month, how does the State automated system determine "affected week?"

A.24 The affected week will be identified by the adjudicator when the determination is made. It is not automatic, but must be manually entered with the determination.

Q.25 Case Material Found -- If <u>some</u> but not <u>all</u> of the supporting documents are found, do you code the element Y or N, and do you continue the review?

A.25 "Case material found" means that there must be a copy of the determination notice and all or some of the case investigation material, such as the fact finding documentation, so that there is a basis for evaluating the sampled case. Code the element Y (Yes) if you find *any parts of the case record.* Continue the review, and fail any elements for which documentation is missing. The case material may be completely paper documentation, completely annotated automated records, or any combination of the two.

Q.26 Shouldn't element 24 have an "X" entry as well? In our State, a claimant can be paid after fact finding is done on an issue without the issuance of a written determination. We call these determinations "informal," but they will be in the universe because there was an issue, fact finding was documented, and a determination is in the automated record. However, these determinations do not require appeal rights to be given.

A.26 We will add an entry in the next software release to cover this situation. Use "Sufficient" for appeal information on informal determinations until a "Not Applicable" code is added.

When a case in the quality sample is identified as one the SESA handled as an "informal" determination, the reviewer must assess whether it was correctly handled. Two conditions must be met:
   a. These are *always* determinations which pay benefits; denials are never done with "informal" determinations.
   b. There is no other interested party whose interest is being adversely affected by the determination.
If the reviewer finds that a written determination should have

been issued and the case was handled as an "informal," then written determination should be scored to fail and the law and policy element must be "Questionable" at best. For example: A claimant reports that his last employer called him and offered him further work. She refused the offer because it was not the same work she had done before. In this case, a written determination must be issued to inform the employer of the outcome.

Q.27 If there is no week claimed, what constitutes a timely determination on an issue on an initial additional or continued claim?

A.27 For all nonmonetary determinations, time lapse is measured from the issue detection date to the date the determination is made, whether or not a week is claimed. Refer to ETA HB 401, Change 7, V-3-5, Nonmonetary Determinations Time Lapse.

Q.28 What is the final decision about how the quality of the written determination affects the pass/fail scoring of a case?

A.28 A description of the scoring elements, including the effect of the written determination, is provided in the revision to Handbook 301, which was published in July 1996. To clarify any remaining question, if the written determination is scored "Completely Wrong," then Law and Policy cannot be "Meets." If the written determination is "Inadequate," (for reasons of bad grammar, spelling errors, etc.), Law and Policy can be "Meets," "Questionable," or "Does Not Meet."

Q.29 At what point does a sample for nonmonetary determination quality become unusable because cases were not found or did not meet the definition of a reportable nonmonetary?

A.29 The first validation check is for the number of cases identified as "N" for case material found. If more than 10% of the total sample for either small or large States is identified as "N," the quality score will be footnoted to indicate that results may be unreliable. Secondly, if the percentage of cases which are excluded from the quality score because case material was not found, no issue existed, or cases outside the scope of the review were included exceeds 16.67% of the sample in small States or 25% of the sample in large States, the resulting quality score will be footnoted to indicate that the results may be unreliable.

Q.30 Will the scores for separation and nonseparation issues be reported separately?

A.30 Scores for separations and nonseparations will be calculated separately, then weighted to reflect the ratio of separations to nonseparations in the universe in the quarter being sampled to produce a single overall quality score.

C. *The Tripartite Quality Review Process*

Q.1 Will travel money be available for the quality review teams to accomplish the tripartite review?

A.1 Within the FY 1997 planning targets, a total of $127,000 was included for the nonmonetary determinations tripartite reviews. The funding will be distributed using the same process as was used to distribute State Quality Appraisal QPI travel money. States should submit requests to their Regional Offices.

Q.2 The tripartite review process for nonmonetary determinations quality is time consuming. The reporting requirement that the results of all reviews be data-entered by the twentieth of the month following the drawing of the sample does not allow sufficient time to complete the process. Can States request an exception to the reporting requirement when several cases have to be re-reviewed so that the reports will not be considered untimely?

A.2 The National Office will observe the first several quarters of operation and then review the deadlines. An important tenet of BTQ is that Nonmonetary Determinations Quality and Lower Authority Appeals Quality data will be available much more quickly than was possible previously. To track performance quarterly and keep workload under control, it is important to complete each quarterly review and enter the data before the sample for the next quarter is drawn. With this caveat, the National Office will be sensitive to SESA workloads.

D. *Data Validation*

Q.1 Will there be a review conducted to determine the quality of nonmonetary tallies (Workload Validation)? If so, will the sample for the review be separate from the quarterly BTQ nonmonetary quality sample?

A.1   There will be a review of nonmonetary determinations for data validation purposes conducted concurrently with the quality review. The data validation elements are a part of the quality review instrument, and review of these elements will replace Workload Validation. The same sample will be used both for review of quality and for replacement of Workload Validation.

E. *Benchmarking*

Q.1   Will nonmonetary determination quality be benchmarked separately for separation and nonseparation issues?

A.1   Benchmarking decisions will be made only after data have been collected under the new reporting requirements for some time. As UIPL 10-96 states on page 6, "When sufficient data are available for performance analysis, UIS will ask State program administrators to contribute to discussions regarding benchmarking."

Q.2   Will first payment time lapse continue to be benchmarked separately for intra- and interstate payments?

A.2   Until decisions about benchmarking are made based on the data collected under the new reporting requirements, existing Secretary's Standards and established DLAs will be used. Refer to UIPL 10-96, page 7.

Q.3   Will the new measures be reported in a publication like QA?

A.3   There will be a periodic publication of UI Performs performance results. The format, content, and timing are in development.

UIPL 10-97, Attachment A: Benefits Time Lapse and Quality
Questions and Answer Compilation

Crosswalk: Rescinded UIPL 33-96 to UIPL 10-97

UIPL 33-96	UIPL 11-97
Q.1	I - A - Q.1
Q.2	I - A - Q.2
Q.3	I - A - Q.3
Q.4	I - A - Q.4
Q.5	I - A - Q.5
Q.6	I - A - Q.6
Q.7	I - A - Q.7
Q.8	I - A - Q.8
Q.9	I - A - Q.12
Q.10	I - B - Q.1
Q.11	I - B - Q.2
Q.12	I - B - Q.5
Q.13	I - B - Q.3
Q.14	I - B - Q.4
Q.15	I - D - Q.1
Q.16	I - D - Q.2
Q.17	I - D - Q.3
Q.18	I - D - Q.4
Q.19	II - A - Q.1
Q.20	III - B - Q.3
Q.21	II - A - Q.3
Q.22	III - B - Q.1

UIPL 10-97, Attachment A: Benefits Time Lapse and Quality Questions and Answer Compilation

Crosswalk: Rescinded UIPL 33-96 to UIPL 10-97

UIPL 33-96	UIPL 11-97
Q.23	II - A - Q.4
Q.24	II - A - Q.5
Q.25	III - B - Q.4
Q.26	III - A - Q.1
Q.27	III - A - Q.2
Q.28	III - B - Q.8
Q.29	III - B - Q.9
Q.30	III - B - Q.7
Q.31	III - B - Q.28
Q.32	III - B - Q.5
Q.33	III - B - Q.6
Q.34	III - B - Q.29
Q.35	III - A - Q.3
Q.36	III - C - Q.1
Q.37	III - B - Q.30
Q.38	I - C - Q.2
Q.39	I - C - Q.3
Q.40	II - B - Q.1
Q.41	I - F - Q.1
Q.42	II - B - Q.1
Q.43	II - B - Q.2
Q.44	I - F - Q.2

UIPL 10-97, Attachment A: Benefits Time Lapse and Quality Questions and Answer Compilation

Crosswalk: Rescinded UIPL 33-96 to UIPL 10-97

UIPL 33-96	UIPL 11-97
Q.45	III - E - Q.1
Q.46	III - E - Q.2
Q.47	III - E - Q.3