ADVISORY: UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 16-13

TO: STATE WORKFORCE AGENCIES

FROM: JANE OATES /s/
Assistant Secretary


1. **Purpose.** To reissue the State UI BAM Operations Guide (ET Operations Guide 400).

2. **References.**

3. **Background.** Since the issuance of the 2nd edition of ET Handbook No. 400 in 1993 and subsequent editions in 1994 and 1995, there have been numerous changes to the BAM state software, which is installed on each state’s Sun computer system. The most recent version of the software is BAM State Web Software Release 10.2.10. Release notes for all BAM state software releases are available by clicking the “Release Notes” tab on the Applications Menu of the UI software on the state Sun System. This handbook has been re-titled for consistency with other UI software user guides such as the UI DV Operations Guide.

3. **OMB Approval.** The Office of Management and Budget (OMB) has approved the UI BAM data collection through December 31, 2015. The approval is OMB No. 1205-0245. The reporting burden for the collection of the BAM information is 9.11 hours per sample case investigation.

4. **Action Requested.** Users should remove and destroy all previous editions and changes and replace them with the attached. States should review these changes and adjust their procedures, as necessary.

5. **Inquiries.** All questions should be directed to the appropriate Regional Office.

OMB No.: 1205-0245  OMB Expiration Date: 12/31/2015  OMB Burden Hours: 9.11 hours per investigation

OMB Burden Statement: These reporting instructions have been approved under the Paperwork reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory under SSA 303(a)(6). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, 200 Constitution Ave., NW, Washington, DC, 20210.
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Chapter 1

INTRODUCTION

About This Handbook

This handbook explains how to navigate the Benefits Accuracy Measurement (BAM) application of the BAM State Web Software. The most recent version of the software at the time of publication of the guide is 10.2.10.

Technical Support

If any comments are encountered with the software, contact the Office of Unemployment Insurance (OUI) Technical Support Staff (Hotline) at 1-800-473-0188 or send email to hotline@uis.doleta.gov.

Typographic Conventions

This handbook uses the following typographic conventions.

<table>
<thead>
<tr>
<th>Visual Cue</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Sequenced steps to follow when completing a task</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Black bold type</strong></td>
<td>Button</td>
</tr>
<tr>
<td><strong>Blue type</strong></td>
<td>Box title</td>
</tr>
<tr>
<td><strong>Purple underlined type</strong></td>
<td>Links on the software that you can click on</td>
</tr>
<tr>
<td><strong>Blue underline type</strong></td>
<td>Web or email address</td>
</tr>
<tr>
<td><strong>Italics</strong></td>
<td>Documents, screen names and menu options</td>
</tr>
<tr>
<td><strong>red arrow</strong></td>
<td>Indicates where to click on the software screen</td>
</tr>
</tbody>
</table>
Software Requirements

To use the Benefit Accuracy Measurement State Web Software you will need a computer with Internet Explorer Version 6.0 or later.

You will also need a user name and password which you should obtain from your system administrator for the Sun computer.

Benefit Accuracy Measurement (BAM) Program

Welcome to the world of BAM! This handbook is both an introduction to the BAM automated system and a reference source for continual use.

The Unemployment Insurance (UI) BAM system (formerly Quality Control [BAM]) provides the basis for assessing the accuracy of UI payments and denied claims. 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 eligibility determinations are drawn and examined intensively to determine whether they were properly decided and whether UI 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 and denied claims
- assess improvements in program accuracy and integrity
- 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.
Program Scope

State resources are targeted to perform detailed investigations of benefits paid and denied in the largest permanently authorized programs: State UI (including combined wage claims), Unemployment Compensation for Federal Employees (UCFE), and Unemployment Compensation for Ex-Servicemembers (UCX). Both intrastate and interstate claims are included in BAM. The accuracy of paid claims is determined through a comprehensive audit to ensure that all monetary, separation, and continued eligibility requirements (such as active work search, Employment Service registration, and "able and available" requirements) are met. These audits are conducted for randomly selected compensated weeks, referred to as "key weeks." BAM assesses the accuracy of denials by conducting audits of monetary, separation, and nonseparation determinations that resulted in a denial of benefits. The BAM audits require new and original fact finding, which is accomplished through claimant interviews, examinations of agency records (including American Job Center Career Centers and the Employment Service), and contacts with employers and other parties such as, employer representatives, labor unions, and private employment agencies 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 prescribed in the BAM State Operations Handbook (5th edition) to ensure the reliability of data and the accuracy of inferences made from the data collected through the BAM investigations.

The states have the responsibility to draw weekly samples of the prescribed size, perform investigations, identify errors, analyze error rates and other data, and initiate corrective action if appropriate. The primary federal responsibilities are to ensure system integrity through monitoring state practices and procedures, to analyze BAM data to assess performance and program integrity, and to provide the software, hardware, and technical assistance needed to support the program.

Data gathered on improper 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 a Benefit Payment Control 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 estimate the accuracy of UI payments and denials and 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 UI program. Therefore, the findings of BAM must be consistent with official rules and written policies of the state. The regulation that establishes the Quality Control program for UI (20 CFR 602), requires BAM to, “Conclude all findings of inaccuracy as detected through BAM investigations with appropriate official actions, in accordance with the applicable State and Federal laws.”

b. Automation of BAM Data Collection. The BAM system has been designed to be as highly automated as possible. 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.

Navigating the System

The BAM software is a web-based application with certain characteristics that the user should be aware of.

- **Multiple Users.** The software supports multiple, concurrent users. However, it was not designed to allow, for example, update of a single table by multiple users at the same time.
- **Time Out.** You will be automatically logged out from the application if you are inactive for more than 60 minutes. Exception to this rule is Case Conversion and Update Cases modules which have 2 hour and 5 hour timeouts respectively. To maintain your session hit a keystroke or move your mouse. You should perform “save” operations frequently if there is a danger of work being lost due to inactivity.
Exit from Screens. The user can exit from a secondary window within the application through use of the “X” in the upper right corner of the window. Be aware that the “X” at the extreme upper corner of the screen will exit the user from the entire application. This will require the user to sign on again and may result in lost data.

<Control End> and <Control Home>. <Control End> will take you immediately to the bottom of any screen and <Control Home> to the top.

Use of the Back button. The internet browser has a Back button that allows the user to return to a previous screen. Users should be aware that use of this button may result in unexpected results. The problem can be avoided by using the links on the software screens that were designed to navigate to other screens. For example, the Home link at the bottom of a screen will take you back to the Application Menu.

Print Function. To print screens, use the print function on your browser or if available, the print button at the bottom of the screen. Some screen sizes exceed the width of a portrait print. In this case try the landscape option on your printer. You can also try copying the screen to MS Word, Excel or some other utility and print from there. Your Sun system administrator should be able to assist you if you encounter problems.

Save Function. Use the Save button to save data in the BAM application.

Help Links. The application has Help links on certain screens. The query field names and data entry field names provide links to the respective help files. Clicking on the label of a field name displays the corresponding field help information.

Action Buttons. Various applications include action buttons. For example, the query screen has the following buttons:

- Submit Query: Submits the user's query request.
- Clear Query: Resets all the query fields
To log on to the benefit accuracy measurement software, follow the next steps.

1. Go to your state Unemployment Insurance Applications Menu screen, select BAM (Benefit Accuracy Measurement) (OMB No. 1205-0245).

2. Select one of the BAM Functional applications: Investigator Case Management, Supervisor Case Management, Environment Settings, Statistical Reports, and Forms.
3. Next select one of the *Sub-functional* applications within the *Functional* application.

The BAM login screen does not appear until you have selected *BAM (Benefit Accuracy Measurement) (OMB No. 1205-0245)* from Application Menu; 2) selected a *Function Application*; 3) selected a *Sub-Function* application.

4. The *Benefit Accuracy Measurement* login screen will appear.

Screen shots in this handbook might look different (fonts and colors) than your screen due to your desktop and browser settings.
5. Enter your Login ID and Password.

![Login ID and Password Entry](image)

- Login ID and password are assigned by your state Sun system administrator.
- Passwords are case sensitive, i.e., the user must use capital letters or special characters such as (#, *, or %) if these are part of the password.

6. Click on the Submit button

![Submit Button](image)

7. The Benefit Accuracy Measurement screen, for application selected will appear.
8. The **Home** link at the bottom of the **Benefit Accuracy Measurement** screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information for all items and functions on the screen.
The New Investigative Assignments application allows the users to generate the New Investigative Assignments Report, which lists the recently assigned and reassigned cases.

The New Investigative Assignments application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA).

The application screens are comprised of the following:

- **Query Fields**
  The cases can be sorted by using the following options:
  - SORT BY INVESTIGATOR ID
  - SORT BY SOCIAL SECURITY NUMBER
Chapter 3
INVESTIGATOR CASE MANAGEMENT

New Investigative Assignments

The *New Investigative Assignments* application allows the users to generate the *New Investigative Assignments Report*, which lists the recently assigned and reassigned cases. To access *New Investigative Assignments*, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Investigator Case Management from the Applications Menu.
3. Select New Investigative Assignments from Application Menu

![Application Menu]

4. *Benefit Accuracy Measurement* login screen appears enter login ID and password and click Submit.

![Benefit Accuracy Measurement Login Screen]

5. New Investigative Assignments screen appears.
BAM OPERATIONS GUIDE

This screen has two query selections. **Sort by Investigator ID** sorts the results by investigator identification number; this is the default selection. **Sort by Social Security Number** sorts the results by social security number.

6. Select query parameters and click the **Submit** button.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

7. The **New Investigative Assignments** by ID or Social Security Number (PCA or DCA) will appear depending on the query selected.
### BENEFIT ACCURACY MEASUREMENT
#### PAID CLAIMS ACCURACY
#### NEW INVESTIGATIVE ASSIGNMENTS

**State: State Machine**
- Total Number of Assigned cases: 0
- Total Number of Reassigned cases: 2

#### BAM SUPERVISOR: 5

<table>
<thead>
<tr>
<th>Inv ID</th>
<th>SSN</th>
<th>Claim Date</th>
<th>Batch #</th>
<th>Seq #</th>
<th>Sample Type</th>
<th>Local Office</th>
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<td>1</td>
<td>7111</td>
<td>04/10/2012</td>
<td>R</td>
</tr>
</tbody>
</table>

Investigators with no assigned cases: 1, 7, 8, 9, 11, 12, 17, 21, 22, 25, 29, 30, 36, 40, 57, 58, 98

#### BAM SUPERVISOR: 6

Investigators with no assigned cases: 43

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### BENEFIT ACCURACY MEASUREMENT
#### DENIED CLAIMS ACCURACY
#### NEW INVESTIGATIVE ASSIGNMENTS

**State: State Machine**
- Total Number of Assigned cases: 0
- Total Number of Reassigned cases: 7

#### BAM SUPERVISOR: 5

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<tr>
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<td>2</td>
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<td>1</td>
<td>2</td>
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<td>R</td>
</tr>
</tbody>
</table>

Investigators with no assigned cases: 1, 4, 6, 7, 8, 9, 11, 12, 17, 21, 23, 25, 29, 30, 36, 40, 57, 58, 98

#### BAM SUPERVISOR: 6

Investigators with no assigned cases: 43

---

### BENEFIT ACCURACY MEASUREMENT
#### PAID CLAIMS ACCURACY
#### NEW INVESTIGATIVE ASSIGNMENTS

**State: State Machine**
- Total Number of Assigned cases: 0
- Total Number of Reassigned cases: 2

#### BAM SUPERVISOR: 5

<table>
<thead>
<tr>
<th>SSN</th>
<th>Inv ID</th>
<th>Claim Date</th>
<th>Batch #</th>
<th>Seq #</th>
<th>Sample Type</th>
<th>Local Office</th>
<th>Assign/Reassign Date</th>
<th>Status</th>
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<td>999-00-9990</td>
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<td>200839</td>
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<tr>
<td>999-00-9999</td>
<td>6</td>
<td>10/23/2010</td>
<td>201149</td>
<td>2</td>
<td>1</td>
<td>7111</td>
<td>04/10/2012</td>
<td>R</td>
</tr>
</tbody>
</table>

#### BAM SUPERVISOR: 6
The New Investigative Assignments report should be printed for use as a reference and if the need arises for a case to be reassigned.

Update Cases

The Update Cases application allows supervisors and investigators to update the required Data Collection Instrument (DCI) items and complete the review of a case. The application allows the user to generate a DCI report. The application also generates a Case Review Report for Paid Claims Accuracy (PCA). When multiple cases are selected to update, the first case is displayed by default. The Update Cases application can be used for either PCA or DCA. To access the Update Cases application, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select *Investigator Case Management* from the *Applications Menu*.

3. Select *Update Cases* from the *Applications Menu*.

4. *Benefit Accuracy Measurement* login screen appears enter login ID and password and click submit.
If logged in already you can skip steps 1 thru 4 and go directly to the Applications Menu and select Update Cases and the screen in step 5 below will appear.

5. **Update Cases** screen appears.

The Update Cases application can be used for either Paid Claim Accuracy (PCA) or Denied Claims Accuracy (DCA) and provide the following options: Query Using Batch #, SEQ # (PCA & DCA), Query Using SSN, Key Week (PCA only) and Query Using Criteria (PCA only).

6. Select query parameters and click the **Submit** button.
7. The *Update Cases* screen will appear for the query selected.

Query Using Batch #, SEQ # (PCA Example)

```
<table>
<thead>
<tr>
<th>BATCH#</th>
<th>SEQUENCE#</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1</td>
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```

Query Using SSN (PCA Only)

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<th>KEY WEEK</th>
<th>SAMPLE TYPE</th>
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</table>
```

Query Using Criteria (PCA only)
Query Using Batch #, SEQ # (DCA Example)

If the query selected for Update Cases is SSN - Key Week or Criteria for DCA you'll get the warning below.

8. Enter appropriate data for selected query (five cases may be entered) and click Submit Query button.
9. The Update Cases – PCA or DCA for query selected will appear.

10. Click on a Data Entry Field, and Data Entry Screen for the Data Field selected will appear.

11. Update Cases – PCA/DCA Data Entry Screen will appear.

(PCA Example)
When entering data if wrong format is used a message similar to the one below will appear.

Validate information and add any information that’s missing. You can either proceed to the other Data Entry Screens by clicking Next Screen button or click the Validate button.
Clicking the **Validate** button (which checks fields for proper format) the following screen appears.

Clicking the **Accept** button allows the user to store the entries and go back to the main screen, which appears below.

Investigator will go through all applicable *Data Entry Screens* remembering to click the **Validate** button, then the **Accept** button, on each *Data Entry Screen* where information is entered. Once all *Data Entry Screens* are validated and accepted remember to click **Save** button or all information entered will be lost and have to be re-entered. Also, if **UC Menu** button is clicked before the **Save** button all information is lost also.
Clicking the **Save** button, saves entries into the database and the screen below appears.

**UPDATE CASES - PCA**

Investigator has the option now either to select **Report** button or **UC Menu** button. If **Report** is clicked, the **Data Collection Instrument (DCI) Report** will appear. A portion of the **DCI Report**, which will be discussed later in this chapter in full, is shown below. If the **UC Menu** button is clicked, it exits back to the **Update Cases** screen.

12. If user has selected more than one case, they will have to click **Next** button after saving first case. If they click **UC Menu**, they will get a warning that they will not be able to review the additional cases selected. If you want to update more cases or exit program click on the **UC Menu** button and the following warning appears (click *ok*) then the **Update Cases** screen appears.
If you click OK, you will lose any changes that are not saved and will not be able to review any other cases selected. You will return to the entry screen and enter new cases.

The Update Cases application consists of multiple data entry screens for PCA and DCA which are listed below:

The PCA data entry screens consist of the following screens:

- **B:** Data Entry Screen for Claimant Information.
• **C**: Data Entry Screen for Benefit Year Information.

![Data Entry Screen for Benefit Year Information](image)

• **D**: Data Entry Screen for Separation Information.

![Data Entry Screen for Separation Information](image)

• **E**: Data Entry Screen for Monetary Eligibility.

![Data Entry Screen for Monetary Eligibility](image)
**F:** Data Entry Screen for Benefit Payment Information.

**G:** Data Entry Screen for Registration/Work Search.

**H:** Data Entry Screen for Error Classification/Case Completion.
- **I:** Data Entry Screen for Error Issues.

- **S:** Data Entry Screen for State Options.

The DCA data entry screens consist of the following screens:

- **1-CI:** Data Entry Screen for Claimant Information.
- **2-BYI**: Data Entry Screen for Benefit Year Information.

```
UPDATE CASES - DCA

<table>
<thead>
<tr>
<th>Validate</th>
<th>Accept</th>
<th>Cancel</th>
<th>Previous Screen</th>
<th>Next Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Batch: 201123  Sequence: 2  Sample Type: 2  SSN: 999-99-9999  Claim Date: 03/15/2011 1

2-BYI: Benefit Year Information

Program: 22
CWC: 22
Ben. Yi Bry: 22
Inz. Clm. File Method: 25
ERI: 26
Ind. Code Primary Emp: 47
Ind. Code Last Emp: 28
File Meth: 29
Org. Amnt. Paid: 30

Before Investigation | After Investigation
---|---
No. Wks. Denied: 31 | 32
WBA: 22 | 24
MBA: 32 | 34

```

- **3-MD**: Data Entry Screen for Monetary Data.

```
UPDATE CASES - DCA

<table>
<thead>
<tr>
<th>Validate</th>
<th>Accept</th>
<th>Cancel</th>
<th>Previous Screen</th>
<th>Next Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Batch: 201123  Sequence: 2  Sample Type: 2  SSN: 999-99-9999  Claim Date: 03/15/2011 1

3-MD: Monetary Data

Resent Mon. Det.: 42
BP Emps.: 44
BP Wages: 46
HQ Wages: 48
Wks. Worked: 50
Depend.: 52
Depend. Allow: 54
Mon. Redet.: 56

Before Investigation | After Investigation
---|---

```

- **4-CA**: Data Entry Screen for Case Action.
• **5-EI:** Data Entry Screen for Error Information.

• **Separation Data Entry Screen Sample Type 3**

• **Nonseparation Data Entry Screen Sample Type 4**
Update State Options

The Update State Options application allows users to update the State Options information for the selected cases. The users who have the required permissions may select either completed or open cases. The State Options are State specific and are optional.

The Update State Options can be used for Paid Claims Accuracy (PCA) only and provides the following options:

- QUERY USING BATCH #, SEQ #
- QUERY USING SSN, KEY WEEK

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select Investigator Case Management from the Applications Menu.

3. Select Update State Options from the Applications Menu.

4. Benefit Accuracy Measurement login screen appears enter login id and password and click Submit.
If logged in already you can skip steps 1 thru 4 and go directly to the Applications Menu and select Update State Options. The screen in step 5 below will appear.

5. The Update State Options screen appears.

6. Select query parameters and click the Submit button. (Note: Update State Options is available only for PCA cases.)
7. Update State Options screen will appear for the query selected.

8. Enter appropriate data for selected query and click Submit Query button.

9. The Update State Options – PCA screen will appear.
10. On the Update State Options – PCA screen fill in the Field ID rows 1 thru 7 under Value with correct information and click Save; then if more than one case is loaded click Next, until all cases loaded are completed remembering to save each case before clicking next. The number of Fields will vary, depending on the number of option fields your State has defined.

When Save is clicked and all Values are correctly formatted the following screen will appear.
When filling in Values if format is incorrect a warning similar to the one below will appear. Also, remember every Value must have an entry and changes must be saved before selecting Next, if you have more than one case to complete.

Unlock Cases

The Unlock Cases application allows privileged users to unlock the cases that have been locked and provides access to the cases to continue with the investigations/review process.

The Unlock Cases application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA).

If trying to access a BAM Application from the Application Menu and a screen appears similar to the ones below with the statement that is circled you will follow the steps provided to unlock the cases.
1. From the BAM application screen click **Home**.

2. Click **Unlock Cases** from the **Application Menu**.
3. Select the Investigator ID(s) for the cases that need to be unlocked and either PCA or DCA, then click **Submit**. Either a single investigator or multiple investigators can be selected.

4. If case is successfully unlocked the screen below will appear.
If an Investigator ID was selected for which cases are not locked, the screen below will appear.

**Data Collection Instrument (DCI) Report**

The *DCI Report* generates and displays the case information from the database in usable and concise format, for the selected query parameters. The case information includes the master information; reopen information, error issues, case assignment information, and state options information, if available.

The *DCI Report* can be generated for either PCA or DCA using the following options:
- Query using Batch #, SEQ #
- Query using SSN, Key Week (for PCA only)

To access the *DCI Report* application, follow the steps below.

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*. 
2. Select Investigator Case Management from the Applications Menu.

3. Select DCI Report from the Applications Menu.
4. Benefit Accuracy Measurement login screen appears enter login ID and password and click submit.


6. Select query parameters and click the Submit button.
7. The **DCI Report – PCA query input screen** will appear depending on query selected. The user will fill in the required information and click **Submit Query**.

8. The **BAM PCA DCI Report** will appear.
Case Review Report

The Case Review Report generates and displays a listing of all the possible coding inconsistencies found, in relation to the State's laws and policies or other data elements, for the selected query parameters.

The Case Review Report is available for only PCA, and can be generated using the following options:

- Query Using Batch #, Seq #
- Query Using SSN, Key Week

To access Case Review Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Investigator Case Management from the Applications Menu.

4. Benefit Accuracy Measurement login screen appears enter login ID and password and click Submit.

The Case Review Report is only available for PCA and provides the following options Query Using Batch #, SEQ # and Query Using SSN, Key Week. The selections on the screen shot above are the default settings.

6. Select query parameters and click the Submit button.

7. The Case Review Report – PCA query input screen will appear depending on query selected. The user will fill in the required information and click Submit Query.
8. The Case Review Report by Batch #, SEQ # or SSN, Key Week will appear depending on the query selected.

If no inconsistencies are found report will be similar to the report above, if inconsistencies are found report will be similar to the report below.

If the user enters query data and no case is available for Batch #, SEQ # or SSN, Key Week entered; also, if the wrong format is used, messages similar to the following will appear.
CASE REVIEW REPORT - PCA

<table>
<thead>
<tr>
<th>BATCH #</th>
<th>SEQUENCE #</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>001130</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No Case Available for Batch: 001130 / Seq: 5 / Sample Type: 1

Home  Feedback  Help

CASE REVIEW REPORT - PCA

<table>
<thead>
<tr>
<th>SSN</th>
<th>KEY WEEK</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>999-00-9990</td>
<td>10/03/2010</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No Case Available for SSN: 999-00-9990 / Key Week: 10/03/2010 / Sample Type: 1

Home  Feedback  Help

Enter Batch Number in the format YYYYWW.

OK
Chapter 4
SUPERVISOR CASE MANAGEMENT

Case Conversion – Automatic Conversion

Use *Automatic Conversion* to automatically transfer UI summary data, from the sfsum.dat file, and claimant data, from the rec1.dat file, to the Benefit Accuracy Measurement database. The *Automatic Conversion* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Automatic Conversion*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the Applications Menu.

2. Select *Supervisor Case Management* from the Applications Menu.
3. Select **Case Conversion** from the **Applications Menu**.

4. If you are not already logged in, the **Benefit Accuracy Measurement** login screen appears. Enter login ID and password. Click **Submit**.

5. The **Case Conversion** screen appears. Select **Automatic Conversion**. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.
PCA/DCA identifies the type of BAM cases the application will process. PCA: Paid Claims Accuracy identifies the Benefit Accuracy Measurement of UI Paid Claims. This will always be the default selection in all applications. DCA: Denied Claims Accuracy identifies the Benefit Accuracy Measurement of UI Denied Claims. The DCA cases include monetary, separation and nonseparation determinations. These determinations are identified by the ‘Sample Type’ as follows: 2 = Monetary, 3 = Separation and 4 = Nonseparation. Denied Claims Accuracy is not a valid option for the following reports: Update State Options, Case Review Report, Official Time Lapse Report, State Options Control, and Sample Validation Report.

6. The Automatic Conversion screen appears, providing batch number information. Click Continue.

Last Batch Loaded is the highest batch number in the comparison table. Current Batch is the batch number of the system’s current week. Available Batch identifies the batch available for conversion (currently populating the sfsum.dat and rec1.dat files).

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.
The Case Conversion Report appears displaying the comparison and sample data that have been transferred to records in the BAM database. Click on the back arrow button on your browser to return to the Automatic Conversion screen.

### BENEFIT ACCURACY MEASUREMENT
#### PAID CLAIMS ACCURACY
#### CASE CONVERSION REPORT (COMPARISON)

State: State Machine  
Batch Number: 201219

<table>
<thead>
<tr>
<th>Group</th>
<th>Sample</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>10</td>
<td>29649</td>
</tr>
<tr>
<td>Dollars</td>
<td>$2386</td>
<td>$6748885</td>
</tr>
<tr>
<td>Variance</td>
<td>7213.60</td>
<td>7471.95</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>15586</td>
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<td>4</td>
<td>14063</td>
</tr>
<tr>
<td>Sex Missing</td>
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<td>0</td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td>15182</td>
</tr>
<tr>
<td>Non-White</td>
<td>6</td>
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<td>0</td>
<td>455</td>
</tr>
<tr>
<td>Age &lt; 25</td>
<td>0</td>
<td>3236</td>
</tr>
<tr>
<td>Age 25 - 34</td>
<td>4</td>
<td>7315</td>
</tr>
<tr>
<td>Age 35 - 44</td>
<td>4</td>
<td>6713</td>
</tr>
<tr>
<td>Age 45 - 64</td>
<td>2</td>
<td>11175</td>
</tr>
<tr>
<td>Age 65+</td>
<td>0</td>
<td>1029</td>
</tr>
</tbody>
</table>
### BENEFIT ACCURACY MEASUREMENT

**PAID CLAIMS ACCURACY**

**CASE CONVERSION REPORT (CASES)**

**State:** State Machine  
**Batch Number:** 201219

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Sequence #</th>
<th>SSN</th>
<th>KW Date</th>
<th>Local Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>678-00-0786</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>678-00-0772</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>678-00-5065</td>
<td>03/10/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>678-00-9457</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>678-00-6111</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>678-00-6161</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
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<td>678-00-0024</td>
<td>03/10/2012</td>
<td>3100</td>
</tr>
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<td>678-00-8621</td>
<td>03/17/2012</td>
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<td>03/17/2012</td>
<td>3100</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>678-00-2595</td>
<td>03/17/2012</td>
<td>3100</td>
</tr>
</tbody>
</table>
Case Conversion – Comparison Data Entry

Use *Comparison Data Entry* to manually enter comparison data, found in the sfsum.dat file, into the Benefit Accuracy Measurement database. The *Comparison Data Entry* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Comparison Data Entry*, follow these steps.

1. Select *BAM (Benefit Accuracy Measurement)* from the Applications Menu.

2. Select *Supervisor Case Management* from the Applications Menu.
3. Select *Case Conversion* from the *Applications Menu*.

![Unemployment Insurance Applications Menu](image)

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

![Benefit Accuracy Measurement Login](image)

5. The *Case Conversion* screen appears. Select *Comparison Data Entry*. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.

![Case Conversion Screen](image)
6. The Comparison Data Entry screen appears providing batch number information. Enter the number of the batch for which comparison data will be loaded manually. Click Submit Query.

**Last Batch Loaded** is the highest batch number in the comparison table. **Current Batch** is the batch number of the system’s current week.

7. The Comparison Data Entry screen appears. Enter sample and population data. Use the tab key to move between fields. Entries must pass field edits. Click Save to save the comparison data. When saved, the message “Comparison data saved successfully” appears on the bottom of the screen. Click Report to view the resulting Case Conversion Report. Click Sample Case Entry to go directly to the Sample Case Entry screen for the same batch. Click CCMenu to return to the Case Conversion screen.
The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

### Case Conversion – Sample Case Entry

Use **Sample Case Entry** to manually enter sample data, found in the rec1.dat file, into the Benefit Accuracy Measurement database. Comparison data must be entered prior to sample case data. The Sample case Entry application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access **Sample Case Entry**, follow these steps.

1. Select **BAM (Benefit Accuracy Measurement)** from the Applications Menu.
2. Select **Supervisor Case Management** from the Applications Menu.

3. Select **Case Conversion** from the Applications Menu.

4. If you are not already logged in, the **Benefit Accuracy Measurement** login screen appears. Enter login ID and password. Click **Submit**.
5. The Case Conversion screen appears. Select Sample Case Entry. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit.

6. The Sample Case Entry screen appears, providing batch number information. Enter the number of the batch for which sample case data will be loaded manually. Click Submit Query.

Last Batch Loaded is the highest batch number in the comparison table. Current Batch is the batch number of the system’s current week.

7. The Sample Case Entry screen appears. Enter sample case data. Use the tab key to move between fields. Entries must pass field edits. Click Save to save the sample case data. When saved, the message "Sample case data saved"
“successfully” appears on the bottom of the screen. Click **Report** to view the resulting **Case Conversion Report**. Click **CCMenu** to return to the **Case Conversion** screen.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

**Case Conversion – Update Comparison Data**

Use **Update Comparison Data** to edit existing comparison data in the Benefit Accuracy Measurement database. The **Update Comparison Data** application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access **Update Comparison Data**, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the **Applications Menu**.
2. Select Supervisor Case Management from the Applications Menu.

3. Select Case Conversion from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
5. The *Case Conversion* screen appears. Select *Update Comparison Data*. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.

6. The *Update Comparison Data* screen appears, providing batch number information. Enter the batch number and sample type (for DCA, only) for which the associated comparison data will be modified. Click **Submit Query**.

**Last Batch Loaded** is the highest batch number in the comparison table. **Current Batch** is the batch number of the system’s current week.
7. The *Update Comparison Data* screen appears. Enter data changes and click **Save**.

8. When saved, the updated entries and the message “Comparison data saved successfully” are displayed in The *Update Comparison Data* screen. Click **Report** to view the resulting *Case Conversion Report*. Click **CCMenu** to return to the *Case Conversion* screen.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

**Case Conversion – Case Conversion Report**

Use *Case Conversion Report* to produce a table displaying the comparison and sample case data for the selected batch. The *Case Conversion Report* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Case Conversion Report*, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the **Applications Menu**.
2. Select Supervisor Case Management from the Applications Menu.

3. Select Case Conversion from the Applications Menu.
4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

5. The *Case Conversion* screen appears. Select *Case Conversion Report*. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.

6. The *Case Conversion Report* screen appears enter a batch number click **Submit Query**.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Case Conversion Report for the selected batch appears. Click your browser’s back arrow button to return to the Case Conversion Report screen.

### BENEFIT ACCURACY MEASUREMENT
### PAID CLAIMS ACCURACY
### CASE CONVERSION REPORT (COMPARISON)

**State: State Machine**
**Batch Number: 201218**

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<thead>
<tr>
<th>Group</th>
<th>Sample</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
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<td>43274</td>
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<td>Dollars</td>
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</tr>
<tr>
<td>Variance</td>
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<td>2</td>
<td>15255</td>
</tr>
<tr>
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</tr>
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<td>White</td>
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</tr>
<tr>
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<td>3509</td>
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<tr>
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<td>10923</td>
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<tr>
<td>Age Range</td>
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<td>Total</td>
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<tr>
<td>--------------</td>
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<td>-------</td>
</tr>
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<td>Age 35 - 44</td>
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<td>8989</td>
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<tr>
<td>Age 45 - 64</td>
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<td>18294</td>
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<tr>
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</tr>
<tr>
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<td>0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Count</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>401</td>
</tr>
<tr>
<td>Amount $51 - $100</td>
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<td>1617</td>
</tr>
<tr>
<td>Amount $101 - $150</td>
<td>0</td>
<td>2900</td>
</tr>
<tr>
<td>Amount $151 - $200</td>
<td>1</td>
<td>3713</td>
</tr>
<tr>
<td>Amount $200+</td>
<td>4</td>
<td>34643</td>
</tr>
<tr>
<td>Amount Missing</td>
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<td>0</td>
</tr>
</tbody>
</table>

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**BENEFIT ACCURACY MEASUREMENT**
**PAID CLAIMS ACCURACY**
**CASE CONVERSION REPORT (CASES)**

*State: State Machine*
*Batch Number: 201218*

<table>
<thead>
<tr>
<th>Sample Type</th>
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<th>KW Date</th>
<th>Local Office</th>
</tr>
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<tr>
<td>1</td>
<td>1</td>
<td>476-00-2368</td>
<td>04/28/2012</td>
<td>1500</td>
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<tr>
<td>1</td>
<td>3</td>
<td>469-00-5722</td>
<td>04/28/2012</td>
<td>1500</td>
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<td>1</td>
<td>4</td>
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<td>04/28/2012</td>
<td>1910</td>
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<td>1910</td>
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<td>6</td>
<td>328-00-8453</td>
<td>04/28/2012</td>
<td>1910</td>
</tr>
</tbody>
</table>
Case Assignment – Assign Cases

Use Assign Cases to assign the cases included in the mostly recently loaded batch. The Assign Cases application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access Assign Cases, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Supervisor Case Management from the Applications Menu.
3. Select Case Assignment from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
5. The *Case Assignment* screen appears. Select *Assign Cases*. Select sorting order for cases to be displayed. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.

6. The *Assign Cases* screen appears listing all cases in the most recently loaded batch. All cases must be assigned before the next batch can be loaded. For each case listed, select an Investigator (InvID) from the drop down menu. Click **Save**. When saved, the selected InvIDs and the message “ ▼ Case(s) assigned successfully” are displayed at the bottom of the *Assign Cases* screen.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

**Case Assignment – Reassign Cases**

Use Reassign Cases to reassign open cases. The Reassign Cases application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access Reassign Cases, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the Applications Menu.

2. Select **Supervisor Case Management** from the Applications Menu.
3. Select Case Assignment from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

5. The Case Assignment screen appears. Select Reassign Cases. Select sorting order for cases to be displayed. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit.
The Reassign Cases query screen appears. To select the case(s) to be reassigned, enter parameters for any of the displayed data elements. For example, to select all open cases from batch 201218, select “equal to” in the drop down menu and enter “201218” in the beginning batch field. Click **Submit Query**.

![Reassign Cases Screen](image)

6. The Reassign Cases screen appears. For each case to be reassigned, select an Investigator (InvID) from the drop down menu (not all cases listed need be reassigned). Click **Save** to save the investigator assignments. When saved, the selected InvIDs and the message “Case(s) reassigned successfully” are displayed in the Reassign Cases screen. Click **Query** to return to the Reassign Cases query screen.

![Reassign Cases Table](image)

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.
Case Assignment – Assignment Report

Use *Assignment Report* to view a list of assigned cases from the most recently loaded batch. The *Assignment Report* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Assignment Report*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

2. Select *Supervisor Case Management* from the *Applications Menu*.

3. Select *Case Assignment* from the *Applications Menu*.
4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

5. The *Case Assignment* screen appears. Select *Assignment Report*. Select sorting order for cases to be displayed. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

6. The Case Assignment Report, listing the cases in the last loaded batch that have been assigned, appears on the screen. Click on the back arrow button of your browser to return to the Case Assignment screen.

### BENEFIT ACCURACY MEASUREMENT
### PAID CLAIMS ACCURACY
### CASE ASSIGNMENT REPORT

**State: State Machine**

<table>
<thead>
<tr>
<th>SSN</th>
<th>Key Week</th>
<th>Batch #</th>
<th>Seq #</th>
<th>Sample Type</th>
<th>Assign Date</th>
<th>Local Office</th>
<th>Inv ID</th>
</tr>
</thead>
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<td>678-00-0786</td>
<td>03/24/2012</td>
<td>201220</td>
<td>1</td>
<td>1</td>
<td>06/11/2012</td>
<td>3100</td>
<td>5</td>
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<tr>
<td>678-00-0772</td>
<td>03/24/2012</td>
<td>201220</td>
<td>2</td>
<td>1</td>
<td>06/11/2012</td>
<td>3100</td>
<td>5</td>
</tr>
<tr>
<td>678-00-5065</td>
<td>03/24/2012</td>
<td>201220</td>
<td>3</td>
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<td>06/11/2012</td>
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<td>201220</td>
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<td>06/11/2012</td>
<td>3100</td>
<td>5</td>
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<tr>
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<td>201220</td>
<td>5</td>
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<td>3100</td>
<td>5</td>
</tr>
<tr>
<td>678-00-6161</td>
<td>03/24/2012</td>
<td>201220</td>
<td>6</td>
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<td>06/11/2012</td>
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<td>5</td>
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<td>678-00-5656</td>
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<td>201220</td>
<td>10</td>
<td>1</td>
<td>06/11/2012</td>
<td>3100</td>
<td>5</td>
</tr>
</tbody>
</table>
Reopen Completed Cases

Use *Reopen Completed Cases* to make changes to cases that have already been signed off. The *Reopen Completed Cases* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Reopen Completed Cases*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

![Applications Menu](image)

2. Select *Supervisor Case Management* from the *Applications Menu*.

![Applications Menu](image)
3. Select **Reopen Completed Cases** from the **Applications Menu**.

4. If you are not already logged in, the **Benefit Accuracy Measurement** login screen appears. Enter login ID and password. Click **Submit**.

5. The **Reopen Completed Cases** query screen appears. A query will uniquely identify and select specific cases to reopen. For PCA (Paid Claims Accuracy), two query options are available: batch/sequence or SSN/Key Week. For DCA (Denied Claims Accuracy), only the batch/sequence option is available. Choose query option and click **Submit**.
6. A Reopen Completed Cases screen, reflecting the query option selected, appears. For PCA (Paid Claims Accuracy), sample type defaults to “1”. For DCA (Denied Claims Accuracy), select sample type. To search for cases to reopen, enter the other query parameters and click Submit Query.

7. The Reopen Completed Cases ring menu appears. Click on the letter of the screen in which the data elements to be changed are located. In the example below, the (1/2) indicates that you are modifying the first of two cases that have been reopened.
8. After making the desired changes to the case, open the R screen and select a reopen case code from the drop down menu. Entries in the other two fields will be made by the system. Click Validate to verify that the changes made pass the data element edits. Click Accept to close the R screen.

9. The Reopen Completed Cases ring menu appears. Click Save to save changes to the case. The message “It is saved successfully. (Case 1 of 2)” appears on the screen. Click Report to view a DATA COLLECTION INSTRUMENT (DCI) REPORT for the case. If more than one case is being reopened, click Next to move to the next case.

10. Complete the case by repeating steps 7 through 9.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

Fast Supervisory Sign Off
Use *Fast Supervisory Signoff* to sign off cases without accessing them through *Update Cases*. The *Fast Supervisory Sign Off* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Fast Supervisory Sign Off*, follow these steps:

1. **Select BAM (Benefit Accuracy Measurement) from the Applications Menu.**

   ![Unemployment Insurance](image1)

   - Data Validation
   - UIR (Unemployment Insurance Reports)
   - **BAM (Benefit Accuracy Measurement) (OMB No. 1205-0245)**
   - TPS (Tax Performance System) (OMB No. 1205-0332)
   - Utilities

   **Text Version**

2. **Select Supervisor Case Management from the Applications Menu.**

   ![Unemployment Insurance](image2)

   - Data Validation
   - UIR (Unemployment Insurance Reports)
   - **BAM (Benefit Accuracy Measurement) (OMB No. 1205-0245)**
   - Investigator Case Management
   - Supervisor Case Management
   - Environment Settings
   - Statistical Reports
   - Forms
   - TPS (Tax Performance System) (OMB No. 1205-0332)
   - Utilities

   **Text Version**
3. Select Fast Supervisory Sign Off from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

5. The Fast Supervisory Sign Off screen appears. Select query option. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit.
6. The Fast Supervisory Sign Off query screen appears. Select Sign Off Code from the drop down menu. Click Save. When saved, the message “Case was saved successfully” appears at the bottom of the screen. Click Report to view a Data Collection Instrument (DCI) Report for the case. Click Select Case to return to the Fast Supervisory Sign Off screen.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.
Change Control Information

Use *Change Control Information* to change the control information that exists in the BAM database with the exception of the batch number and the batch sequence number. The *Change Control Information* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Change Control Information*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the Applications Menu.

2. Select *Supervisor Case Management* from the Applications Menu.
3. Select *Change Control Information* from the *Applications Menu*.  

![Applications Menu](image)

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click *Submit*.  

![Benefit Accuracy Measurement](image)

5. The *Change Control Information* screen appears. Select Query option. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click *Submit*.  

![Change Control Information](image)
6. A *Change Control Information* query screen, reflecting the selected query option, appears. For PCA (Paid Claims Accuracy), sample type defaults to “1”. For DCA (Denied Claims Accuracy), select sample type. To search for cases whose control information must be modified, enter the appropriate query combination: SSN/Key Week or Batch Number/Sequence Number. Click **Submit Query**.

7. A *Change Control Information* screen appears for the selected case. Enter the necessary changes. Click **Save**. When saved, the message “*Control Information was saved successfully*” appears at the bottom of the screen. Click **Select Case** to return to the *Change Control Information* query screen.
The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

**Delete Cases**

Use *Delete Cases* to mark an open case for deletion or unmark a deleted case. The *Delete Cases* application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *Delete Cases*, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the **Applications Menu**

2. Select **Supervisor Case Management** from the **Applications Menu**.

3. Select **Delete Cases** from the **Applications Menu**.
4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

5. The Delete Cases screen appears. Enter the batch, sequence number, and sample type of the case to be either marked or unmarked for deletion. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit. The appropriate message appears on the screen: “The case (Batch: xxxxxx; Seq: x) has been marked for deletion” or “The deleted case (Batch: xxxxxx; Seq: x) has been unmarked.” Marking a case for deletion will enter code ‘9’ into the Program Code data element in the database; unmarking a case will delete code ‘9’ from the Program Code data element in the database.
For PCA cases, the amount paid to the claimant for the Key Week (data element f13) must be entered using Update Cases before the cases can be marked for deletion.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

**Stamp – Create/Update Stamp**

Use Stamp to pre-fill data elements for all BAM cases. The Stamp application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access Stamp, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Supervisor Case Management from the Applications Menu.
3. Select Stamp from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
5. The *Stamp* screen appears. Select *Create/Update Stamp*. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit**.

### BENEFIT ACCURACY MEASUREMENT

#### STAMP

- **CREATE/UPDATE STAMP**
- **STAMP STATUS REPORT**
- **PCA**
- **DCA**

### BENEFIT ACCURACY MEASUREMENT

#### STAMP - PCA

- **Stamp saved successfully.**

6. A *Stamp* screen appears with the data elements that are eligible to be pre-filled. Use the drop-down menus to select the pre-fill values. All case records will be pre-filled with these values. Click **Save**. When saved, the message "*Stamp saved successfully*" appears at the bottom of the screen.
The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

7. Click **Report** to view the current stamp values. Click on your browser’s back arrow button to return to the **Stamp** screen.

### Stamp – Stamp Status Report

Use **Stamp Status Report** to view the current **Stamp** values. The **Stamp Status Report** application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access **Stamp Status Report**, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the **Applications Menu**.
2. Select **Supervisor Case Management** from the **Applications Menu**.

3. Select **Stamp** from the **Applications Menu**.
4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.
5. The Stamp screen appears. Select Stamp Status Report. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

6. The Stamp Status Report appears. Click on your browser’s back arrow button to return to the Stamp screen.
Time Lapse Reports – Case Completion and Time Lapse Report

The Case Completion and Time Lapse Report displays the number of sample cases, the number of completed cases, and time lapse for a selected batch range. The Case Completion and Time Lapse Report application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access Case Completion and Time Lapse Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Supervisor Case Management from the Applications Menu.

3. Select Time Lapse Reports from the Applications Menu.
4. Select *Case Completion and Time Lapse Report* from the *Applications Menu*. 
5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

6. The Case Completion and Time Lapse Report query screen appears. Enter the batch range. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click Submit Query.

7. The Case Completion and Time Lapse Report appears. Click on your browser’s back arrow button to return to the Case Completion and Time Lapse Report query screen.
Time Lapse Reports – User Defined Time Lapse Report

The *User Defined Time Lapse Report* produces a more detailed time lapse report than the standard *Case Completion and Time Lapse Report*. Subgroups of cases can be selected with options including: open, closed, reassigned, and assigned to specific supervisors/investigators. The User Defined Time Lapse Report application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA). To access *User Defined Time Lapse Report*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

2. Select *Supervisor Case Management* from the *Applications Menu*. 
3. Select *Time Lapse Reports* from the *Applications Menu*.

4. Select *User Defined Time Lapse Report* from the *Applications Menu*.

5. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click *Submit*. 
6. The *User Defined Time Lapse Report* query screen appears. Enter a batch range and select output options. Select PCA (Paid Claims Accuracy) or DCA (Denied Claims Accuracy). Click **Submit Query**.

The *Home* link at the bottom of the screen returns you to the state menu. The *Feedback* link accesses contact information for technical problems. The *Help* link accesses information on all available functions on the screen.

7. The *User Defined Time Lapse Report* output appears. Click on your browser’s back arrow button to return to the *User Defined Time Lapse Report* query screen.
### Benefit Accuracy Measurement

#### Paid Claims Accuracy

**User Defined Time Lapse Report (Summary)**

**State:** State Machine  
**Batch Range:** 201201 – 201213

<table>
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<tr>
<th>Case Status</th>
<th>&lt;=60 days</th>
<th>61-90 days</th>
<th>91-120 days</th>
<th>&gt;120 days</th>
<th>Total</th>
</tr>
</thead>
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<td>20.26</td>
<td>4</td>
</tr>
<tr>
<td>Availing Final Review</td>
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<td>0.00</td>
<td>0</td>
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<tr>
<td>Total Open Cases</td>
<td>0</td>
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<td>21</td>
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<td>Closed Without Review</td>
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<tr>
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<td>0</td>
</tr>
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<td>0</td>
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<tr>
<td>Total</td>
<td>117</td>
<td>76.47</td>
<td>21</td>
<td>20.26</td>
<td>5</td>
</tr>
</tbody>
</table>

*Time Lapse has been adjusted for cases reopened with code ‘3’.*
Staff Management

The Staff Management application allows the privileged users to add, query, update or delete staff(s). Staffs’ permissions to various Benefit Accuracy Measurement applications are granted or denied through this application. The Staff Management Application also allows the user to generate reports on staff(s).

The application query screen is comprised of the following fields:

- **Query Fields**
  - ADD STAFF
  - QUERY/UPDATE STAFF
  - DELETE STAFF
  - REPORT STAFF

Add Staff

To access the Staff Management application, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select Environment Settings from the Applications Menu.

3. Select Staff Management from Applications Menu

4. Benefit Accuracy Measurement login screen appears enter login ID and password and click Submit.
5. *Staff Management* query screen appears.

6. Select *Add Staff* (This is the default option) and click *Submit*.

7. The *Staff Management* screen appears.
8. Enter information for the staff you want to add and click Continue.

9. The following screen appears.

10. Click on drop down selections to give individual appropriate access then click Save.
11. The following will appear confirming staff has been added click OK and the Staff Management screen will appear again.

When entering information on the first screen of Staff Management if a duplicate Login ID or Staff ID is used a message similar to the one below will appear.

When accessing the remaining options under Staff Management, if not already logged in follow steps 1 thru 5 above and select the appropriate option; otherwise follow steps laid out for the remaining Staff Management options.
Query/Update Staff

1. From the **BAM Staff Management** query screen, select **Query/Update Staff** and click **Submit**.

![Benefit Accuracy Measurement Staff Management](image)

2. The **Staff Management** screen appears.

![Staff Management](image)

3. Enter information for the staff(s) you want to query and click **Query**.

![Staff Management](image)
It isn’t necessary to fill in every box; remember if Login ID, First Name, Last Name, or Staff ID (=) is used, the record assigned will be displayed. If you enter Location, Staff ID (other than (=) from drop down menu) or Supervisor ID, all records that meet the criteria entered will be displayed.

4. **Staff Management** screens similar to the ones below will appear.
5. Click on drop down selections to update staff(s) and give appropriate access then click **Save**.

6. The following will appear confirming staff has been updated successfully click **OK**.
If you have more than one record to update remember to click the **Save** button before going to the next record, if not a warning similar to the one below will appear.

7. The following will appear when record has been updated successfully.
8. If the user clicks **Staff Menu** the following warning will appear; click **OK**.

![Message from webpage]

Are you sure that you want to go back to Staff Menu Page?

**OK**  **Cancel**

9. The **Staff Management** query screen will appear.

![Benefit Accuracy Measurement]

Delete Staff

1. From the **BAM Staff Management** query screen, select **Delete Staff** and click **Submit**.

![Benefit Accuracy Measurement]
2. The *Staff Management* screen appears.

3. Enter information for the staff(s) you want to delete and click **Query**.

4. *Staff Management* screen appears click **Delete** button.
5. The following messages will appear; click OK each time.

![Message from webpage]

6. Staff Management screen will appear. Click Staff Menu if you do not want to delete any additional staff.

![Staff Management query screen]

7. The following message appears; click OK.

![Message from webpage]

8. The BAM Staff Management query screen appears.
Staff Report

1. From the BAM Staff Management query screen, select Staff Report and click Submit.

2. The Staff Management screen appears.

3. Enter information for the staff(s) you want to report and click Query.
4. The **Staff User Authorization File Report** will appear.

5. Click the **Back Arrow** button.

6. **Staff Management** screen will appear; click **Staff Menu**.
7. The following message appears; click **OK**.

8. The **BAM Staff Management** query screen appears.

**Local Office Management**

The **Local Office Management** application allows the privileged users to add, query, update or delete local offices(s). The **Local Office Management Application** also allows the user to generate reports on local office(s).

The application screens are comprised of the following sections:

- Query Fields
BAM OPERATIONS GUIDE

- ADD LOCAL OFFICE
- QUERY/UPDATE LOCAL OFFICE
- DELETE LOCAL OFFICE
- LOCAL OFFICE REPORT

Add Local Office

To access the Local Office Management Application, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Environment Settings from the Applications Menu.

3. Select Local Office Management from Applications Menu.
4. *Benefit Accuracy Measurement* login screen appears enter login ID and password and click **Submit**.

5. The *Local Office Management* query screen appears.
If logged in already you can skip steps 1 thru 4 and go directly to Applications Menu and select Local Office Management and the screen in step 5 above will appear.

6. Select **Add Local Office** (This is the default option) and click **Submit**.

7. The **Local Office Management** screen appears.

8. Enter information required to add Local Office and click **Save**.
9. The following will appear confirming local office has been added to the database. Click OK and the Local Office Management screen will appear again.

10. When entering information on the Local Office Management screen if a duplicate Local Office ID is used a message similar to the one below will appear.

If an error message appears when adding a local office click Cancel on the Local Office Management screen and the error can be corrected.

When accessing the remaining options under Local Office Management, if not already logged in follow steps 1 thru 5 above and select the appropriate option; otherwise follow steps laid out for the remaining Local Office Management options.
Query/Update Local Office

1. From the BAM Local Office Management query screen select **Query/Update Local Office** and click **Submit**.

2. Local Office Management screen will appear.

3. Enter **Local Office ID** and click **Query**.
4. The following screen will appear; update information and click **Save**.
5. The following message appears click **OK**.

![Message from webpage]

If you have more than one record to update remember to click the **Save** button before going to the next record, if not a warning similar to the one below will appear.

![Message from webpage]

6. The following will appear when record has been updated successfully; click **Report** or **LOM Menu**.

![Local Office Management Form]
7. If Report is clicked the following will appear.

8. If LOM Menu is clicked the following will appear.

Delete Local Office

From the BAM Local Office Management query screen select Delete Local Office and click Submit.
1. The Local Office Management screen appears.

Enter information for the local office(s) you want to delete and click Query.

2. The Local Office Management screen appears click Delete.
3. The following messages will appear; click **OK** each time.

![Message from webpage]

Are you sure that you want to delete this Local Office ID?

- **OK**
- **Cancel**

![Message from webpage]

Local Office (3169) has been deleted!

- **OK**

4. **Local Office Management** screen will appear. If you do not want to delete any additional local offices, click **LOM Menu**.
5. BAM Local Office Management query screen will appear.

Local Office Report

1. From the BAM Local Office Management query screen select Local Office Report and click Submit.

2. The Local office Management screen appears.
3. Enter information for the Local Office ID you want to report and click **Query**.

![Local Office Management Form]

Remember if you leave every field blank, all **Local Office Reports** will be displayed. Also, it isn’t necessary to fill in every box if **Local Office ID**, **Name**, **Zip Code**, or **Supervisor ID (=)** is used the record assigned will be displayed. If you enter **Supervisor ID** (other than (=) from drop down menu) all records that meet the criteria will be displayed.

4. The **BAM Local Office Report** appears.

![Benefit Accuracy Measurement Local Office Report]

5. Click the **Back Arrow** button.
6. The Local Office Management screen will appear; click LOM Menu.

7. The BAM Local Office Management screen appears.

Validation Limits

The Validation Limits application allows the privileged users to set or modify the upper and lower numeric values for specific data elements based on the State law and policy. These limits are used to update the values for the data elements using Update Cases or Reopen Completed Cases modules. The Validation Limits application also allows the user to generate a listing of the current validation limits in a report format.
The upper numeric value must be less than or equal to the absolute maximum value. The lower numeric value must be greater than or equal to the absolute minimum value.

The Validation Limits application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA) and provides the following options:

- **UPDATE VALIDATION LIMITS**
- **VALIDATION LIMITS REPORT**

### Update Validation Limits

To access the Validation Limits application, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the Applications Menu.

2. Select **Environment Settings** from the Applications Menu.

3. Select **Validation Limits** from Applications Menu.
4. **Benefit Accuracy Measurement** login screen appears enter login ID and password and click **Submit**.

If logged in already you can skip steps 1 thru 4 and go directly to **Application Menu** and select **Validation Limits** and the screen in step 5 below will appear.

5. **BAM Validation Limits** query screen appears.

6. Select **Update Validation Limits PCA/DCA** (This is the default option) and click **Submit**.
7. The Validation Limits screen appears.

On the Validation Limits PCA/DCA screens, the Save, Cancel, Report, and VL Menu buttons are located at the top and bottom of page.
If changes are made on the *Validation Limits PCA/DCA* screens and the **VL Menu** button is clicked before the **Save** button the following warning message will appear.

---

**Message from webpage**

⚠️ You have made changes to the Validation Limits.
- Click on 'Save' to save the changes
- Click on 'Cancel' to cancel the changes

After saving or cancelling the changes,
- Click on 'Report' to view the Report
- Click on 'VL Menu' to go back to the application menu

---

8. Click the **VL Menu** button on the **Validation Limits** screen.

9. The **BAM Validation Limits** query screen will appear.

---

When accessing the remaining options under **Validation Limits** if not already logged in follow steps 1 thru 5 above and select appropriate query, otherwise follow steps laid out for the remaining **Validation Limits** options.
Validation Limits Report

1. From the *BAM Validation Limits* query screen select *Validation Limits Report* and click **Submit**.

2. The *Validation Limits Report* will appear for either PCA or DCA.
3. Click the back arrow and the Validation Limits Report.

4. The BAM Validation Limits query screen appears.
Case Review Control

The *Case Review Edits Control* application maintains the b_cre table. If the b_cre table is empty, a screen with default values ‘Yes’ should be displayed. The *Case Review Edits Control application* is available for Paid Claims Accuracy only.

To access the *Case Review Control* application, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

2. Select *Environment Settings* from the *Applications Menu*.

3. Select *Case Review Controls* from *Applications Menu*. 
4. **Benefit Accuracy Measurement** login screen appears enter login ID and password and click **Submit**.

5. **BAM Case Review Control** application screen appears.

If logged in already you can skip steps 1 thru 4 and go directly to **Applications Menu** and select **Case Review Controls** and the screen in step 5 below will appear.
6. Select the data entry fields that need changes (click on drop down menu and make selection), then click the **Save** button.

7. The following screen appears.

The **Cancel** button allows the user to cancel all the changes made prior to clicking the **Save** button.
State Options Control

The State Options Control application allows supervisors to set the environment for Update State Options module according to the State-specific requirements. Users may modify the State Options table, modify the data dictionary for automatic loading of cases using Case Conversion module, set validations for each field in the State Options table, and generate a report. The State Options are available for Paid Claims Accuracy only.

The application provides the following options:

- UPDATE STATE OPTIONS TABLE
- UPDATE DATA DICTIONARY
- UPDATE VALIDATIONS
- STATE OPTIONS CONTROL REPORT

Update State Options Table

This option allows the user to change the b_stateoption table. This is the default option.

To access the State Options Control application, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Environment Settings from the Applications Menu.
3. Select State Options Control from Applications Menu.

4. Benefit Accuracy Measurement login screen appears enter login ID and password and click Submit.
If logged in already you can skip steps 1 thru 4 and go directly to Applications Menu and select State Options Control and the screen in step 5 below will appear.

5. The BAM State Options Control query screen appears.

6. From the BAM State Options Control screen select Update State Options Table (the default option) and click Submit.
The Update State Options Table – PCA appears.

The **Update State Options Table** has the following buttons, which provide the functionality of the application: **Save**, **Cancel**, **Add Before**, **Add**, **Add After**, **Drop**, and **SOC Menu**. Examples of how each button function follows.

The **Add Before** button allows the user to add a field to the *State Options Table* before the selected field.

**8.** Select a **Field ID** and click **Add Before**.
9. The following screen will appear.

10. Insert information into the field and click **Save**. The **Save** button allows the user to save updated data.

11. The following will appear click **OK**.
12. The following will appear.

The **Add After** button allows the user to add a field to the *State Options* table after the selected field.

13. Select a **Field ID** and click **Add After**.

14. The following will appear.
The Cancel button allows the user to cancel all the changes (if the Save button is clicked first the Cancel button cannot be used).

15. Insert information into the field and click Cancel.

16. The following will appear click OK.
17. The following will appear.

The Drop button allows the user to remove a field from the State Option table.

18. Select Field ID then click Drop.

19. The following will appear click OK.

20. The following will appear.
If a user wants to drop Field ID and the Name, Type, and Length are blank or the data entered hasn’t been saved, the following message will appear.

**Error in Field Name, row 9:** Field name cannot be null.

**Do you want to modify the table?**

The **Add** button in the *Update State Options Table – PCA* screen, allows the user to add a field to the end of the *State Options* table.

**21.** Click the **Add** button.
22. The following will appear.

![Update State Options Table - PCA](image1)

23. Add data and click the **Save** button.

![Update State Options Table - PCA](image2)

24. The following will appear click **OK**.

![Message from webpage](image3)
25. The following will appear.

The **SOC Menu** button allows the user to go back to the *State Options Control* menu.

26. Click the **SOC Menu** button.

27. The *BAM State Options Control* screen will appear.

---

When accessing the remaining options under *State Options Control* if not already logged in follow steps 1 thru 5 above and select the appropriate option, otherwise follow steps laid out for the remaining *State Options Control* queries.
Update Data Dictionary

This option allows users to make changes to the data dictionary.

1. Select Update Data Dictionary and click Submit button.

2. The Update Data Dictionary – PCA screen will appear.

3. Update necessary information and click Save button.
4. The following will appear.

![Table from Update Data Dictionary - PCA](image)

- Data Dictionary saved successfully.
  
  Home  Feedback  Help

5. Click the **SOC Menu** button.

![Table from Update Data Dictionary - PCA](image)

- Data Dictionary saved successfully.
  
  Home  Feedback  Help

6. The **BAM State Options Control** screen will appear.

![Benefit Accuracy Measurement - State Options Control](image)

Home  Feedback  Help
Update Validations

This option allows the user to create and make changes to validation settings for fields.

1. Select Update Validations and click Submit button.

2. The Update Validations – PCA screen appears.

3. Check the fields to be updated under the Select column then click Continue (at least one field must be selected or has many fields that need to be updated).
4. The Update Validations – PCA Field Validation Settings screen appears.

5. Make changes or delete Field Validation Settings and click **Save**.

If the **Next** button is clicked before the **Save** button the following message appears.

```
Message from webpage

⚠️ You have made changes.
- Click on 'Save' to save the changes
- Click on 'Cancel' to cancel the changes

After saving or cancelling the changes,
- Click on 'Next' to move to the next field's validation settings

[OK]
```

6. The following screen appears.
7. If you have selected additional fields for updating, click the **Next** button.

8. When all fields have been updated click the **SOC Menu** button.

9. The **BAM State Options Control** screen appears.
State Options Control Report

This option allows the user to generate a report on all the validation settings and data dictionary.

1. Select State Options Control Report and click Submit button.

2. The State Options Control Report appears.
3. Click the Back button.

4. The BAM State Options Control screen appears.
5. Click the **Home** button.

6. The *Unemployment Insurance Application Menu* appears.
Chapter 6
STATISTICAL REPORTS

Sample Characteristics Report
The Sample Characteristics Report detects errors in the Benefit Accuracy Measurement (BAM) sampling frame or sample selection procedure. For a description of the BAM sampling procedure, see ET Handbook No. 395, Chapter III. The program compares the proportion of sample and population cases falling into specified categories for three data elements -- sex, race, and age -- to determine whether the claimants comprising the sample accurately represent the claimant population. The test fails if the probability that the difference between the sample and population proportions is attributable to chance (sampling error) is less than five percent. A failed test may indicate a problem with the sample frame or sampling procedure, although it is important to note that a failed test also may reflect the normal week-to-week variation in the UI payment population. Nonetheless, it is important to check the accuracy of the sampling procedures promptly to avert any negative impact on BAM estimates. The Sample Characteristics Report application can be used for either Paid Claims Accuracy (PCA) or Denied Claims Accuracy (DCA).

To access Sample Characteristics Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select *Statistical Reports* from the *Applications Menu*.

3. Select *Sample Characteristics Report* from the *Applications Menu*.

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click *Submit*. 
5. The *Sample Characteristics Report* query screen appears. Enter a batch range and select either PCA or DCA. Select report type.

Report types include: aggregate, exceptions, and individual. The aggregate option prepares a single characteristics report for the entire batch range. The exceptions option displays only diagnostic error messages (failed tests) for each batch in the given range. The individual option prepares a separate characteristics report for each batch in the given range.

For paid claims click **Submit Query**. For denied claims, select sample type (Monetary, Separation and Nonseparation determinations) and click **Submit Query**.
PCA/DCA identifies the type of BAM cases the application will process. PCA: Paid Claims Accuracy identifies the Benefit Accuracy Measurement of UI Paid Claims. This will always be the default selection in all applications. DCA: Denied Claims Accuracy identifies the Benefit Accuracy Measurement of UI Denied Claims. The DCA cases include monetary, separation and nonseparation determinations. These determinations are identified by the ‘Sample Type’ as follows: 2 = Monetary, 3 = Separation, and 4 = Nonseparation. Denied Claims Accuracy is not a valid option for the following reports: Update State Options, Case Review Report, Official Time Lapse Report, State Options Control, and Sample Validation Report.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

6. A Sample Characteristics Report, for the selected query parameters, appears on the screen.

Example of output for exceptions report option

Example of output for aggregate report option
The Sample Validation Report detects errors in the BAM sampling frame or sample selection procedure. For a description of the BAM sampling procedure, see ET Handbook No. 395, Chapter III. The program compares the proportion of sample cases falling into each "Dollars Paid" (benefit amount paid to claimant) category with the known population proportion in that category. The program also compares the average amount paid to the sample with the average amount paid to the population. Statistical tests are conducted to estimate the probability of observing a sample value, given the known population value and sampling error. The test fails if the probability that the difference between the sample and population is attributable to chance (sampling error) is less than five percent. If any of the tests fail, a note flagging the problem is included on the report. A failed test may indicate a problem with the construction of the sampling frame, although it is important to note that a failed test also may reflect the normal week-to-week variation in the UI payment population. Nonetheless, it is also important to check the accuracy of the sampling frame promptly to avoid any negative impact on BAM estimates. For individual batches, an additional test compares the number of UI weeks and total dollars paid in the population with statistical control limits, which are based on the UI weeks and dollars paid in the population for the previous fifty-two batches. The purpose of this test is to identify potential problems with the BBAM sampling frame, indicated by unusually large or small values for the population. The Sample Validation Report application can be used for PCA only.

To access Sample Validation Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.
3. Select **Sample Validation Report** from the Applications Menu.

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.
5. Sample Validation Report query screen appears. This report is only available for PCA. Enter a batch range and report type then click Submit Query. The program validates batch entries by ensuring that they are legitimate batch numbers and that comparison reports are available for every batch in the range.

Report types include: aggregate, exceptions, and individual. The aggregate option prepares a single validation report for the entire batch range. The exceptions option displays only diagnostic error messages (failed tests) for each batch in the given range. The individual option prepares a separate validation report for each batch in the given range.

6. The Sample Validation Report, reflecting the selected query parameters, will appear on the screen.
Example of output from the exceptions report option

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

**Denied Claims Accuracy - Error Rates Report**

Use *Error Rates Report* to get a breakdown of case errors, by denial type, for completed cases. To access *Error Rates Report*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

![Applications Menu](image-url)
2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
5. Select Error Rates Report from the Applications Menu.

6. The Error Rates Report screen appears. Enter either a batch range or a combination of calendar year and quarter. Click Submit Query.
7. The **Error Rates Report**, for the specified date range, appears on the screen. An example of the output follows.

![Error Rates Report Example](image)

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

**Denied Claims Accuracy - Improper Denials Rates Report**

Use **Improper Denials Rates Report** to get case error rates and 95% Confidence Intervals for each denial type based on completed cases. To access **Improper Denials Rates Report**, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the **Applications Menu**.
2. Select *Statistical Reports* from the *Applications Menu*.

3. Select *Denied Claims Accuracy* from the *Applications Menu*.

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click *Submit*. 
5. Select **Improper Denials Rates Report** from the Applications Menu.

6. The **Improper Denials Error Rates Report** screen appears. Enter either a batch range or a combination of calendar year and quarter. Click **Submit Query**.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.
7. The Improper Denials Rates Report, for the specified date range, appears on the screen. An example of the output follows.

### BENEFIT ACCURACY MEASUREMENT
### DENIED CLAIMS ACCURACY
### IMPROPER DENIAL RATES REPORT
State: Q1
Report Date: 06/26/2013
Batch Range: 361101 - 361113

<table>
<thead>
<tr>
<th>Denial Type</th>
<th>Population</th>
<th>Cases Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary</td>
<td>1,913</td>
<td>35</td>
</tr>
<tr>
<td>Separation</td>
<td>6,856</td>
<td>41</td>
</tr>
<tr>
<td>Nonsaluation</td>
<td>14,897</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denial Type</th>
<th>Improper Denial</th>
<th>95% C.I. (+/-)</th>
<th>Adjusted Improper Denial**</th>
<th>95% C.I. (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary</td>
<td>3.92%</td>
<td>5.37%</td>
<td>3.92%</td>
<td>5.37%</td>
</tr>
<tr>
<td>Separation</td>
<td>20.64%</td>
<td>14.22%</td>
<td>10.12%</td>
<td>12.56%</td>
</tr>
<tr>
<td>Nonsaluation</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

* Excludes cases not meeting DCA definition for inclusion in population, withdrawn claims, and claims for which monetary eligibility was established upon receipt of CWC, UCPE, and/or UCX wage credits.
** Adjusted rate excludes erroneous denials that were corrected by agency or reversed on appeal prior to DCA case completion.

Denied Claims Accuracy - Responsibility for Improper Denials

Use the Responsibility for Improper Denials report to get a breakdown of case errors, by denial type and error responsibility category, for completed cases. To access Responsibility for Improper Denials, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.

4. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
5. The Denied Claims Accuracy submenu appears. Select Responsibility for Improper Denials.

6. The Responsibility for Improper Denials screen appears. Enter either a batch range or a combination of calendar year and quarter. Click Submit Query.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Responsibility for Improper Denials report, for the specified date range, appears on the screen. An example of the output follows.

**Denied Claims Accuracy - Prior Agency Action for Improper Denials**

Use Prior Agency Action for Improper Denials to get a breakdown of case errors, by denial type and prior agency action category, for completed cases. To access Prior Agency Action for Improper Denials, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.
3. Select *Denied Claims Accuracy* from the Applications Menu.

4. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click *Submit*. 
5. The Denied Claims Accuracy submenu appears. Select Prior Agency Action for Improper Denials.

6. The Prior Agency Action for Improper Denials screen appears. Enter either a batch range or a combination of calendar year and quarter. Click Submit Query.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Prior Agency Action for Improper Denials report, for the specified date range, appears on the screen. An example of the output follows.
Denied Claims Accuracy - Improper Denial Rates by Type of Separation

Use Improper Denial Rates by Type of Separation to get a breakdown of improper denials by type of separation, for completed cases. To access Improper Denial Rates by Type of Separation, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.
4. The Denied Claims Accuracy submenu appears. Select Improper Denials Rates by Type of Separation.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
6. The Improper Denial Rates by Type of Separation screen appears. Enter either a batch range or a combination of calendar year and quarter. Click on the **Submit Query** button.

The Improper Denial Rates by Type of Separation report, for the specified date range, appears on the screen. An example of the output follows.
Denied Claims Accuracy - Improper Denial Rates by Type of Nonseparation

Use *Improper Denial Rates by Type of Nonseparation* to get a breakdown of improper denials by type of nonseparation, for completed cases. To access *Improper Denial Rates by Type of Nonseparation*, follow these steps:

1. Select BAM (*Benefit Accuracy Measurement*) from the *Applications Menu*.

![](image-url)
2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.

4. The Denied Claims Accuracy submenu appears. Select Improper Denials by Type of Nonseparation.
5. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

6. The *Improper Denial Rates by Type of Nonseparation* screen appears. Enter either a batch range or a combination of calendar year and quarter. Click **Submit Query**.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Improper Denial Rates by Type of Nonseparation report, for the specified date range, appears on the screen. An example of the output follows.

### Denied Claims Accuracy - Sample Selection Report

The Sample Selection Report is a tool for managers to track the number of valid sample cases selected during the CY. To access Sample Selection Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

6. The Sample Selection Report screen appears. Enter a combination of calendar year and quarter. Select report type. The report has two output options: summary and batch. The summary option compares a projected total of valid sample cases to the annual sample allocation of 150 cases for each sample type. The batch option lists the number of cases sampled and those that are valid for each batch, broken down by sample type. Click Submit Query.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Sample Selection Report, for the specified date range, appears on the screen.
Example of output from the summary report option

Example of output from the batch report option
Denied Claims Accuracy - Case Aging Report

Use Case Aging Report to track case completion for individual investigators. To access Case Aging Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.

3. Select Denied Claims Accuracy from the Applications Menu.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
6. The Case Aging Report screen appears. Enter either a batch range or a combination of calendar year and quarter. Select investigator ID(s) and report type. Click Submit Query.

Report Types include: Summary, Case List, or both. The summary option lists, by batch and sample type, the number of sample cases, the number of completed cases and the general age category of pending cases. The case list option gives the age of each individual pending case.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Case Aging Report, for the specified date range, appears on the screen. An example of the output follows.
Example of output from the case list report option

Example of output from the summary report option

Paid Claims Accuracy - Annual Report

Use Annual Report to get estimated rates for proper payments, overpayments, and underpayments along with 95% confidence intervals. Overpayments are also shown by cause and responsibility categories. To access the Annual Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select **Statistical Reports** from the **Applications Menu**.

3. Select **Paid Claims Accuracy** from the **Applications Menu**.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

6. The Annual Report query screen appears. Enter either a batch range or a combination of calendar year and quarter. Indicate if you want to include diagnostics which provide intermediary steps for the rates calculations. Click Submit Query.
The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Annual Report, for the specified date range, appears on the screen. An example of the output with diagnostics follows.

### BENEFIT ACCURACY MEASUREMENT
### PAID CLAIMS ACCURACY
### ANNUAL REPORT

**STATE: QT**

1st QTR of 2012

<table>
<thead>
<tr>
<th>Total Dollars Paid in Population</th>
<th>$296,088,841</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Of Dollars</td>
<td>91.3%</td>
</tr>
<tr>
<td>95% Confidence Interval (+ / -)</td>
<td>4.4%</td>
</tr>
<tr>
<td>Proper Payments</td>
<td></td>
</tr>
<tr>
<td>Overpayments</td>
<td>8.7%</td>
</tr>
<tr>
<td>95% Confidence Interval (+ / -)</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
<tr>
<td>Underpayments</td>
<td>0.6%</td>
</tr>
<tr>
<td>95% Confidence Interval (+ / -)</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Claimants failing to conduct required work search were given formal warnings and no overpayment was established. The proper payment rate would be lower and the overpayment rate would be higher if these cases were counted as erroneous payments.

The State completed 76.47% of the cases within 90 days.
The BAM program standard is to complete 95% of the cases within 90 days.

### BENEFIT ACCURACY MEASUREMENT
**PAID CLAIMS ACCURACY**
**ANNUAL REPORT (Supplemental Data)**

**STATE: QT**
1st QTR of 2012

<table>
<thead>
<tr>
<th>Responsibility for Overpayments (Percent of Dollars Overpaid)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claimant Only</td>
<td>83.8</td>
</tr>
<tr>
<td>Claimant + Employer</td>
<td>15.2</td>
</tr>
<tr>
<td>Employer Only</td>
<td>0.9</td>
</tr>
<tr>
<td>Agency Only</td>
<td>0.0</td>
</tr>
<tr>
<td>Claimant + Agency</td>
<td>0.0</td>
</tr>
<tr>
<td>Employer + Agency</td>
<td>0.0</td>
</tr>
<tr>
<td>Claimant + Employer + Agency</td>
<td>0.0</td>
</tr>
<tr>
<td>Other Only</td>
<td>0.0</td>
</tr>
<tr>
<td>Claimant + Other</td>
<td>0.0</td>
</tr>
<tr>
<td>Employer + Other</td>
<td>0.0</td>
</tr>
<tr>
<td>Agency + Other</td>
<td>0.0</td>
</tr>
<tr>
<td>Claimant + Employer + Other</td>
<td>0.0</td>
</tr>
<tr>
<td>Claimant + Agency + Other</td>
<td>0.0</td>
</tr>
</tbody>
</table>
### Cause for Overpayments (Percent of Dollars Overpaid)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Year Earnings Issues</td>
<td>77.7</td>
</tr>
<tr>
<td>Eligibility Issues Excluding Work Search</td>
<td>13.6</td>
</tr>
<tr>
<td>Work Search Issues</td>
<td>4.4</td>
</tr>
<tr>
<td>Separation Issues</td>
<td>3.4</td>
</tr>
<tr>
<td>Base Period Wage Issues</td>
<td>0.9</td>
</tr>
<tr>
<td>Other Issues</td>
<td>0.0</td>
</tr>
</tbody>
</table>

### Diagnostic Report

<table>
<thead>
<tr>
<th>m = 117</th>
<th>All completed cases, including c1=1,2,3,4,5,6,7,8,9. Count (1) if f13 &gt; 0 and (h9 is not null or c1=8 or 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>m* = 117</td>
<td>Only cases with c1=1,2,3,4,5,6,7. Count (1) if f13 &gt; 0 and h9 is not null and c1=1..7</td>
</tr>
</tbody>
</table>

### Batches Before Merge

\[ mh = \text{count (1) if } f13 > 0 \text{ and } (h9 \text{ is not null or c1=8 or 9}) \]
### Diagnostic Report

**Batch data for "Total Dollars Paid in Population"

Nh = b_comparison.cm2
mh = cases, count (1) if f13 > 0 and (h9 is not null or c1='8' or '9')
WT = Nh/mh
PD = sum(f13), if f13 > 0 and (h9 is not null or c1='8' or '9')
WT_PD = WT * PD
EXC = sum(f13), if f13 > 0 and (c1='8' or '9')
WT_EXC = WT * EXC
POP = b_comparison.cm4

<table>
<thead>
<tr>
<th>BATCH</th>
<th>Nh</th>
<th>mh</th>
<th>WT</th>
<th>PD</th>
<th>WT_PD</th>
<th>EXC</th>
<th>WT_EXC</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>201201</td>
<td>69,576</td>
<td>13</td>
<td>5,352.0000</td>
<td>$4,369.00</td>
<td>$23,382,888.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$23,726,854</td>
</tr>
<tr>
<td>201202</td>
<td>68,367</td>
<td>7</td>
<td>9,766.7143</td>
<td>$2,192.00</td>
<td>$21,408,637.71</td>
<td>$.00</td>
<td>$.00</td>
<td>$23,382,751</td>
</tr>
</tbody>
</table>
### Total Dollars Paid in Population

<table>
<thead>
<tr>
<th></th>
<th>Total WT_PD (A)</th>
<th>Total WT_EXC (B)</th>
<th>R_X (C=B/A)</th>
<th>Total POP (D)</th>
<th>EXC (E=C*D)</th>
<th>Amount Paid (F=D-E)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$281,956,649.76</td>
<td>$0.00</td>
<td>$0.0000</td>
<td>$296,088,841</td>
<td>$0.00</td>
<td>$296,088,841</td>
</tr>
</tbody>
</table>

### Diagnostic Report

_Batch data for "Proper Payments, Overpayments and Underpayments"

Nh = b_comparison.cm2
mh = cases, count (1) if (f13 > 0) and (h9 is not null or c1=8 or 9)
WT = Nh/mh

Conditions: If (f13 > 0) and (h9 is not null) and (c1=1..7). But if c1=8 or 9, then set f13=0, h5=0, h6=0.

WT_PP = WT * sum(f13)
WT_PP = WT * sum(f13-h5)
WT_OP = WT * sum(h5)
WT_UP = WT * sum(h6)
### Ratio Estimate & Sampling Variance

<table>
<thead>
<tr>
<th></th>
<th>WT_PD</th>
<th>WT_PP</th>
<th>WT_OP</th>
<th>WT_UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount ($)</strong></td>
<td>$281,956,649.76</td>
<td>$257,360,503.15</td>
<td>$24,596,146.61</td>
<td>$1,683,428.44</td>
</tr>
<tr>
<td><strong>Pct. of dollars</strong></td>
<td>-</td>
<td>91.277%</td>
<td>8.723%</td>
<td>.597%</td>
</tr>
<tr>
<td><strong>estVar(r)</strong></td>
<td>-</td>
<td>.000506</td>
<td>.000506</td>
<td>.00019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>WT_PD</th>
<th>WT_PP</th>
<th>WT_OP</th>
<th>WT_UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ratio (B1/A*100)</strong></td>
<td><strong>B2/A*100</strong></td>
<td><strong>B3/A*100</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pct. of dollars</td>
<td>-</td>
<td>91.277%</td>
<td>8.723%</td>
<td>.597%</td>
</tr>
<tr>
<td>estVar(r)</td>
<td>-</td>
<td>.000506</td>
<td>.000506</td>
<td>.00019</td>
</tr>
</tbody>
</table>
### Diagnostic Report

**Overpayment Rates By Responsibility**

| Codes | Subscript | WT_RESP       | WT_OP          | $r_k$
|-------|-----------|---------------|----------------|-----
| 1000  | 1.1       | $20,616,121.85$ | $24,596,146.61$ | 83.819% |
| 0200  | 1.2       | $225,990.77    | $24,596,146.61$ | .919%   |
| 0030  | 1.3       | $.00           | $24,596,146.61$ | .000%   |
| 1200  | 1.4       | $3,748,785.85  | $24,596,146.61$ | 15.241% |
| 1030  | 1.5       | $.00           | $24,596,146.61$ | .000%   |
| 0230  | 1.6       | $.00           | $24,596,146.61$ | .000%   |
| 1230  | 1.7       | $.00           | $24,596,146.61$ | .000%   |
| 0004  | 1.8       | $.00           | $24,596,146.61$ | .000%   |
| 1004  | 1.9       | $.00           | $24,596,146.61$ | .000%   |
| 0204  | 1.10      | $.00           | $24,596,146.61$ | .000%   |
| 0034  | 1.11      | $.00           | $24,596,146.61$ | .000%   |
| 1204  | 1.12      | $.00           | $24,596,146.61$ | .000%   |
| 1034  | 1.13      | $.00           | $24,596,146.61$ | .000%   |
| 0234  | 1.14      | $.00           | $24,596,146.61$ | .000%   |
| 1234  | 1.15      | $.00           | $24,596,146.61$ | .000%   |
### Others

| Subscript | WT_CAUSE (A)  | WT_OP (B)  | \( r_k \) \\
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.16</td>
<td>$0.00</td>
<td>$24,596,146.61</td>
<td>0.000%</td>
</tr>
</tbody>
</table>

**TOTAL**  

| | $24,590,898.46 | $24,596,146.61 | 99.979% |

---

### Overpayment Rates By Cause

| Codes | Subscript | WT_CAUSE (A)  | WT_OP (B)  | \( r_k \) \\
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 199</td>
<td>2.1</td>
<td>$19,104,580.10</td>
<td>$24,596,146.61</td>
<td>77.673%</td>
</tr>
<tr>
<td>200 - 299</td>
<td>2.2</td>
<td>$225,990.77</td>
<td>$24,596,146.61</td>
<td>0.919%</td>
</tr>
<tr>
<td>300 - 399</td>
<td>2.3</td>
<td>$843,385.85</td>
<td>$24,596,146.61</td>
<td>3.429%</td>
</tr>
<tr>
<td>420 - 429</td>
<td>2.4</td>
<td>$1,075,752.00</td>
<td>$24,596,146.61</td>
<td>4.374%</td>
</tr>
<tr>
<td>400 - 419</td>
<td>2.5</td>
<td>$3,341,189.75</td>
<td>$24,596,146.61</td>
<td>13.584%</td>
</tr>
<tr>
<td>430 - 499</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 - 999</td>
<td>2.6</td>
<td>$0.00</td>
<td>$24,596,146.61</td>
<td>0.000%</td>
</tr>
</tbody>
</table>

**TOTAL**  

| | $24,590,898.46 | $24,596,146.61 | 99.979% |

---

### Diagnostic Report - QT

**Footnote #5**

Sample Size = valid PCA cases (excludes EUC and deleted cases)  
Completed Cases = cases completed within 90 days  
Reopened Cases = cases reopened after 90 days and were closed within 90 days initially  
Percentage of Cases Completed in 90 Days = ((Completed Cases - Reopened Cases)/Sample Size)*100

Fnote 5  
- Sample Size = 153  
- Completed Cases = 117  
- Reopened Cases = 0  
- Percentage of Cases Completed in 90 Days = 76.47  
* if (Percentage of Cases Completed in 90 Days < 95%), then display the footnote.
Paid Claims Accuracy – Error Rates Report

Use Error Rates Report to create, use, and save user-selected error rates report queries. Report output can be downloaded to an excel spreadsheet or a PDF. To access the Error Rates Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.

3. Select Paid Claims Accuracy from the Applications Menu.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
6. The *Error Rates Report* query screen appears. To create a new query, supply the requested parameters. Enter either a batch range or a combination of calendar year and quarter.

Select rate type. Options include:

- **Annual Report Rate**, which includes fraud, non-fraud recoverable overpayments, and non-fraud non-recoverable overpayments. All causes and responsible parties are included in this rate.
- **Operational Rate**, which includes those overpayments that the states are reasonably expected to detect and establish for recovery -- fraud and non-fraud recoverable overpayments, excluding work search, employment service registration, base period wage issues and miscellaneous causes, such as benefits paid during a period of disqualification, redeterminations, and back pay awards.
- **Fraud Rate**, which reflects the state-specific definition of unemployment compensation fraud.
- **All Rates**

Select case error rates, dollar error rates or both. If desired, choose to display error rates by cause and/or responsibility categories. To run the query click **Submit Query**. To save the query, click **Save Query**. Enter a name for the query and click **Save**.
To use an existing query click on **Saved Queries**. Select a query and click **Run Query**.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

7. The **Error Rates Report**, for the specified date range, appears on the screen. Examples of the output follow.
### ERROR RATES REPORT

Logged in as bamqcm.

#### Payment Accuracy Summary

<table>
<thead>
<tr>
<th>State</th>
<th>Batch Range</th>
<th>UI Benefits Paid</th>
<th>UI Weeks Paid</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>QT</td>
<td>201201 - 201252</td>
<td>$496,415,120</td>
<td>1,959,630</td>
<td>239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Status</th>
<th>Dollar Rate (%)</th>
<th>95% Confidence Interval (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper Payments</td>
<td>91.63%</td>
<td>3.36%</td>
</tr>
<tr>
<td>Overpayments - Annual Report Rate</td>
<td>6.25%</td>
<td>3.25%</td>
</tr>
<tr>
<td>Overpayments - Operational Rate</td>
<td>7.36%</td>
<td>3.13%</td>
</tr>
<tr>
<td>Overpayments - Fraud Rate</td>
<td>3.40%</td>
<td>2.24%</td>
</tr>
<tr>
<td>Underpayments</td>
<td>0.64%</td>
<td>0.61%</td>
</tr>
</tbody>
</table>

Export options: [Excel] [PDF]

New Query

---

#### ERROR RATES REPORT

Logged in as bamqcm.

#### Payment Accuracy Summary

<table>
<thead>
<tr>
<th>State</th>
<th>Batch Range</th>
<th>UI Benefits Paid</th>
<th>UI Weeks Paid</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>QT</td>
<td>201201 - 201252</td>
<td>$496,415,120</td>
<td>1,959,630</td>
<td>239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overpayment Rate Type</th>
<th>Overpayment Responsibility</th>
<th>Percent of Weeks Paid</th>
<th>Percent of Weeks Overpaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Report Rate</td>
<td>Claimant Only</td>
<td>12.28%</td>
<td>81.21%</td>
</tr>
<tr>
<td></td>
<td>Claimant + Employer</td>
<td>1.45%</td>
<td>6.60%</td>
</tr>
<tr>
<td></td>
<td>Employer + Agency</td>
<td>0.39%</td>
<td>2.56%</td>
</tr>
<tr>
<td></td>
<td>Agency Only</td>
<td>0.34%</td>
<td>2.24%</td>
</tr>
<tr>
<td></td>
<td>Employer Only</td>
<td>0.66%</td>
<td>4.16%</td>
</tr>
</tbody>
</table>

Export options: [Excel] [PDF]

New Query

---

Home | Feedback | Help
Paid Claims Accuracy – Payment Status Report

Use the *Payment Status Report* to find the number of proper and improper payments and the number of over and under payments. Results can be summarized by individual investigators, supervisory groups or local offices. To access the *Payment Status Report*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the *Applications Menu*.

2. Select *Statistical Reports* from the *Applications Menu*.
3. Select Paid Claims Accuracy from the Applications Menu.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

6. The Payment Status Report query screen appears. Enter beginning and ending batch numbers. Select from the available report types:

- Local Office
- All investigators
- Supervisor Group Report
- Individual Investigator Report

Use the shift and ctrl keys to select multiple supervisors or individual investigators. Click Submit Query.

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Payment Status Report, for the specified date range, appears on the screen. An example of the output follows.
Paid Claims Accuracy – Error Cause Report

Use the Error Cause Report to find the number of cases with errors associated with each cause category. Results can be summarized by individual investigators, supervisory groups or local offices. To access the Error Cause Report, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.
2. Select **Statistical Reports** from the **Applications Menu**.

3. Select **Paid Claims Accuracy** from the **Applications Menu**.

4. The **Paid Claims Accuracy** submenu appears. Select **Error Cause Report**.
5. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

![Login Screen]

6. The *Error Cause Report* query screen appears. Enter beginning and ending batch numbers. Select from the available report types:

- Local Office
- All investigators
- Supervisor Group Report - select Supervisor ID(s)
- Individual Investigator Report – select Investigator ID(s)

Use the shift and ctrl keys to select multiple supervisors or individual investigators. Click **Submit Query**.

![Query Screen]

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

7. The *Error Cause Report*, for the specified date range, appears on the screen. An example of the output for the individual investigator report option follows.
Paid Claims Accuracy – Error Responsibility Summary

Use the *Error Responsibility Summary* to find the number of cases with errors associated with each responsibility category. Results can be summarized by individual investigators, supervisory groups or local offices. To access the *Error Responsibility Summary*, follow these steps:

1. Select *BAM (Benefit Accuracy Measurement)* from the Applications Menu.

2. Select *Statistical Reports* from the Applications Menu.
3. Select *Paid Claims Accuracy* from the Applications Menu.

4. The *Paid Claims Accuracy* submenu appears. Select *Error Responsibility Summary.*
5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.

![Login Screen](image)

6. The Error Responsibility Summary query screen appears. Enter beginning and ending batch numbers. Select from the available report types:

- Local Office
- All investigators
- Supervisor Group Report - select Supervisor ID(s)
- Individual Investigator Report – select Investigator ID(s)

Use the shift and ctrl keys to select multiple supervisors or individual investigators. Click Submit Query.

![Query Screen](image)

The Home link at the bottom of the screen returns you to the state menu. The Feedback link accesses contact information for technical problems. The Help link accesses information on all available functions on the screen.

7. The Error Responsibility Summary, for the specified date range, appears on the screen. An example of the output for the individual investigator report option follows.
Paid Claims Accuracy – Point of Detection Payment Error Summary

Use the *Point of Detection Payment Error Summary* to find the number of cases with errors associated with each point of detection category. Results can be summarized by individual investigators, supervisory groups or local offices. To access the *Point of Detection Payment Error Summary*, follow these steps:

1. Select **BAM (Benefit Accuracy Measurement)** from the Applications Menu.

2. Select **Statistical Reports** from the Applications Menu.
3. Select Paid Claims Accuracy from the Applications Menu.

4. The Paid Claims Accuracy submenu appears. Select Point of Detection Payment Error Summary.

5. If you are not already logged in, the Benefit Accuracy Measurement login screen appears. Enter login ID and password. Click Submit.
6. The **Point of Detection Payment Error Summary** query screen appears. Enter beginning and ending batch numbers. Select from the available report types:

- Local Office
- All investigators
- Supervisor Group Report - select Supervisor ID(s)
- Individual Investigator Report – select Investigator ID(s)

Use the shift and ctrl keys to select multiple supervisors or individual investigators. Click **Submit Query**.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.

7. The **Point of Detection Payment Error Summary**, for the specified batch range and report type, appears on the screen. An example of the output for the individual investigator(s) report option follows.
Paid Claims Accuracy – Work Search Summary

Use the Work Search Summary to find the number of work search contacts and their status: acceptable, unacceptable, or unverifiable. Results can be summarized by individual investigators, supervisory groups or local offices. To access the Work Search Summary, follow these steps:

1. Select BAM (Benefit Accuracy Measurement) from the Applications Menu.

2. Select Statistical Reports from the Applications Menu.
3. Select **Paid Claims Accuracy** from the **Applications Menu**.

4. Select **Work Search Summary** from the **Applications Menu**.
5. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

6. The *Work Search Summary* query screen appears. Enter beginning and ending batch numbers. Select from the available report types:

   - Local Office
   - All investigators
   - Supervisor Group Report - select Supervisor ID(s)
   - Individual Investigator Report – select Investigator ID(s)

Use the shift and ctrl keys to select multiple supervisors or individual investigators. Click **Submit Query**.

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.
7. The *Work Search Summary*, for the specified batch range and report type, appears on the screen. An example of the output for the individual investigator(s) report option follows.

**Benefit Accuracy Measurement**

**Paid Claims Accuracy**

**Work Search Summary**

State: State Machine  
Batch Range: 201013 ~ 201926

<table>
<thead>
<tr>
<th>Investigator ID</th>
<th>Cases Assigned</th>
<th>Work Search Total</th>
<th>Work Search Average</th>
<th>Acceptable</th>
<th>Unacceptable</th>
<th>Unverifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>22</td>
<td>22</td>
<td>1.00</td>
<td>16</td>
<td>72.7</td>
<td>1</td>
</tr>
<tr>
<td>25</td>
<td>68</td>
<td>58</td>
<td>0.56</td>
<td>18</td>
<td>47.4</td>
<td>12</td>
</tr>
<tr>
<td>43</td>
<td>2</td>
<td>2</td>
<td>1.00</td>
<td>2</td>
<td>100.0</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>30.67</td>
<td>20.67</td>
<td>0.67</td>
<td>12.00</td>
<td>58.06</td>
<td>4.33</td>
</tr>
</tbody>
</table>

* Data in the AVERAGE row have been rounded to two decimal places for display. The percentage calculations are based on un-rounded data, and may not equal the percentages obtained using rounded data.

Data in the AVERAGE row may not be complete because investigators in the Master Table are missing in the UAF Table.

**Paid Claims Accuracy – BPW/WBA/MBA Report**

Use the *BPW/WBA/MBA (or Base Period Wages) Report* to find the count and percentage of cases for which the base period wages, the weekly benefit amount, and the maximum benefit amount were correct, understated or overstated. To access the *Base Period Wages Report*, follow these steps:

1. Select BAM (*Benefit Accuracy Measurement*) from the *Applications Menu*.
2. Select Statistical Reports from the Applications Menu.

3. Select Paid Claims Accuracy from the Applications Menu.

4. Select BPW/WBA/MBA Report from the Applications Menu.
5. If you are not already logged in, the *Benefit Accuracy Measurement* login screen appears. Enter login ID and password. Click **Submit**.

![Benefit Accuracy Measurement Login Screen]

6. The *Base Period Wages Report* query screen appears. Enter a batch range and click **Submit Query**.

![Base Period Wages Report Query Screen]

The **Home** link at the bottom of the screen returns you to the state menu. The **Feedback** link accesses contact information for technical problems. The **Help** link accesses information on all available functions on the screen.
7. The *Base Period Wages Report*, for the specified batch range, appears on the screen.

![Benefit Accuracy Measurement Report](image)

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**BAM OPERATIONS GUIDE**

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APPENDIX A

Paid Claims Data Elements and Definitions
PART B -- CLAIMANT INFORMATION

(b1) **NAME:** Primary Method by which Claimant BAM Information Obtained  
**SHORT NAME:** Method Info Obt

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

- **1 = In-person interview**
- **2 = Telephone interview**
- **3 = Mail 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.

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

**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>O*NET Major Group</th>
<th>Code</th>
<th>O*NET Major Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Management Occupations</td>
<td>35</td>
<td>Food Preparation and Serving Related Occupations</td>
</tr>
<tr>
<td>13</td>
<td>Business and Financial Operations Occupations</td>
<td>37</td>
<td>Building and Grounds Cleaning and Maintenance Occupations</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------</td>
<td>----</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>15</td>
<td>Computer and Mathematical Occupations</td>
<td>39</td>
<td>Personal Care and Service Occupations</td>
</tr>
<tr>
<td>17</td>
<td>Architecture and Engineering Occupations</td>
<td>41</td>
<td>Sales and Related Occupations</td>
</tr>
<tr>
<td>19</td>
<td>Life, Physical, and Social Science Occupations</td>
<td>43</td>
<td>Office and Administrative Support Occupations</td>
</tr>
<tr>
<td>21</td>
<td>Community and Social Services Occupations</td>
<td>45</td>
<td>Farming, Fishing, and Forestry Occupations</td>
</tr>
<tr>
<td>23</td>
<td>Legal Occupations</td>
<td>47</td>
<td>Construction and Extraction Occupations</td>
</tr>
<tr>
<td>25</td>
<td>Education, Training, and Library Occupations</td>
<td>49</td>
<td>Installation, Maintenance, and Repair Occupations</td>
</tr>
<tr>
<td>27</td>
<td>Arts, Design, Entertainment, Sports, and Media Occupations</td>
<td>51</td>
<td>Production Occupations</td>
</tr>
<tr>
<td>29</td>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>53</td>
<td>Transportation and Material Moving Occupations</td>
</tr>
<tr>
<td>31</td>
<td>Healthcare Support Occupations</td>
<td>55</td>
<td>Military Specific Occupations</td>
</tr>
<tr>
<td>33</td>
<td>Protective Service Occupations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-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 O*Net Major Group codes 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 O*Net Major Group codes 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

<table>
<thead>
<tr>
<th>FIRST POSITION</th>
<th>0 – Not Hispanic or Latino</th>
<th>1 – Hispanic or Latino</th>
<th>9 – Ethnicity Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – White</td>
<td>01</td>
<td>11</td>
<td>91</td>
</tr>
<tr>
<td>2 – Black or African American</td>
<td>02</td>
<td>12</td>
<td>92</td>
</tr>
<tr>
<td>3 – Asian</td>
<td>03</td>
<td>13</td>
<td>93</td>
</tr>
<tr>
<td>4 – American Indian or Alaska Native</td>
<td>04</td>
<td>14</td>
<td>94</td>
</tr>
<tr>
<td>5 – Native Hawaiian or Other Pacific Islander</td>
<td>05</td>
<td>15</td>
<td>95</td>
</tr>
<tr>
<td>6 – Multiple Categories Reported</td>
<td>06</td>
<td>16</td>
<td>96</td>
</tr>
<tr>
<td>9 – Race Unknown</td>
<td>09</td>
<td>19</td>
<td>99</td>
</tr>
</tbody>
</table>

**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 (for non-deleted cases)  
• 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.

I = 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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><strong>In-person Interview</strong></td>
</tr>
<tr>
<td>0</td>
<td>Not given</td>
</tr>
<tr>
<td>1</td>
<td>In-person interview given</td>
</tr>
<tr>
<td>B</td>
<td><strong>Group Interview</strong></td>
</tr>
<tr>
<td>0</td>
<td>Not given</td>
</tr>
<tr>
<td>2</td>
<td>Group interview given</td>
</tr>
<tr>
<td>C</td>
<td><strong>Booklet / Pamphlet</strong></td>
</tr>
<tr>
<td>0</td>
<td>Not given</td>
</tr>
<tr>
<td>3</td>
<td>Booklet / Pamphlet given</td>
</tr>
<tr>
<td>D</td>
<td><strong>Video/Electronic/Other Multimedia</strong></td>
</tr>
<tr>
<td>0</td>
<td>Not given</td>
</tr>
<tr>
<td>4</td>
<td>Video/Electronic (including Internet/Telephone/Other Multimedia given</td>
</tr>
</tbody>
</table>

\(-1 = Missing or information not available\)

**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".
(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.

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
21 Mining
22 Utilities
23 Construction
31-33 Manufacturing
42 Wholesale Trade
44-45 Retail Trade
48-49 Transportation and Warehousing
51 Information
52 Finance and Insurance
92 Public Administration

53 Real Estate, Rental and Leasing
54 Professional, Scientific, and Technical Services
55 Management of Companies and Enterprises
56 Administrative Support, Waste Management and Remediation Services
61 Education Services
62 Health Care and Social Assistance
71 Arts, Entertainment and Recreation
72 Accommodation and Food Services
81 Other Services (except 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

\[0 = \text{No base period employers as a result of the investigation (monetarily ineligible)}\]

**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/](http://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 or equal to 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).
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.

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".

NAME: Key Week Filing Method  
SHORT NAME: KW File Meth

**Definition:** Enter filing method for Key Week claim.  
1 = 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.

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.

(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 nonregistration 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.
- $g_4$ must be -2, if $g_2$ equals 1, 3, or 4.
- $g_4$ must be 1 to 6, if $g_2$ 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 American Job Center 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 American Job Center 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.
- $g_5$ cannot be -2, if $g_3$ equals 1.
- $g_5$ must be -2, if $g_3$ equals 2.
- $g_5$ must be 0, if $g_3$ 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  
-2 = Not Applicable, if claimant not deferred  
5 = Approved training  
6 = Local Office policy  
7 = Other
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.
PART H – ERROR CLASSIFICATION/CASE COMPLETION

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

**Definition:** Enter code 1, 2, or 3 for a Proper Payment. Enter code 9 for an Improper Payment. When code 9 is entered, the Error Issue (Errisu) Table is retrieved by the system for data entry.

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.

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).

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

Edits:
- 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.
- If 1, 2 or 3, H2 must equal F13
- Can be 9
- If E10 equals 0, then must be 9

(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 H1 is coded 1, 2, or 3 the system will automatically stamp the amount in F13 in this field.

**Edits:**
- Cannot exceed state’s maximum WBA (e9) plus maximum Dependents’ Allowance (e15).
- Cannot be less than state’s minimum Dependents’ Allowance (e15).
- Must equal f13, if h1 equals 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:**
- Range 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:**
- Range 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 and action codes 20, 21, and 22 if prior agency action equals 90 to 99.

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 if prior agency action does not equal 90 to 99
- Must equal h2 minus f13 if case only has single underpayment and no overpayment issue.

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

**Definition:** Enter code of 1 when case investigating has been completed, i.e., after the investigator has finished all field work, reports, determinations, and coding. Entry of this character will only be allowed if all previous data elements have been coded. It will cause the current system date to be stamped in h8.

**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 MM/DD/YYYY format
- 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 MM/DD/YYYY format
- 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
Part I - ERROR ISSUE INFORMATION

(ebatch) NAME: Batch Number  
SHORT NAME: Batch #

(eseq) NAME: Sequence Number  
SHORT NAME: Sequence #

(ecatyp) NAME: Case Type  
SHORT NAME: Case Type

(eidx) NAME: Error Issue Index  
SHORT NAME: Error Issue Index

**Definition:** Internal index key used to identify error issue. This key identifies the number of the error, e.g. third or seventh error. It does not identify the type of error.

**Edits:**
- must be greater than zero

(eip5) NAME: Serial Number  
SHORT NAME: Serial #

**Definition:** The unique number assigned to the case by the system software. This number is primarily used by the National Office to locate individual cases when assistance is requested by the state.

**Edits:**
- cannot be equal to a serial number assigned to any other case

(ei1) NAME: Dollar Amount of Key Week Error  
SHORT NAME: Amt KW Error

**Definition:** 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.

**NAME:** Key Week Action  
**SHORT NAME:** KW Action

**Definition:** Improper Payment codes in h1 will trigger this table. Enter the code that identifies the type of error/issue identified by the BAM investigation. Valid codes for improper payments are listed below:

**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 "technically" proper due to finality rules.

14 = BAM determines payment was too large except where formal warning rules for unacceptable work search efforts prohibit official action. Payment "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 rules for unacceptable work search efforts.

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.
Underpayment Codes:

20 = Supplemental Check Issued/Offset applied or increase in WBA, KWDA entitlement, MBA, 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 "official" action.

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.

NAME: Error Cause
SHORT NAME: Error Cause

Definition: For each payment error a code is assigned to indicate the cause (reason) of the error. Enter appropriate code from below. Unless otherwise indicated, the last digit of this code is reserved for state use to provide greater detail as cause of error.

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

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

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

120 = Errors in reporting or unreported Severance Pay.
130 = Errors in reporting or unreported Vacation Pay.

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

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

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

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

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

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.

250 = Alternative Base Period. An error was made in recording or reporting wages used in the alternative base period monetary determination.

(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.

(ei4)

NAME: Error Responsibility
SHORT NAME: Error Respons

Definition: 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.

<table>
<thead>
<tr>
<th>ERROR RESPONSIBILITY</th>
<th>Position 1 = Claimant</th>
<th>Position 2 = Employer</th>
<th>Position 3 = Agency</th>
<th>Position 4 = Third Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 1 = Claimant</td>
<td>0 – Not responsible</td>
<td>0 – Not responsible</td>
<td>0 – Not responsible</td>
<td>0 – Not responsible</td>
</tr>
<tr>
<td></td>
<td>1 – Responsible</td>
<td>2 – Responsible</td>
<td>3 – Responsible</td>
<td>4 -- Responsible</td>
</tr>
<tr>
<td>Position 3 = Agency</td>
<td>0 – Not responsible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 – Responsible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Edits:
- Variable entry by position. Can be 0/1, 0/2, 0/3, 0/4.; no duplicates, except 0.
- Cannot contain a 2, if $ei_7$ equals 70.
- Must contain a 3, if $ei_6$ equals 30-39, 40-49, 50-59, 80-89 or 90-99.
- Must contain a 2 if $ei_7$ equals 20 to 59 or 80 to 89.
- Must contain a 1 if $ei_9$ equals 20 to 59.

**NAME:** BAM Detection Point

**SHORT NAME:** Detection Pt

**Definition:** For each payment error, enter the code which indicates the point where the error was first detected by the BAM investigation. Unless otherwise indicated, the last digit of this code is reserved for state use in providing greater detail.

0 - 9 State Information Data Exchange System (SIDES):

0 = SIDES information adequate and timely  
1 = SIDES process issues dealing with information adequacy  
2 = SIDES process issues dealing with response timeliness  
3 = SIDES process issues dealing with response processing in the state  
4 = SIDES process issues dealing with response client server processing  
5 = SIDES process issues dealing with web based response server processing  
6 = Attachments to SIDES response: inconsistent with response separation type (i.e. layoff with documented misconduct/quit information attached, Code 99 with separation issue documentation attached, etc.)  
7 = SIDES response Claimant not employed by employer state processing and/or no state follow-up  
8 = SIDES response Third party administer (TPA) does not represent employer state processing and/or state no follow-up  
9 = TPA and/or Employer SIDES response code 99

10 = Verification of work search contact  
20 = Verification of wages and/or separation  
30 = Claimant Interview  
40 = Verification of eligibility with 3rd Parties
50 = UI Records

60 = Job Service/Employment Service Records

70 = Verification with Union

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

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

Notes:

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)

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:

- Valid codes: 0-99

(ei6) NAME: Prior Agency Action
SHORT NAME: Prior Agency Action
Definition: 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:
- Valid codes: 10-99
- Cannot equal 30, 40, or 50 if ei4 does not contain a 3
- Cannot equal 90-99 if ei2 equals 10.

(ei7) NAME: Prior Employer Action
SHORT NAME: Prior Emp Action

Definition: For each payment error a code is assigned to indicate action(s) taken by the employer affecting the KW issue as of the date sample was selected. Enter appropriate code from below. Unless otherwise noted, 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 required 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: 10-89, 91 to 96.
- Cannot equal 70-79 if ei4 contains a 2

(ei8) **NAME:** BAM Action Regarding Key Week Appealed  
**SHORT NAME:** BAM Action Appealed

**Definition:** 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: Valid codes: 1 to 6

(ei9) **NAME:** Prior Claimant Action  
**SHORT NAME:** Prior Claimant Action
**Definition:** 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.
Part R - REOPEN INFORMATION

(rbatch) NAME: Batch Number
SHORT NAME: Batch #

Definition: Number provided as output from computer program that selects all sample cases - indicates calendar year and week (YYYYWW).

Edits:
- Must be YYYYWW format
- WW 01 always 1st Saturday in January of each year

(rseq) NAME: Sequence Number
SHORT NAME: Sequence #

Definition: Number which identifies the location of the case in the batch. It is a secondary key to the database when combined with Case Type.

Edits:
- Must be greater than 0 (zero)
- Must be equal to or less than cm1

(rcatyp) NAME: Case Type
SHORT NAME: Case Type

(ridx) NAME: Reopen Index
SHORT NAME: Reopen Index

Definition: Internal index key entered by the BAM software.

Edit: must be greater than zero (0)

(rop5) NAME: Serial Number
SHORT NAME: Serial #

Definition: The unique number assigned to the case by the system software. This number is primarily used by the National Office to locate individual cases when assistance is requested by the state.

Edits:
- must be greater than 0 (zero)
- cannot be equal to a serial number assigned to any other case
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 crossmatch 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 crossmatch 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:
- Valid codes: 3 to 9 or null
- Must be 7, 8 or 9 if h1 is 4, 5, 7, or 8.

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 the current date for the Reopen Case Codes 3, 4, or 5. The field will remain NULL when the Reopen Case Code is 6.
NAME: Reopen Case Identification
SHORT NAME: Reopen ID

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

Edit: Cannot be greater than eight (8) characters/digits.
APPENDIX B
Denied Claims Data Elements and Definitions
Data Elements and Descriptions

This appendix 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 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.

The data elements in the Case Control and Claimant Information, Benefit Year Information, Monetary Information, Separation Information, Nonseparation Information, Case Action and Error Issue Information, and Coding DCA Error Information are provided below.
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, 2005, and 2011) 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:** Must be a valid number assigned by the Social Security Administration (SSA). Prior to June 25, 2011, a valid SSN could not have an area number between 734 and 749, or above 772, the highest area number which the SSA had allocated. Effective June 25, 2011, the SSA assigns SSNs randomly and allows for the assignment of area numbers between 734 and 749 and above 772 through 899. There are numbers which will never be allocated, for example, numbers with all zeros in any digit group (000-###-####, ###-00-####, ###-##-0000) and numbers of the form 666-##-####. Code **999** is valid in BAM 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.
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

NAME:  State  
SHORT NAME:  state  
Definition:  Enter state Alpha identification code.

<table>
<thead>
<tr>
<th>STATE CODE</th>
<th>STATE NAME</th>
<th>STATE CODE</th>
<th>STATE NAME</th>
<th>STATE CODE</th>
<th>STATE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>Alabama</td>
<td>LA</td>
<td>Louisiana</td>
<td>OK</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>AK</td>
<td>Alaska</td>
<td>ME</td>
<td>Maine</td>
<td>OR</td>
<td>Oregon</td>
</tr>
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<td>AZ</td>
<td>Arizona</td>
<td>MD</td>
<td>Maryland</td>
<td>PA</td>
<td>Pennsylvania</td>
</tr>
<tr>
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<td>Arkansas</td>
<td>MA</td>
<td>Massachusetts</td>
<td>PR</td>
<td>Puerto Rico</td>
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<td>California</td>
<td>MI</td>
<td>Michigan</td>
<td>RI</td>
<td>Rhode Island</td>
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<td>CO</td>
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<td>MN</td>
<td>Minnesota</td>
<td>SC</td>
<td>South Carolina</td>
</tr>
<tr>
<td>CT</td>
<td>Connecticut</td>
<td>MS</td>
<td>Mississippi</td>
<td>SD</td>
<td>South Dakota</td>
</tr>
<tr>
<td>DE</td>
<td>Delaware</td>
<td>MO</td>
<td>Missouri</td>
<td>TN</td>
<td>Tennessee</td>
</tr>
<tr>
<td>DC</td>
<td>District of Columbia</td>
<td>MT</td>
<td>Montana</td>
<td>TX</td>
<td>Texas</td>
</tr>
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<td>FL</td>
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<td>UT</td>
<td>Utah</td>
</tr>
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<td>GA</td>
<td>Georgia</td>
<td>NV</td>
<td>Nevada</td>
<td>VT</td>
<td>Vermont</td>
</tr>
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<td>HI</td>
<td>Hawaii</td>
<td>NH</td>
<td>New Hampshire</td>
<td>VA</td>
<td>Virginia</td>
</tr>
<tr>
<td>ID</td>
<td>Idaho</td>
<td>NJ</td>
<td>New Jersey</td>
<td>VI</td>
<td>Virgin Islands</td>
</tr>
<tr>
<td>IL</td>
<td>Illinois</td>
<td>NM</td>
<td>New Mexico</td>
<td>WA</td>
<td>Washington</td>
</tr>
<tr>
<td>IN</td>
<td>Indiana</td>
<td>NY</td>
<td>New York</td>
<td>WV</td>
<td>West Virginia</td>
</tr>
<tr>
<td>IA</td>
<td>Iowa</td>
<td>NC</td>
<td>North Carolina</td>
<td>WI</td>
<td>Wisconsin</td>
</tr>
</tbody>
</table>
Edits:
- Must be a valid alpha code from the above.

(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)  
- 01 = Information not available or missing  
- 02 = 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 year.  
- 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

<table>
<thead>
<tr>
<th>First Position →</th>
<th>0 – Not Hispanic or Latino</th>
<th>1 – Hispanic or Latino</th>
<th>9 – Ethnicity Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Position ↓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – White</td>
<td>01</td>
<td>11</td>
<td>91</td>
</tr>
<tr>
<td>2 – Black or African American</td>
<td>02</td>
<td>12</td>
<td>92</td>
</tr>
<tr>
<td>3 – Asian</td>
<td>03</td>
<td>13</td>
<td>93</td>
</tr>
<tr>
<td>4 – American Indian or Alaska Native</td>
<td>04</td>
<td>14</td>
<td>94</td>
</tr>
<tr>
<td>5 – Native Hawaiian or Other Pacific Islander</td>
<td>05</td>
<td>15</td>
<td>95</td>
</tr>
<tr>
<td>6 – Multiple Categories Reported</td>
<td>06</td>
<td>16</td>
<td>96</td>
</tr>
<tr>
<td>9 – Race Unknown</td>
<td>09</td>
<td>19</td>
<td>99</td>
</tr>
</tbody>
</table>

**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:**  
11 = Tech./voc.  
12 = WIA  
13 = Academic  
14 = Other  
-1 = Information not available or missing  
-2 = Not Applicable  

**NOT UI Approved Training:**  
21 = Tech./voc.  
22 = WIA  
23 = Academic  
24 = Other

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

<table>
<thead>
<tr>
<th>Code</th>
<th>O*NET Major Group</th>
<th>Code</th>
<th>O*NET Major Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Management Occupations</td>
<td>35</td>
<td>Food Preparation and Serving Related Occupations</td>
</tr>
<tr>
<td>13</td>
<td>Business and Financial Operations Occupations</td>
<td>37</td>
<td>Building and Grounds Cleaning and Maintenance Occupations</td>
</tr>
<tr>
<td>15</td>
<td>Computer and Mathematical Occupations</td>
<td>39</td>
<td>Personal Care and Service Occupations</td>
</tr>
<tr>
<td>17</td>
<td>Architecture and Engineering Occupations</td>
<td>41</td>
<td>Sales and Related Occupations</td>
</tr>
<tr>
<td>19</td>
<td>Life, Physical, and Social Science Occupations</td>
<td>43</td>
<td>Office and Administrative Support Occupations</td>
</tr>
<tr>
<td>21</td>
<td>Community and Social Services Occupations</td>
<td>45</td>
<td>Farming, Fishing, and Forestry Occupations</td>
</tr>
<tr>
<td>23</td>
<td>Legal Occupations</td>
<td>47</td>
<td>Construction and Extraction Occupations</td>
</tr>
<tr>
<td>25</td>
<td>Education, Training, and Library Occupations</td>
<td>49</td>
<td>Installation, Maintenance, and Repair Occupations</td>
</tr>
<tr>
<td>27</td>
<td>Arts, Design, Entertainment, Sports, and Media Occupations</td>
<td>51</td>
<td>Production Occupations</td>
</tr>
<tr>
<td>29</td>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>53</td>
<td>Transportation and Material Moving Occupations</td>
</tr>
<tr>
<td>31</td>
<td>Healthcare Support Occupations</td>
<td>55</td>
<td>Military Specific Occupations</td>
</tr>
<tr>
<td>33</td>
<td>Protective Service Occupations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(19) NAME: Occupation Code (Seeking Work)
SHORT NAME: seekoccc
**Definition:** Enter the first three digits of the O*NET code for type of work that claimant is seeking (see O*Net Major Group codes Element 18). 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** - divide 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 = Temporary emergency / extended benefits programs (e.g., EUC)  
9 = Deleted Record (e.g., TAA, DUA, Workshare)

**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:**
- Cannot be less than "01/01/1980".
- Can be "02/02/0002".
- Must be "02/02/0002", if 90 - Action Flag is 8.
- Must be earlier than or equal to the Batch Ending Date and be greater than or equal to the Batch Ending Date minus 731 days, if Claim Date is "02/02/0002".
- Must be earlier than or equal to compensable week ending date, if Claim Date is not "02/02/0002".
- Cannot be more than 731 days prior to the Claim Date, if Claim Date is not "02/02/0002".
- Cannot be earlier than 12 - Date of Birth.

(25) **NAME:** Initial (New/Additional) Claim Filing Method  
**SHORT NAME:** icfilmeth

**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-fled 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.

<table>
<thead>
<tr>
<th>BENEFITS RIGHTS GIVEN</th>
<th>A = In-person Interview</th>
<th>B = Group Interview</th>
<th>C = Booklet / Pamphlet</th>
<th>D = Video/Electronic/Other Multimedia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 – Not given</td>
<td>0 – Not given</td>
<td>0 – Not given</td>
<td>0 – Not given</td>
</tr>
<tr>
<td></td>
<td>1 – In-person interview given</td>
<td>2 – Group interview given</td>
<td>3 – Booklet / Pamphlet given</td>
<td>4 – Video/Electronic (including Internet/Telephone/Other Multimedia)</td>
</tr>
</tbody>
</table>

-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 |
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
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.)
BAM OPERATIONS GUIDE

\[99 = \text{Indefinite disqualification}\]
\[-2 = \text{Not Applicable}\]

**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.

\[0 = \text{Ineligible}\]
\[-2 = \text{Not Applicable, if the claimant withdrew claim after denial issued}\]

**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.
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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.

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

**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.

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

**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:**

- Cannot be less than "01/01/1900".
- Must be less than or equal to 5 - Claim Date plus 14 days, and greater than or equal to 5 - Claim Date minus 731 days, if 5 - Claim Date is not "02/02/0002".
- Must be less than or equal to the Batch Week Ending Date and greater than or equal to the Batch Week Ending Date minus 731 days, if 5 - Claim Date is "02/02/0002".
- Can be "01/01/0001".
- Must be "02/02/0002", if 90 - Action Flag is 8.
- Must be "02/02/0002", if Sample Type is 2 or 4.

(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:**
- Cannot be less than "01/01/1900".
- Must be less than or equal to 5 - Claim Date plus 14 days and greater than or equal to 5 - Claim Date minus 731 days, if 5 - Claim Date is not "02/02/0002".
- Must be less than or equal to the Batch Week Ending Date and greater than or equal to the Batch Week Ending Date minus 731 days, if 5 - Claim Date is "02/02/0002".
- Can be "01/01/0001".
- Must be "02/02/0002", if 90 - Action Flag is 8.
- Must be "02/02/0002", if Sample Type is 2 or 4.
- Must be "02/02/0002", if 59 - Reason Sep. After = "00" series.
Nonseparation Information

(62) **NAME:** Nonseparation Issue Number

**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.

\[
\begin{align*}
0 &= \text{None} \\
\text{Equals } 9999 &= \text{If } $9,999 \text{ or more} \\
-2 &= \text{Not Applicable, if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3}
\end{align*}
\]

**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.

\[
\begin{align*}
0 &= \text{None} \\
\text{Equals } 9999 &= \text{If } $9,999 \text{ or more} \\
-2 &= \text{Not Applicable, if the claimant withdrew claim after denial issued OR Sample Type equals 2 or 3}
\end{align*}
\]

**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.
(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 deductible income for the denial period such as 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  

**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 a 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:
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- 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:
**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.

**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 American Job Center 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 American Job Center 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
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-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 3.

(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.
(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.  
- Cannot 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: apprsIt  

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 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. 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 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) 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.

250 = Alternative Base Period. An error was made in recording or reporting wages used in the alternative base period monetary determination.

(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 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.

730 = Alternative Base Period – Claimant properly denied however an error was made in recording or reporting wages used in the alternative base period monetary determination or an alternative base period was not considered / no documentation of ABP considerations.

**Edits:**
- Must be 100-159, 200-259, 300-329, 400-489, 500-519, 600-639, or 700-739.
- Must be 420, if 99 - Action Code is 14.
- Must be 700-709 or 730-739, if 99 - Action Code is 30.
**ERROR RESPONSIBILITY**

<table>
<thead>
<tr>
<th>A = Claimant</th>
<th>B = Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Not responsible</td>
<td>0 – Not responsible</td>
</tr>
<tr>
<td>1 – Responsible</td>
<td>2 – Responsible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C = Agency</th>
<th>D = Third Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Not responsible</td>
<td>0 – Not responsible</td>
</tr>
<tr>
<td>3 – Responsible</td>
<td>4 – Responsible</td>
</tr>
</tbody>
</table>

**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:** Enter the code that indicates the point where the error was first detected in the DCA investigation. The last digit of this code is reserved for state use in providing greater detail.

- 0 – 9 State Information Data Exchange System (SIDES):
  - 0 = SIDES Information Adequate and Timely
  - 1 = SIDES process issues dealing with information adequacy
2 = SIDES process issues dealing with response timeliness

3 = SIDES process issues dealing with response processing in the state

4 = SIDES process issues dealing with response client server processing

5 = SIDES process issues dealing with web based response server processing

6 = Attachments to the SIDES response: inconsistent with response separation type (i.e. layoff with documented misconduct/quit information attached, Code 99 with separation issue documentation attached, etc.)

7 = SIDES response Claimant not employed by employer state processing and/or state follow-up

8 = SIDES response Third party administer (TPA) does not represent employer state processing and/or state no follow-up

9 = TPA and/or Employer SIDES response code 99

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 0 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: empa
**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, or 91 to 96.
- Cannot have a series entry of 70, if 101 - Responsibility has an 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.
REOPEN INFORMATION

(reotype)  **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

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

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