



RELEASE - REVISION TO PART 1 MAIL AND FILES, FEDERAL
(EEOICPA) PROCEDURE MANUAL

EEOICPA TRANSMITTAL NO. 09-02

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EXPLANATION OF MATERIAL TRANSMITTED:

This material is issued as procedural guidance to update and revise the text of EEOICPA PART B Procedure Manual (PM) Part 1 Mail and Files, which includes the following Chapters: 1-0100 Introduction; 1-0200 Processing Mail; 1-0300 Case Creation; 1-0400 Case Maintenance; and 1-0500 Transfers and Loans.

The revision provides a unified PM Part 1 which incorporates the consolidation of updated information and guidance as it pertains to the Program's administration of Part B and Part E of the EEOICPA. This material is to be filed in the new Unified Procedure Manual binder.

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FILING INSTRUCTIONS:

File this transmittal behind Part 0 in the front of the new Unified Federal (EEOICPA) Procedure Manual.

Distribution: List No. 3: All DEEOIC Employees
List No. 6: Regional Directors, District Directors, Assistant District Directors, National Office Staff, and Resource Center Staff.

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Superseded

1. Purpose and Scope. This part of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Procedure Manual (PM) addresses the processing and movement of mail and case files within the Division of Energy Employees Occupational Illness Compensation (DEEOIC) and the handling of documentation within the District Office (DO), the Secondary Claims Examiner (CE2) Unit, the Final Adjudication Branch (FAB), and the National Office (NO). It also discusses how to create case files, maintain case files, and assign docket numbers to case files referred to FAB.
2. Responsibilities. Effective handling of mail and files is a responsibility for all DEEOIC staff.
 - a. Mail and File (M&F) Staff. M&F Staff process mail, create and maintain physical case files, pull and deliver case files within a DEEOIC Office, and loan or transfer case files to other DEEOIC Offices.
 - b. Automated Systems Support Staff. Systems support staff create and transfer case files in the automated system, enter data, key location changes, assign docket numbers, and produce reports to support case processing.
 - c. Claims Examiners (CE), CE2, FAB Representatives, and NO Representatives. Personnel in the claims processing units key location and status changes in the Energy Case Management System (ECMS). These staff members are responsible for ensuring that case files are forwarded to the appropriate locations within their respective offices. Only files with pending action are kept at the physical location of the applicable CE, CE2, FAB Representative, or NO Representative.
3. Contents of Part 1. The chapters and their subjects are:
 - a. Chapter 1-0200, Processing Mail. This chapter describes the kinds of mail which the DOs, CE2 Units, FABs, and NO receive and how to handle each kind, including priority correspondence. It also addresses sorting, recording, and searching for mail, safeguarding Personally Identifiable Information (PII), processing outgoing mail, and the proper handling of returned mail.

3. Contents of Part 1. (Continued)

b. Chapter 1-0300, Case Creation. This chapter describes the contents of new cases and additional new claims, and how to create them as physical files and as electronic records in ECMS. Duplicate cases, withdrawn claims, and the deletion of claims from ECMS are also discussed. How to determine a new claim's file date and received date, along with the proper handling of additional new claims received during different stages of the claims process are also described. This chapter also discusses the role of Resource Centers in assisting the claimant with the filing of a claim.

c. Chapter 1-0400, Case Maintenance. This chapter describes how to maintain case files. It includes procedures for dividing file material, reconstructing, and repairing damaged folders. It also addresses the FAB docketing process and changes made in ECMS, including a change of address.

d. Chapter 1-0500, Transfers and Loans. This chapter describes how to send case files between the various offices within the DEEOIC on either a temporary or permanent basis and how to refer case records to the National Institute for Occupational Safety and Health (NIOSH) or to a medical or scientific specialist in NO.

4. Automated Systems Support. The work of the M&F Staff is closely tied to the automated systems support functions within the DO, CE2 Unit, FAB, and the NO and some of those functions are referenced in the chapters that follow. Specific instructions for using the automated system are set forth in the Energy Case Management System (ECMS) Users Manuals and related policy will be found in EEOICPA PM 2-2000 and 2-2100.

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1. Purpose and Scope. This chapter identifies the different kinds of mail received in a Division of Energy Employees Occupational Illness Compensation (DEEOIC) Office and describes the procedures for processing them. Instructions are provided on how to sort, open, and date-stamp incoming mail. In addition, procedures for searching cases for mail association, processing outgoing mail, and handling returned mail are provided. Guidance is also provided for the handling of priority correspondence, including requests under the Freedom of Information Act (FOIA) and the Privacy Act, and the safeguarding of Personally Identifiable Information (PII) in the disclosure of claim records.

2. Mail and File (M&F) Staff. These individuals process mail received in the District Office (DO), Secondary Claims Examiner (CE2) Unit, Final Adjudication Branch (FAB), and the National Office (NO). They open and date-stamp incoming mail and then use the **"Inquiry"** option in the Energy Case Management System (ECMS) to obtain file numbers and case locations. They also determine the responsible Claims Examiner (CE), CE2, FAB Representative, or NO Representative, key case locations, and place incoming mail in the responsible staff member's mailbox. These individuals are also responsible for processing outgoing mail.

3. Types of Mail. Most mail received by a DEEOIC Office is through the U.S. Postal Service (USPS). However, some mail is received by private overnight mail service, facsimile transmission (fax), electronic mail (e-mail), or by hand. Mail is grouped as follows:

a. Priority Correspondence. The Department of Labor (DOL) considers mail to and from the following parties as priority correspondence:

- (1) The President and White House Staff;
- (2) The Vice President and members of the Vice President's staff;
- (3) The President Pro Tempore of the Senate;
- (4) The Speaker of the House of Representatives;
- (5) Other Members of Congress;

3. Types of Mail. (Continued)

- (6) Members of the Cabinet;
- (7) Heads of independent Federal establishments;
- (8) Governors of States;
- (9) Foreign government officials (e.g., Prime Ministers, Cabinet-level officers, Ambassadors, etc.);
- (10) Directors/Managers of employee organizations;
- (11) Directors/Managers of national and international labor organizations;
- (12) Members of the press; and
- (13) Requestors of data under the Freedom of Information Act (FOIA) and the Privacy Act.

b. Primary Claim Forms. These documents, which contain information on new claims, include:

- (1) EE-1, Claim for Benefits under the EEOICPA;
- (2) EE-2, Claim for Survivor Benefits under the EEOICPA; and
- (3) Any letter or document containing "words of claim" under the EEOICPA. "Words of claim" simply means that the individual is requesting benefits under the EEOICPA.

c. Bills. Form OWCP-1500 is used to bill the Office of Workers' Compensation Programs (OWCP) for medical services and supplies. Hospital bills are submitted on the Form OWCP-04. Form EE-915 is used for employee reimbursement of out-of-pocket medical expenses. Form OWCP-957 is used for employee reimbursement of medical travel expenses.

d. Routine Mail. This mail, which is screened by designated DEEOIC staff, includes:

3. Types of Mail. (Continued)

(1) Documents from claimants and their authorized representatives, such as: medical records; employment records; exposure records; birth, marriage, and death certificates; school records; affidavits; address changes; waivers; and requests for an oral hearing, a review of the written record, a reconsideration, or a reopening;

(2) Documents from the Department of Energy (DOE), contractors, and/or subcontractors;

(3) Information from other agencies, such as the Department of Health and Human Services (HHS), National Institute for Occupational Safety and Health (NIOSH), Social Security Administration (SSA), and the Department of Justice (DOJ);

(4) Medical reports from attending physicians;

(5) Mail from contractual sources, including reports from The Center to Protect Workers' Rights (CPWR), District Medical Consultants (DMCs), and second opinion and referee specialists;

(6) Occupational/Exposure reports from Industrial Hygienists (IHs) and Toxicologists (TXs);

(7) Requests for information from other Federal, state, and local government agencies; and

(8) Case-specific documents forwarded from other offices within DEEOIC, including the Resource Centers (RC), for file association.

e. Other Mail. This includes mail which does not concern specific claims.

4. Initial Sort. The M&F Clerk(s) separates certain envelopes from the rest of the incoming mail, as follows:

a. Mail for Delivery Without Opening. This mail includes:

4. Initial Sort. (Continued)

- (1) Certified mail which requires the M&F Clerk to sign a receipt;
- (2) Mail for the Director, Regional Director, Branch Chiefs, District Director, or the administrative staff, who consist of the Administrative Officer, Management Officer, and the secretaries who conduct business on behalf of the NO, Regional Office, FAB, or the DO;
- (3) Material from the NO; and
- (4) Mail marked "Do Not Open in Mail Room" or the like (at the discretion of the DO, FAB, Regional Office, or NO).

b. Mail for a Third Party Outside of OWCP. If the third party is located in the same building, the mail is delivered to him or her. If not, it is returned to the sender unopened.

5. Opening and Date-Stamping Mail.

a. Opening Mail. The M&F Clerk must:

- (1) Check the contents inside of each envelope carefully to ensure that all contents are removed. If the contents include a Form EE-1 or EE-2, correspondence with words expressing the desire to file a claim, a waiver, or a request for an oral hearing, a review of the written record, a reconsideration, or a reopening, the envelope is kept and attached to the document; and
- (2) Circle the file number.

b. Date-Stamping Mail. The date stamp prints the location of the receiving DEEOIC Office and the year, month, day, and time of receipt. The date stamp is either an ink stamp or a perforated stamp. All incoming mail is date-stamped before leaving the Mail Room. The M&F Clerk date-stamps each item of mail on the front of the item. If

5. Opening and Date-Stamping Mail. (Continued)

a piece of mail consists of multiple pages, each page is date-stamped individually. The date stamp reflects the actual date that the incoming mail is received in a DEEOIC Office, and not necessarily when it is reviewed by a DEEOIC staff member.

(1) If an ink stamp is used, the stamp is not placed over any writing.

6. Identifying Case Locations. The M&F Clerk identifies which case each piece of mail belongs to and its location prior to associating the mail with the case.

a. Unnumbered Mail. If the mail does not contain a file number, the M&F Clerk finds the number by entering the claimant's name in the **"View Case"** function under the **"Inquiry"** option in ECMS.

(1) If a match is found, the M&F Clerk notates the file number, current location code, and the assigned CE, CE2, FAB Representative, or NO Representative in the upper right corner. The mail is then placed in the appropriate location to be sorted and forwarded to the assigned DEEOIC staff member.

(2) If a match is not found, the M&F Clerk writes "NID" (not in database) in the upper right corner and gives it to the appropriate Supervisory CE or Manager, who decides whether to create a case, route the mail within the respective DEEOIC Office without having to create a case, or return it to the sender.

b. Numbered Mail. If the mail contains a file number, the M&F Clerk uses the **"View Case"** function under the **"Inquiry"** option in ECMS to obtain the current location code and the assigned CE, CE2, FAB Representative, or NO Representative. He or she notates that information on the upper right corner.

(1) If an error message appears when the file number is entered, the M&F Clerk enters the claimant's name in the **"View Case"** function under the **"Inquiry"** option

6. Identifying Case Locations. (Continued)

in ECMS to verify that the mail contains the correct file number. If it does not, the M&F Clerk notates the correct number in the upper right corner on the piece of mail.

(2) If the correct file number cannot be identified, the M&F Clerk gives the mail to the appropriate DEEOIC staff member (See paragraph 6a(2) above).

c. Mail for Other DEEOIC Offices. Mail sent to other DEEOIC Offices, including mail for cases that have been loaned or transferred, is date-stamped, collected, and forwarded to the appropriate DEEOIC Office, as identified in ECMS, on a daily basis by the USPS or by private overnight mail service.

7. Handling of Mail. After checking the mail for its file number and location, the M&F Clerk handles it according to type.

a. Groups of Mail. The M&F Clerk sorts the mail into the following groups:

(1) Priority correspondence, along with the case file, is hand carried to the person designated to handle priority correspondence in the DEEOIC Office;

(2) Primary claim forms require creation of a new case unless a case has already been created and coded (See EEOICPA PM 1-0300). The M&F Clerk then keys the case in ECMS and delivers it to the assigned CE, CE2, FAB Representative, or NO Representative;

(3) Bills including, but not limited to, medical services/testing, medical supplies, medical travel expenses, home and automobile modifications, spa/gym membership, and impairment rating reports (performed by the claimant's chosen physician) for the accepted condition(s) are forwarded to the assigned CE, CE2, FAB Representative, or NO Representative who then forwards them to the Bill Processing Agent (BPA) on behalf of the claimant.

7. Handling of Mail. (Continued)

Bills for copying medical records for a claimed condition(s) are forwarded to the assigned CE, CE2, FAB Representative, or NO Representative who then forwards them to the BPA on behalf of the claimant.

Bills for medical reports from DMCs are first routed to the District Medical Scheduler, for tracking purposes, who then forwards to the assigned CE, CE2, FAB Representative, or NO Representative for review and coding in ECMS.

In those cases where there is an offset/surplus, it is especially important for DEEOIC staff to review incoming bills (excluding those for impairment ratings or from DMCs) and then forward to the Fiscal Officer for tracking purposes;

(4) Routine mail is sorted by assigned CE, CE2, FAB Representative, or NO Representative and delivered to each respective unit. However, the following kinds of mail are delivered directly to the Fiscal Officer, at the DO's discretion:

(a) Requests for action when a check was lost or an electronic funds transfer (EFT) was not received; and

(b) Transactions or other documents from the Department of the Treasury; and

(5) Other mail is handled as follows:

(a) General inquiries include questions about OWCP's practices and requests for technical assistance. Letters in this category are routed accordingly at the discretion of the applicable DO, FAB, or NO; and

(b) Interoffice memorandums are routed according to the party addressed.

7. Handling of Mail. (Continued)

b. Sorting and Associating Mail. Mail screened by the M&F Clerk is sorted each day and associated with the case files.

(1) When mail is placed in the assigned DEEOIC staff member's mailbox, the case file remains where it is, or is retrieved and given to the person working at that location, according to specific procedures established in each DO, FAB, and in NO.

(2) The M&F Clerk does not remove a case file from its location (other than from the File Room) without notifying the DEEOIC staff member responsible for it. The M&F Clerk enters a location code change in the "**Case Update**" screen of ECMS for any case that is moved (See EEOICPA PM 1-0500 Exhibit 2).

8. Responding to Priority Correspondence. Priority correspondence generally pertains to the request of information and/or status on a claim from the claimant or an authorized third party. Consequently, priority correspondence is very delicate in nature and highly time sensitive, which requires careful attention in its review and response. Actions pertaining to the receipt of and response to priority correspondence must be properly tracked.

Of the priority correspondence listed in paragraph 3a above, the more common ones encountered during the claim adjudication process are Freedom of Information Act (FOIA) requests, Privacy Act requests, and Congressional Inquiries. These requests are submitted in writing and signed by the claimant or authorized representative. In instances where a third party makes the request, a waiver signed by the claimant or authorized representative must be included.

a. Freedom of Information Act. Freedom of Information Act (FOIA) requests allow third parties to request and gain access to existing Federal Government information, as outlined under 5 U.S.C. §552. FOIA requests are very important, as they involve the disclosure of specific documentation pertaining to the DEEOIC and/or its claimants.

8. Responding to Priority Correspondence. (Continued)

FOIA requests are highly time sensitive and require careful attention. Each DEEOIC Office needs to have a FOIA coordinator to effectively facilitate the identification and processing of FOIA requests. The request itself contains such verbiage that includes "request for records" and/or the acronym "FOIA". Exhibit 1 is the FOIA Process Flow chart which identifies the steps to take in order to accurately and expeditiously process a FOIA request that is received in a DEEOIC Office.

b. Privacy Act. The Privacy Act of 1974, 5 U.S.C. §552a, applies to an individual seeking information about him or herself. The law provides an individual the right to access records that are maintained in federal "systems of records" (e.g., claim files) and are retrievable by his or her name or other personal identifier.

Examples of Privacy Act requests received by DEEOIC include requests for a copy of an entire case file or a specific document from the case file (e.g., a DMC report, SSA records). Privacy Act requests are submitted by claimants, authorized representatives, or third parties.

c. Congressional Inquiries. On behalf of their constituents, written inquiries are made by Congressional Offices pertaining to a claimant's DEEOIC claim. These inquiries are reviewed and responded to in a written letter to the requesting Congressional Office within a timely manner.

9. Personally Identifiable Information (PII). Personally Identifiable Information (PII) is defined as information that can be used to distinguish or trace an individual's identity, such as his or her name, Social Security Number (SSN), or biometric records, alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as a date and place of birth or mother's maiden name.

9. Personally Identifiable Information (PII). (Continued)

During the claim adjudication process, the DEEOIC collects, maintains, and shares a large amount of data. It is of utmost importance that all DEEOIC staff maintains the integrity of the privacy of the claim records and safeguard the PII contained within the documents from unauthorized and improper disclosure. In addition, DEEOIC staff need to exercise care and vigilance in the daily operations of accessing, processing, transporting, and storing of sensitive data on end-user computing devices and portable media. All DEEOIC staff must ensure that information provided to the recipient (e.g., development letters, Recommended Decisions, Final Decisions, Director's Orders, copies of records) is accurate and pertains to that recipient (does not contain another individual's PII).

a. Protected PII. Protected PII is information, which if disclosed, can result in harm to the individual whose name or identity is linked to that information. Examples of Protected PII include, but are not limited to, the following: SSN; credit card number; bank account number; residential address; residential or personal telephone number; biometric identifier (e.g., image, fingerprint, iris); date of birth; place of birth; mother's maiden name; criminal records; medical records; and financial records.

b. Non-Sensitive PII. Non-sensitive PII is information, which if disclosed, cannot reasonably be expected to result in personal harm to the individual the information is linked to. Examples of non-sensitive PII that can become Protected PII if linked with other Protected PII include the following: first/last name; e-mail address; business address; business telephone; and general education credentials.

c. Categories of PII that Indirectly Identify an Individual.

(1) Any information where it is reasonably foreseeable that the information can be linked with other information to identify an individual;

9. Personally Identifiable Information (PII). (Continued)

(2) Documentation not containing a name or SSN but containing a place of birth and mother's maiden name, which when taken together, can identify a specific individual; and

(3) Documentation containing the name or names of other individuals (e.g., names of co-workers).

d. Information Pertaining to Deceased Individuals. An individual's right to privacy ends upon his or her death. Therefore, a deceased person's name, address, or SSN is not PII; however, documentation referring to a deceased person can contain PII regarding living relatives, authorized representatives, or work associates. As such, the DEEOIC staff member must be cognizant and cautious about the information pertaining to living individuals in the deceased employee's case record.

e. Information Pertaining to Living Individuals. All DEEOIC staff must prevent the unauthorized release of PII contained in paper records, CDs, electronic records (e.g., e-mails), or any other material for any living individual. This includes materials received from NIOSH, DOE (e.g., Document Acquisition Request (DAR) records), CPWR, corporate verifiers, RCs, unions, or any other source.

(1) CDs from NIOSH and DOE often contain PII on other individuals. The DEEOIC staff member must thoroughly review all the documents on the CD before releasing the information. If a document contains PII on an individual other than the claimant, the DEEOIC staff member prints the document and redacts the other individual's PII by concealing the information with a black marker, opaque tape, or other method that completely removes the PII. The DEEOIC staff member then makes a photocopy of the newly redacted record to ensure that the redacted information cannot be detected from the document(s).

DEEOIC staff identify CDs (which remains in the case file) that contain PII on other individuals by placing a label on it that states the following:

9. Personally Identifiable Information (PII). (Continued)**NOTICE DEEOIC EMPLOYEE:**

This CD and/or printed documents from the CD, **includes confidential information on workers other than this employee.** This information must be carefully reviewed and redacted before any release of the information from the CD, whether by electronic or printed version, pursuant to the Privacy Act. Monetary fines may be imposed on an individual government employee for release of confidential information or personally identifiable information.

(2) All DEEOIC staff must comply with all prescribed OWCP directives concerning the use of e-mails containing PII.

(a) E-mails sent from one DEEOIC employee to another DOL employee through the Employment Standards Administration (ESA) wide-area network (WAN) are considered secure. E-mails to and from contractors who use the ESA network (ESA owned and properly configured equipment, including remote laptops that access the ESA WAN) are also considered secure. Central Bill Process (CBP) "threads" provided through the BPA's secured website conform to this policy, as they are also secured within an accredited network.

DEEOIC staff are permitted to list the employee's name and file number in the body of an e-mail message. However, the employee's name (non-sensitive PII) combined with the file number (Protected PII) is not permitted to be listed in the subject portion of the e-mail (can only list one or the other).

(b) E-mails between DEEOIC employees and parties outside of the ESA network (e.g., RCs, corporate verifiers, NIOSH, DOE) are not secured. As a result, DEEOIC staff are not permitted to disclose any Protected PII in any part of the e-mail message and the attachments must be password protected or encrypted. Therefore an

9. Personally Identifiable Information (PII). (Continued)

e-mail message can contain the last name and last four digits of an individual's SSN in the text of the message, as long as the remainder of the SSN, full name, or other PII is not listed anywhere in the e-mail message. As such, DEEOIC staff must either fax or mail development letters to corporate verifiers.

(c) DEEOIC staff are permitted to receive e-mails that contain PII in the message from a party outside of the ESA network. Case specific e-mails received from an outside party containing Protected PII are printed and placed in the case file. However, DEEOIC staff must not confirm the existence of cases for specific claimants to members of the public who are not a party to the cases. DEEOIC staff are only permitted to reply with an acknowledgement e-mail, removing any personal identifiers from the sender's message and also advising the sender (e.g., claimants, physicians, Congressional Offices) that DEEOIC does not conduct claims communication over e-mail, but by telephone or letter instead, as the e-mail cannot be considered secured.

In addition, DEEOIC staff remove Protected PII in e-mail message chains and attachments prior to forwarding them outside of the ESA network. However, if it is not possible to alter or redact the document or e-mail, or if it is necessary that the attachment or e-mail includes both the claimant's name and file number or SSN, then the DEEOIC staff member faxes or sends the document via mail or courier to the appropriate party. Packages containing extracts of multiple Protected PII records (e.g. to CPWR, DOE, RCs) sent via courier need to be tracked (e.g., by Registered Mail, Return Receipt, Fed Ex).

9. Personally Identifiable Information (PII). (Continued)

(d) E-mail messages with the BPA concerning claimants are to only include the claimant's CBP Member ID (from the CBP claimant eligibility file). Claimant names are not included in the e-mail message, unless they are provided in an encrypted attachment.

f. Handling the Signed Written Request for Copy of Case. Upon receiving a signed written request from a claimant or authorized representative for a copy of the case file, the assigned CE, CE2, FAB Representative, or NO Representative takes the following actions for the release of records in a paper format:

- (1) Completes the Data Release Form (See Exhibit 2) by listing the employee's name, file number, name of the assigned CE, date of the request to copy the file, name of the requestor for the file copy, and to whom the file copy is to be sent to;
- (2) Copies the case file and reviews each page of the copied documents for any PII that does not belong to the requestor;
- (3) Redacts any PII found, not belonging to the requestor, to thoroughly conceal the PII. Once completed, the assigned CE, CE2, FAB Representative, or NO Representative lists his or her name as the Initial Reviewer, the date in which the Initial Review was completed, and signs his or her name with the date at the bottom of the form;
- (4) Copies the redacted documentation and combines that with the remainder of the copied documentation that did not require redaction;
- (5) Forwards the photocopies, the case file, and the signed Data Release Form to his or her Senior CE, Supervisory CE, or FAB Hearing Representative (the Final Reviewer) to ensure the documents are appropriately redacted; and

9. Personally Identifiable Information (PII). (Continued)

(6) Mails the documentation to the requestor, once the second level of verification has been completed with the Final Reviewer listing his or her name, signing, and dating the Data Release Form. The original copy of the Data Release Form is filed down on the spindle in the original case file.

g. Protected PII and Portable Media.

(1) DEEOIC staff only store Protected PII on portable media when absolutely necessary, as determined by DEEOIC. Protected PII on portable media devices including laptops issued by DOL must be protected with encryption. All removable storage media, such as flash drives, CDs, DVDs, writable optical media, and external hard drives that store Protected PII, must be encrypted.

All reasonable measures are taken to ensure that portable media containing Protected PII are stored inside a safe or in a secured, locked cabinet, room, or area during periods when the media is not in transit or in active use.

(a) DOE and NIOSH submit CDs containing claimant PII to DEEOIC in accordance with DOE and HHS policies. Both DOE and NIOSH have assured DEEOIC that these policies address the sensitivity of the materials, and provide adequate protection of claimant PII.

(2) Delivery of portable media containing Protected PII including CDs, DVDs, or other writable media is done through the USPS or another DOL authorized delivery service with the ability to track pickup, receipt, transfer, and delivery. The portable media needs to be encrypted according to DOL standards and then double-wrapped in an opaque package or container that is sufficiently sealed to prevent inadvertent opening or signs of tampering. The decryption key is not included in the same package as the portable media, but instead sent in a separate package.

9. Personally Identifiable Information (PII). (Continued)

h. Disposal of Documents and Electronic Media Containing Protected PII. Documents and electronic media containing PII are not discarded in wastebaskets, but instead discarded in recycle bins picked up for shredding or burning.

i. Improper Release of Protected PII. If Protected PII is improperly released as a result of the inadvertent mailing of a case record copy to an incorrect individual or the documentation sent to the correct individual contains Protected PII of another person that was not redacted, a DEEOIC staff member must take the following actions:

(1) Contacts the individual via telephone and registered mail to request the return of the document. The DEEOIC staff member provides a self-addressed, stamped envelope for the return of the material directly to the DEEOIC Office;

(2) Immediately notifies his or her management who in turn notifies the Regional Director, who complies with established Departmental reporting requirements documenting the type of PII disclosure, the circumstances surrounding the disclosure and how it was discovered, the appropriate actions taken to recover the PII document in question, and the disposition of the recovery effort; and

(3) Tracks each PII recapture request within the Regional or FAB Office.

(a) If the recapture of the PII documentation is successful, the incident becomes closed with the incident record filed and maintained in OWCP.

(b) If the third party in possession of the improperly released documentation refuses to return it, the DEEOIC staff member reports the situation through his or her management, through the Regional Director, to the NO who provides guidance on determining what actions need to be taken.

10. Outgoing Mail. Outgoing mail is processed as follows:

- a. Envelopes. All envelopes show the addressee's full mailing address, including the ZIP code. If the addressee provides a P.O. Box and a street address, both are listed on the envelope. Some post offices require a further separation of local mail, and such requirements are honored.
- b. Heavy Envelopes and Packages. Such parcels are securely wrapped with heavy-duty plastic tape. Likewise, boxes of case files are packed securely.
- c. Postage. A postage meter is used to affix postage. Airmail letters for overseas delivery are bundled separately from regular mail.
- d. Registered and Certified Mail. These types of mail are processed according to USPS regulations and specific procedures established in each DO, FAB, and in NO.
- e. Overnight Express Mail. The services of the designated contractor are used at the discretion of the DO, FAB, or NO.

11. Returned Mail. At any point during the processing of a claim, there are instances when a DEEOIC Office mails correspondence to the claimant or authorized representative and it gets returned to the DEEOIC Office by the USPS. The effective handling of claims depends heavily on ensuring that the claimant and authorized representative receive the correspondence sent by a DEEOIC Office. Therefore it is important that a DEEOIC Office has the claimant's and authorized representative's current mailing address and phone number(s) and if not, then to make sufficient attempts to find/obtain that information, prior to administratively closing the claim. The returned mail is filed down on the spindle and retained in the case file.

- a. Inaccurate Mailing Address. On occasion, printing errors occur in which the claimant's or authorized representative's mailing address on correspondence contains a typo, is transposed, or is incomplete. When this occurs, the USPS returns the correspondence as returned mail. The

11. Returned Mail. (Continued)

assigned CE, CE2, FAB Representative, or NO Representative reviews the mailing address on the correspondence and compares it to the mailing address on the claim form, ECMS and/or signed authorized representative letter to determine if a typo (e.g., NY vs. NM) or transposition (e.g., 3210 vs. 3201) was made, or part of the address was missing (e.g., left out the ZIP code). If this is the case, then the assigned CE, CE2, FAB Representative, or NO Representative resends the correspondence with a corrected version of the mailing address and updated/current date. In addition, since the returned mail was as a result of a DEEOIC Office's action, the **"Claim Status Dt"** (of that specific claim status code) is updated under the **"Claim Status History"** section in the **"Claim Update"** screen of ECMS with the date of the resent correspondence.

b. Mailing Address Not Fully Visible in Window Envelop. The USPS returns mail when the mailing address is not fully visible in the window envelope. In this instance the assigned CE, CE2, FAB Representative, or NO Representative either resends the correspondence (with an updated/current date) in another window envelope ensuring that the correspondence is folded in such a way that the mailing address is fully visible or encloses the correspondence in an envelope with the address printed on the outside. The assigned CE, CE2, FAB Representative, or NO Representative must also ensure that the mailing address is correct and error free prior to resending the correspondence. In addition, since the returned mail was as a result of a DEEOIC Office's action, the **"Claim Status Dt"** (of that specific claim status code) is updated under the **"Claim Status History"** section in the **"Claim Update"** screen of ECMS with the date of the resent correspondence.

c. Forwarding Address. Sometimes claimants or authorized representatives notify the USPS but not a DEEOIC Office of a temporary or permanent change of address. When this happens and a DEEOIC Office receives returned mail, the USPS affixes a label on the returned mail/envelop with the forwarding address. The assigned CE, CE2, FAB Representative, or NO Representative resends the correspondence to the forwarding address and encloses a

11. Returned Mail. (Continued)

request letter to the claimant or authorized representative requesting a signed letter providing his or her current mailing address and phone number(s), which is updated in ECMS and in the case file (See EEOICPA PM 1-0400). Since the returned mail was not as a result of a DEEOIC Office's action, the date of the correspondence and claim status code in ECMS does not change (does not get updated in ECMS with the current date).

d. Unknown Address. When mail is returned, without a forwarding address provided by the USPS, printing error, or not being fully visible in a window envelope, the assigned CE, CE2, FAB Representative, or NO Representative takes the following actions to determine the mailing address for the claimant or authorized representative:

(1) Check the Social Security Death Index Interactive Search website at <http://ssdi.rootsweb.ancestry.com/cgi-bin/ssdi.cgi> to determine if the claimant or authorized representative is deceased or not. A print out of the search is made and filed down on the spindle in the case file;

(2) Call the claimant or the authorized representative, explain the situation about the returned mail, request the current mailing address over the phone, and advise that he or she must provide a signed letter with the updated address. The assigned CE, CE2, FAB Representative, or NO Representative follows up the phone call with a written letter memorializing the phone conversation and requesting a signed letter with the updated address to be submitted to the DEEOIC Office.

When the case file contains multiple claimants, the assigned CE, CE2, FAB Representative, or NO Representative contacts the other claimant(s) to see if they have any contact information on the claimant or authorized representative;

(3) Review the case file in its entirety to determine if any new/different contact information for the claimant or authorized representative exists in any of the evidence;

11. Returned Mail. (Continued)

(4) Contact the RC to see if they have contact information on the claimant or authorized representative;

(5) Send a letter to the USPS Postmaster to inquire about the current mailing address for the claimant or authorized representative. The letter includes the name (non-sensitive PII) and last known address of the claimant or authorized representative (not considered as Protected PII because evidence in the file, via the returned mail, shows that the address is no longer linked to his or her identity)(See paragraph 9 above).

The letter is addressed to the Postmaster at the city, state, and five digit ZIP code of the claimant's or authorized representative's last known address. After the five digit ZIP code, a dash is followed by "9998". This alerts the Postmaster to determine the local post office that last provided mail delivery service to the claimant or authorized representative.

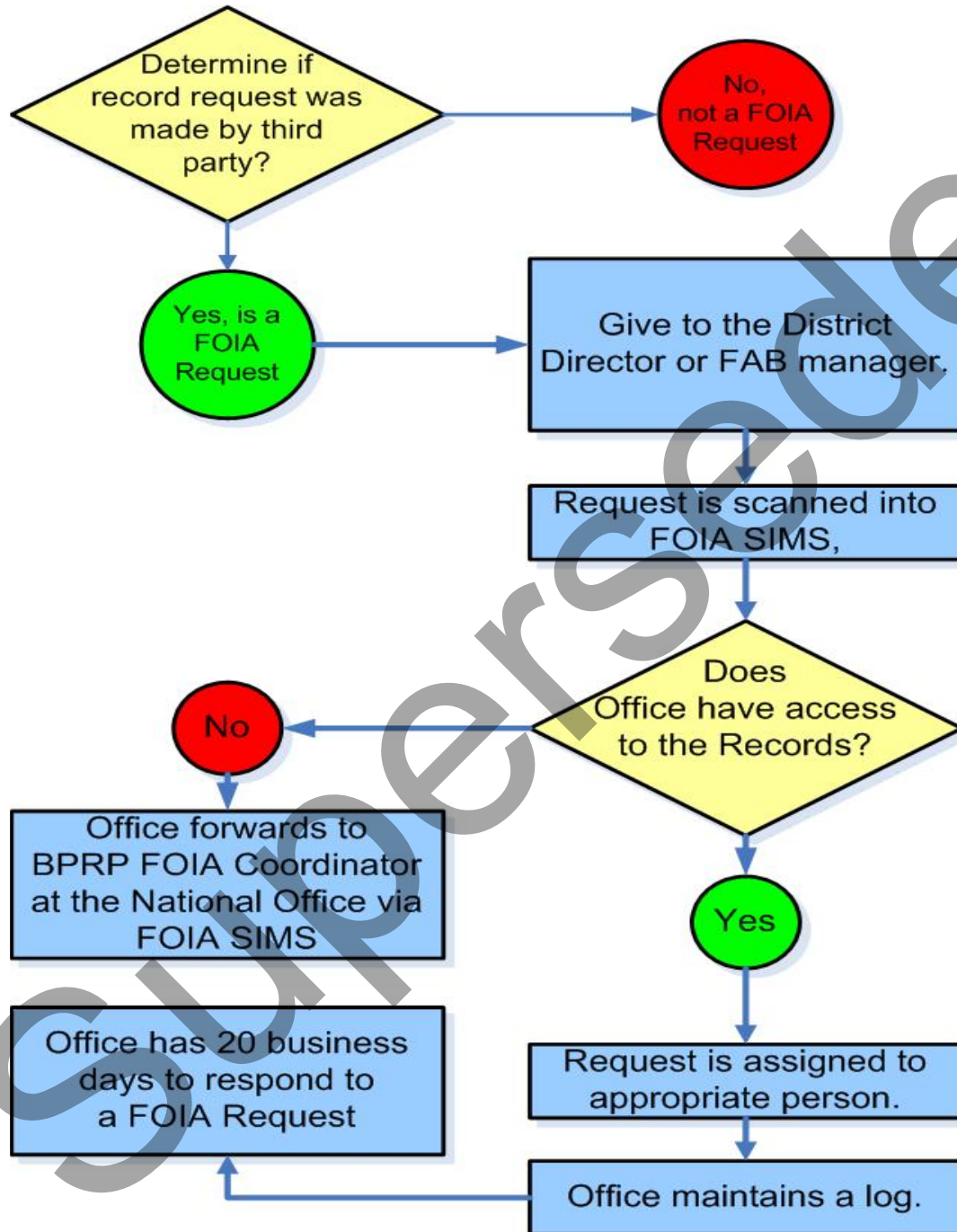
The assigned CE, CE2, FAB Representative, or NO Representative provides his or her name, phone number, fax number, and mailing address in the letter for the USPS Postmaster to contact with the response (See Exhibit 3 for a sample letter). For contact information (e.g., phone number, fax number) on the claimant's or authorized representative's local post office(s), the assigned CE, CE2, FAB Representative, or NO Representative goes to the website at <http://www.usps.com/> and picks the option "Locate a Post Office".

e. Administrative Closure of Claim. Once the assigned CE, CE2, FAB Representative, or NO Representative has exhausted all efforts and is unable to obtain the current mailing address for the claimant or authorized representative, the claim is in a posture for an administrative closure. The assigned CE, CE2, FAB Representative, or NO Representative prepares a memorandum, for his or her Supervisory CE's or Manager's review and signature, stating how the claim is being administratively

11. Returned Mail. (Continued)

closed because of returned mail and outlining the actions/attempts taken to obtain the current mailing address. The signed memorandum is filed down on the spindle and retained in the case file. The Supervisory CE or Manager enters "**C2-Admin Closure**" under the "**Claim Status History**" section in the "**Claim Update**" screen of ECMS. The "**Claim Status Dt**" is the date of the signed memorandum.

FOIA Process Flow



DATA RELEASE FORM

FOR ALL FILE COPY REQUESTS: This form must be completed and placed on the spindle in the claim file.

Employee Name: _____

File Number: _____

Assigned Claims Examiner: _____

Date of Request for File Copy: _____

Name of Requestor: _____

File Copy to be Sent to: _____

Initial Reviewer Name: _____

Initial Review Date: _____

Final Reviewer Name: _____

Final Review Date: _____

I have carefully reviewed the documents and/or electronic media being sent pursuant to this claimant request for a copy of file documents. To the best of my knowledge these documents and/or electronic media does not contain Personally Identifiable Information (PII) or any PII has been redacted.

(CE, CE2, FAB, or NO Representative) (Date)

(Final Reviewer) (Date)

USPS POSTMASTER ADDRESS REQUEST LETTER

Postmaster
City, State, Zip Code-9998

Date:

Dear Postmaster:

Address Information Request

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the box-holder's application form.

Full Name: Claimant/Authorized Representative

Last Known Address: Number/Street Name
City, State, Zip Code

I certify that the address information for this individual is required for the performance of this agency's official duties.

Signature of Agency Official

Title

* * * * *

FOR POST OFFICE USE ONLY

Mail is delivered to address given New Address: _____
 Not known at address given _____
 Moved, left no forwarding address _____
 No such address _____
 Other: (Specify) _____

_____ Box Holder's Street Address:

USPS Return Address:

Postmark/Date Stamp

As per 39 USC 404..."the USPS does not disclose mailing information except in the following limited circumstances; Authorized disclosures include limited circumstances such as the following: (a) to other government agencies or bodies: when relevant to a decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or benefits"...

The correspondence in question fits within the aforementioned parameters and our agency is requesting the aforementioned information as formatted in the USPS Administrative Support Manual Section 352.44. Please respond to our office via return mail or fax with the aforementioned postal patron's new address/contact information.

If you have any questions regarding this letter, please call me at XXX-XXX-XXXX

Physical Address: US Department of Labor - DEEOIC
 Attn: Printed Name
 Number/Street Name
 City, State, Zip Code

 Fax Number: XXX-XXX-XXXX
 Attn: Printed Name

Sincerely,

Printed Name
Title

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1. Purpose and Scope. This chapter describes the contents of new cases, the basis for creating them, and the procedures for determining whether a new claim is considered as filed under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Part B, Part E, or both. Guidance is also provided on the proper handling of additional new claims received during different stages of the claims process.

This chapter also describes the role of the Resource Center (RC), the District Office (DO), and the Secondary Claims Examiner (CE2) Unit in the case creation process. How to create the physical files and, in general, how to create the electronic records in the Energy Case Management System (ECMS) are also covered in this chapter. And lastly, the process for handling withdrawn claims, duplicate cases, and the deletion of claims from ECMS is also discussed.

2. New Cases. A new case usually consists of a Claim for Benefits, Form EE-1 or EE-2, with the accompanying Form EE-3, Employment History for a Claim Under the EEOICPA.

a. Written Notice. A new case is created based on signed written communication from the claimant, claimant's authorized representative, or a person acting on behalf of the claimant (e.g., a relative, guardian). Any one of the following documents is considered a request for benefits:

- (1) Form EE-1, Employee's Claim for Benefits;
- (2) Form EE-2, Survivor's Claim for Benefits; or
- (3) Any letter or document containing "words of claim" under the EEOICPA. "Words of claim" simply means that the individual is requesting benefits under the EEOICPA.

b. Resource Center. Each RC receives new Claims for Benefits, Forms EE-1 and EE-2, and provides assistance to claimants in the filing of their claims. The RC date-stamps the claim forms upon receipt into their office. In instances when the claimant mails the claim form to the RC, the postmarked envelope is kept and attached to the claim form.

2. New Cases. (Continued)

(1) Initial Employment Verification. As needed, RC staff assist the claimant in completing the Form EE-3, Employment History for a Claim Under the EEOICPA. For all new non-Radiation Exposure Compensation Act (RECA) claims filed at the RC, the RC staff conduct initial employment verification by using the "**Search Orise Data**" function under the "**Inquiry**" option in ECMS, sending a Department of Energy (DOE) Employment Verification Request, Form EE-5, or by sending a request to a corporate verifier, as appropriate.

(2) Occupational History Development. RC staff also conduct occupational history development on most claims filed under Part E. This generally involves conducting an Occupational History Interview.

(3) Time Frames. Within seven calendar days after receipt of a claim, the RC staff complete all possible initial employment verification and occupational history development.

After taking the actions listed above, the RC then prepares a memorandum to the DO or CE2 Unit outlining their involvement with the claim. The RC also forwards a checklist to the DO or CE2 Unit, which identifies their completed actions on the claim. All claim forms, employment verification, occupational history development, and associated documentation are included in the package referred to the DO or CE2 Unit.

c. New Cases Received Directly in the DO or CE2 Unit. The DOs and CE2 Units generally receive new claims directly from the RC after they have conducted the initial development steps outlined above. However, sometimes new claims are received directly in the DO or CE2 Unit from the claimant, authorized representative, or a person acting on behalf of the claimant. Such cases are immediately created and the employment verification is conducted by the DO or CE2 Unit. However, the RC conducts Occupational History Questionnaires (OHQs) on those cases, when requested by the DO or CE2 Unit.

2. New Cases. (Continued)

Claim forms received directly from the RC or from the claimant are date-stamped upon receipt in the DO or CE2 Unit and the postmarked envelope from the claimant is kept and attached to the claim form.

(1) New Cases Received Directly in the National Office (NO). There are instances when claimants submit their claims to the NO instead of the RC, DO, or the CE2 Unit. When this occurs, the claim form(s) and any attached documentation are date-stamped by the NO and forwarded to the appropriate DO or CE2 Unit for case create (as discussed in this chapter) and processing, in accordance with jurisdiction (See EEOICPA PM 0-0100). The DO or CE2 Unit also date-stamps the forms upon receipt into their office from NO.

d. Electronic Applications. A claimant or third party has the option of accessing and completing a claim form electronically on the Department of Labor Website at www.dol.gov/esa/owcp/energy/regs/compliance/claimsforms.htm When a claim form is submitted electronically, it is automatically sent via e-mail to the DEEOIC Form Mailbox at DEEOIC-FormsReceipt@dol.gov. A claimant or third party, who has questions or technical problems, requests assistance via the DEEOIC Assistance Mailbox at DEEOIC-FormsAsstance@dol.gov. The Branch of Outreach and Technical Assistance (BOTA) manages and responds to all e-mails submitted to both mailboxes on a daily basis.

(1) When claim forms are received in the DEEOIC Form Mailbox, BOTA reviews them to determine the DO or CE2 Unit to assign the claim to for processing in accordance with jurisdiction (See EEOICPA PM 0-0100). Once this has been determined, a BOTA staff member forwards the electronic file via e-mail to the persons designated in the DO or CE2 Unit as the Point of Contact (POC) and backup.

2. New Cases. (Continued)

(a) When the POC receives the e-mail, he or she prints the e-mail and the attached claim form(s) and takes them immediately to the mailroom to be processed and created, according to the procedures outlined in this chapter.

(b) The e-mail from BOTA is treated as a postmarked envelope and filed down, along with the claim form(s), on the spindle in the case file.

(c) If the POC is out of the office, the designated backup processes the claim form(s).

3. Creating Physical Cases. Case files are constructed from letter-size (8 1/2" x 11"), half-cut Kraft folders. Each of the four terminal digits of the file number (i.e., the last four digits of the employee's Social Security Number (SSN)) appears on a brightly-colored background label and is affixed to the outside edge of the folder. The employee's name and the file number are written either on the bottom right hand portion or sideways along the right side on the front of the folder.

a. Forms. New cases normally contain the following forms which are filed down, starting from the bottom, on a spindle:

(1) Forms EE-1, EE-2, and/or document containing "words or claim" is filed down on the bottom of the spindle;

(2) Form EE-3 is filed on top of the Forms EE-1, EE-2, and/or document containing "words or claim"; and

(3) If a claim form (Forms EE-1/EE-2/document containing "words of claim") for benefits already exists, the new claim form is placed directly after (i.e., on top of) the existing claim form(s).

3. Creating Physical Cases. (Continued)

b. Documents. Medical reports, letters, and other documents are filed down in chronological order on the spindle (or on several spindles, if needed due to size). The date of a document is the date it was received (date-stamped) in the DEEOIC Office.

From the bottom to the top, the oldest documents are on the bottom and the newly received documents are on the top. However, documents that still require action (e.g., the payment certification form) are not placed on the spindle until the action is completed. Instead, they are clipped to the front of the case folder or inside on the left hand side of the file jacket.

c. Voluminous Records. When a great number of documents are received from a single source (e.g., hospital records, prior Part D records, or records from a Document Acquisition Request), they are placed on a separate spindle, as long as the records are clearly identified as belonging to a single identifiable source (See also EEOICPA PM 1-0400).

4. Case Create Worksheet. Once the Mail and File (M&F) staff construct a physical file for the new case (See paragraph 3 above), but before the Case Create Clerk (CCC) creates the new case in ECMS, a DEEOIC employee with experience in claims processing (hereafter referred to as "designated employee"), as designated by the District Director (DD) or the CE2 Unit Supervisory CE, reviews the claim to determine whether it is entered in ECMS as a Part B claim, a Part E claim, or both.

The designated employee reviews the available claim information about the medical condition(s) and employment claimed. Once the designated employee makes a determination as to the ECMS system(s) the claim is to be created in, he or she completes the Case Create Worksheet (See Exhibit 1), prints and signs his or her name ("Reviewer"), dates the worksheet, attaches it to the front of the folder, and forwards the case to the CCC for case creation.

4. Case Create Worksheet. (Continued)

-
- a. Part B Medical Condition. If a claim identifies a Part B medical condition, the Part B medical condition is specified on the worksheet for entry in both ECMS B and ECMS E.
- b. Part E Medical Condition. If a claim identifies a Part E covered illness only, the condition is specified for entry in ECMS E only.
- c. Consideration of Employment. In addition to considering the claimed medical condition(s), the designated employee considers the claimed employment when determining whether the case is created in ECMS B, ECMS E, or both.
- (1) For claims filed at the RC, the RC verifies employment through the Oak Ridge Institute for Science and Education (ORISE) in ECMS (as described in paragraph 2 above) or clarifies the nature of the claimed employment. Any attached employment verification documents and/or medical evidence, in conjunction with the claim forms, are reviewed by the designated employee to determine whether the claim belongs in ECMS B, ECMS E, or both.
- (2) If a claim identifies employment as a federal employee at a DOE facility and a Part B medical condition, the Part B medical condition is specified on the worksheet for entry in ECMS B only, because a DOE federal employee is not a covered DOE contractor employee under Part E.
- (3) If a claim identifies employment at an Atomic Weapons Employer (AWE) or a Beryllium (BE) Vendor and a Part B medical condition, the Part B medical condition is specified on the worksheet for entry in ECMS B only, because employment at an AWE or BE Vendor is not covered employment under Part E. The exception to this is if it is indicated that the employee worked at an AWE or BE Vendor that was designated as a DOE facility for remediation.

4. Case Create Worksheet. (Continued)

(a) If appropriate, the assigned CE or CE2 of the case (not the designated employee) conducts additional employment development to determine if the latter situation holds true. If the latter does hold true, the assigned CE or CE2 prepares a memorandum and forwards it, along with the case file, to his or her Supervisory CE for signature requesting from the Chief of Operations that the claim be created in ECMS E. Once approved, the assigned CE or CE2 forwards the case file and signed memorandum to the CCC for case creation in ECMS E.

(4) If a claim identifies a Part E medical condition and employment at an AWE or a BE Vendor with no indication of the site being designated as a DOE facility for remediation, the Part E medical condition is specified on the worksheet for entry in ECMS B only, because to establish covered employment under Part E, the employee had to have been a DOE contractor employee.

Example 1: If only Part B medical conditions are checked on the claim form (e.g., Chronic Beryllium Disease, Beryllium Sensitivity, Chronic Silicosis, or Cancer) and DOE contractor employment is claimed, the designated employee checks Box 1a of the worksheet for data entry into both ECMS B and ECMS E.

Example 2: Some AWE and BE Vendor facilities are designated as DOE facilities during periods of remediation. If the claimant from Example 1 instead claims employment with an AWE or BE Vendor during a period of remediation or identifies the AWE or BE Vendor as a DOE facility on the Form EE-3, the designated employee checks Box 1a of the worksheet for data entry into both ECMS Part B and Part E. Additional development by the assigned CE or CE2 is required to establish covered employment under Part E.

4. Case Create Worksheet. (Continued)

Example 3: To establish covered employment under Part E, the employee had to have been a DOE contractor employee. If the claimant from Example 1 claims only employment as a DOE federal employee, the designated employee checks Box 2 of the worksheet for data entry into ECMS B only.

Example 4: If a non-Part B medical condition (e.g., asbestosis) and DOE contractor employment are claimed, the designated employee checks Box 3 of the worksheet for data entry into ECMS E only.

Example 5: To establish covered employment under Part E, the employee had to have been a DOE contractor employee. If the claimant claims diabetes (a non-Part B medical condition) and employment with an AWE or BE Vendor during a period in which remediation did not occur or does not identify the AWE or BE Vendor as a DOE facility on the Form EE-3, the designated employee checks Box 2 of the worksheet for data entry into ECMS B only.

Example 6: If an employee claims prostate cancer and DOE contractor employment, the designated employee checks Box 1a of the worksheet for data entry into both ECMS B and ECMS E. If the same employee claims both prostate cancer and asbestosis, the designated employee checks Box 1b of the worksheet for data entry into both ECMS B and ECMS E. In the space provided, the prostate cancer is identified as a Part B and Part E condition, while asbestosis is identified as a Part E condition only.

Example 7: If a claimant identifies chronic silicosis on the Form EE-2, the designated employee checks Box 1a of the worksheet for data entry into both ECMS B and ECMS E, if and only if the claimant claims employment in underground tunnels in Nevada or Amchitka Island, Alaska. If the claimant indicates another location, the designated employee checks Box 3 of the worksheet for data entry into ECMS E only.

4. Case Create Worksheet. (Continued)

Example 8: For all new RECA 5 claims, the designated employee checks Box 1a of the worksheet, and the medical conditions are entered in both ECMS B and ECMS E.

5. Creating Cases in Energy Case Management System (ECMS).
The CCC creates new cases and adds them to the automated system. Any claim submitted by way of Forms EE-1, EE-2, or written document containing "words of claim" is created in ECMS. The CCC reviews the claim forms (EE-1/2 and EE-3) and the Case Create Worksheet prior to case creation in ECMS.

a. Social Security Number (SSN). The database record for each case normally contains the employee's SSN as the file number. If the employee's nine digit SSN is not listed on the claim form, a nine digit dummy SSN is used. Therefore, new cases are created and numbered in ECMS by using the employee's nine digit SSN or a nine digit dummy SSN, as appropriate.

(1) Creating Dummy SSN. The computer system assigns a dummy SSN when the claimant does not supply a SSN (the first three characters will be "000"). The CCC tabs through the SSN field and enters the claimant's last name, first name, and middle initial. The computer prompts **"OK to create case file number."** When the CCC enters **"yes,"** the computer system then generates a dummy SSN.

b. When the Case Does Not Exist In ECMS. If the employee's SSN does not already exist in ECMS B or ECMS E (i.e., a new case that does not exist in ECMS at all) then the case is created by using the **"Add Case"** function under the **"Function"** option in ECMS and numbered using the employee's nine digit SSN or a nine digit dummy SSN.

c. When the Case Already Exists in ECMS. If the employee's SSN already exists in ECMS B only, a new claim is added to ECMS E through the **"Open Case"** function under the **"File"** option. Conversely, if the employee's SSN already exists in ECMS E only, a new claim is added to ECMS B through the **"Open Case"** function under the **"File"** option.

5. Creating Cases in Energy Case Management System (ECMS).
(Continued)

The **"Add Case"** function under the **"Function"** option in ECMS is not used for this purpose.

d. Shared Data. For the most part, ECMS B and ECMS E function the same way and allow for independent data entry into either system. Most information on the first ECMS screen (**"Case Update"** screen) is shared between ECMS B and ECMS E. Except for the **"Claims"** section at the bottom of the screen, information in the **"Case Update"** screen automatically transfers between the two systems without having to enter duplicate data into ECMS B and ECMS E.

The CCC enters information into the following shared fields/sections in ECMS:

- (1) CE
- (2) CE Assign Dt
- (3) Dist Office
- (4) Location
- (5) Location Assign Dt
- (6) Employee Name and Address
- (7) Employee Census Information
- (8) Employee Dependents
- (9) Employment Classifications
- (10) Work Sites

Phone messages and call-ups are also shared between ECMS B and ECMS E, but are not entered during case creation.

e. ECMS Entry. For case creation, the following ECMS data entry rules apply:

- (1) Worksite information is shared between ECMS B and ECMS E and can be viewed from either system. The CCC enters the worksite information in the **"Case Update"** screen in either ECMS B or ECMS E. In each line item of the **"Work Site"** section, the first column (**"Pt Source"**) indicates **"B"** or **"E"**. If a **"B"** is shown, the employment information was entered in ECMS B and is automatically shared with ECMS E. Conversely, if an **"E"** is shown, the employment information was entered in ECMS E and is automatically shared with ECMS B.

5. Creating Cases in Energy Case Management System (ECMS). (Continued)

Since the employment is developed simultaneously for the Part B and Part E portions of the claim, the point of entry is from either system. However, if a DEEOIC employee wants to update employment information, it is only done in the ECMS Part identified in the "**Pt Source**" column;

(a) For Part B only cases, all worksite information (claimed/verified/non-verified) is entered directly into ECMS B. If the worksite is not specifically identified in the ECMS "**Worksite Desc Search**" table field, the information is listed in the "**Note**" field.

(i) The only exception is for RECA claims, where worksite data does not need to be entered into ECMS B. The reason for this is that the worksite data is adjudicated by the Department of Justice, as determined under RECA section 5.

(b) For Part E only cases, including RECA cases, all worksite information (claimed/verified/non-verified) is entered directly into ECMS E. If the worksite is not specifically identified in the ECMS "**Worksite Desc Search**" table field, the information is listed in the "**Note**" field. If multiple mines/mills are listed in the Form EE-3, they are entered in the "**Note**" field.

(2) The file date is the earliest of either the postmark date on the envelope, the facsimile date on the transmittance (fax), or the received date stamp date from any RC or DEEOIC Office on the signed claim form or document containing "words of claim" (but not earlier than July 31, 2001 for Part B and not earlier than October 30, 2000 for Part E). The postmarked envelope is kept with the claim form and filed down on the spindle in the case file. The CCC enters the earliest discernable date as the claim's file date in the "**Filed Dt**" field, under the "**Claim Information**"

5. Creating Cases in Energy Case Management System (ECMS).
(Continued)

section, in the **"Claim Update"** screen of the applicable ECMS system(s);

(a) For a claim form transmitted electronically (e-mail), the file date is the date the claimant electronically sent the claim form to the DEEOIC-Form Receipt Mailbox (i.e, the date on the sent line of the claimant's e-mail). This is the same date that the e-mail is received in the DEEOIC-Form Receipt Mailbox.

(3) The received date is the date in which any DEEOIC Office (DO, CE2 Unit, Final Adjudication Branch (FAB), or NO) receives a claim form or document containing "words of claim," as identified by the DEEOIC Office's received date stamp date. The CCC enters the earliest discernable date as the claim's received date in the **"Rcvd Dt"** field, under the **"Claim Information"** section, in the **"Claim Update"** screen of the applicable ECMS system(s);

(a) When a claim is received electronically, the date on the sent line of the claimant's e-mail is the received date. The DEEOIC Office does not use the date in which the POC received the e-mail from BOTA. The file date and received date of the electronically submitted claim form are the same.

(4) The signature date is the date in which the claimant, claimant's authorized representative, or a person acting on behalf of the claimant (e.g., a relative, guardian) signs the Forms EE-1, EE-2, or document containing "words of claim." The CCC enters this date as the claim's signature date in the **"Signature Dt"** field, under the **"Claim Information"** section, in the **"Claim Update"** screen of the applicable ECMS system(s);

5. Creating Cases in Energy Case Management System (ECMS). (Continued)

(5) The medical conditions are entered under the "Medical Conditions" section in the "Claim Update" screen of the applicable ECMS system(s), as identified in the completed Case Create Worksheet; and

(6) The CCC also enters data under the "Other Claim Factors" and the "SECs" sections (both containing drop down menus) in the "Claim Update" screen of the applicable ECMS system(s), as identified on the Form EE-1 or EE-2. In addition, the CCC enters data under the "Payees" section in the "Payee Update" screen of the applicable ECMS system(s), as identified on the Form EE-1 or EE-2.

f. Multiple Claimants. There are cases which contain multiple claimants, where one claimant files for a medical condition that is approved under Parts B and E (e.g., stomach cancer) and the other claimant files for a medical condition that is approved under Part E (e.g., asbestosis). As long as eligibility has been established and there is an approved condition, a new claim is created in the other ECMS system for each eligible claimant, as appropriate, even when the claimant did not file a claim under that Part. As long as there is an open (active) claim for that claimant, there is no need to request an additional claim for the approved condition, which was already claimed by another claimant in that same case.

g. Case Create Worksheet. Once the case is created in ECMS, the CCC prints and signs his or her name ("Case Creator") and dates the worksheet, and then attaches it to the front of the case jacket.

h. After Case Creation. When a batch of cases has been created, the CCC notates on the front of each case file jacket the location for it to be sent within the DEEOIC Office and also enters the appropriate assigned CE and the Case Location Code under the "Case Information" section in the "Case Update" screen of ECMS (See EEOICPA PM 1-0400 and 1-0500 Exhibit 2). The CCC then forwards the cases to a

5. Creating Cases in Energy Case Management System (ECMS). (Continued)

Workers' Compensation Assistant/Customer Service Representative to send an acknowledgement letter to the claimant (See Exhibit 2).

6. Duplicate Cases. The automated system checks for duplicate cases. Sometimes, duplicate cases are created when an incorrect SSN is used. If this happens, the DD, ADD, Chief of Operations, or the CE2 Unit Supervisory CE is responsible for ensuring that both case files are merged appropriately and that all the ECMS coding in the case record to be deleted is entered in the correct case record prior to deletion. The DD, ADD, Chief of Operations, or the CE2 Unit Supervisory CE must obtain authorization from NO to delete the duplicate case record from ECMS. The DD, ADD, Chief of Operations, or the CE2 Unit Supervisory CE prepares a memorandum to the Branch Chief of the Automated Data Processing Systems and the Branch Chief of Policy, requesting the authority to merge/resolve the two cases in ECMS and that the payment records for compensation and medical bills be reconciled.

When there is a duplicate case, the case deleted is usually the one with the most recent "Rcvd Dt" in ECMS. However, if all compensation and bill payments were made in the later case, then the earlier case is deleted. All the documents from both case files are retained to show the date of first filing and the adjudicatory actions taken thereafter. The following steps are taken after the duplicate record is deleted from the automated system:

- a. Notation on Case Jacket. The M&F Clerk writes "Duplicate of 000-00-0000" (the file number of the other case) on the outside of the duplicate case file jacket;
- b. Forms. In the upper right corner, the M&F Clerk re-numbers all documents with the file number of the case that is retained. These documents are then combined with the retained case file; and

6. Duplicate Cases. (Continued)

- c. Advising the Claimant. The assigned CE or CE2 advises the claimant by letter that the duplicate case was created

in error and that only the file number of the retained case is to be used. However, if the claimant was never notified of the duplicate number, there is no need to send the letter.

7. Claims Examiner Review. Upon receipt of a new case, but prior to initial development and adjudication, the assigned CE or CE2 reviews the claim forms, any attached employment and/or medical evidence assembled at the RC, the employment verification and occupational history development conducted by the RC, the Case Create Worksheet, and ECMS to ensure the claim was entered in the correct ECMS system(s) and that the claim information was entered correctly. After this review is complete, the assigned CE or CE2 attaches the Case Create Worksheet to the inside cover on the left side of the case jacket, and files down all associated claim file documents on the spindle in chronological order in the case file.

a. Claim Entry into ECMS. The assigned CE or CE2 must ensure that the claim is entered in the correct ECMS system(s). If a claim is created in the wrong ECMS system, certain steps are followed to delete the incorrect entry (See paragraph 12 below). If a claim was not created in one of the ECMS systems but needs to be, the assigned CE or CE2 returns the claim to the CCC for case creation (See paragraph 5 above).

b. Verification of Claimant/Employee Information. The assigned CE or CE2 confirms that the claimant/employee information is correct in ECMS. The assigned CE or CE2 checks the last name, first name, and middle initial of the employee/claimant in ECMS for accuracy. The full middle name does not appear in ECMS unless the claim form is signed with the complete middle name. The assigned CE or CE2 checks the gender, date of birth, and date of death (when applicable) in ECMS for accuracy. The address and phone number of the claimant/employee are also checked for accuracy.

7. Claims Examiner Review. (Continued)

c. Medical Conditions. The assigned CE or CE2 must ensure that the medical conditions are entered in the

correct ECMS system(s). If a medical condition is incorrectly entered, or not entered at all, the assigned CE or CE2 updates the medical information in the correct ECMS system(s).

d. Initial Handling Conducted by the RC. The assigned CE or CE2 reviews the employment verification and occupational history development materials provided by the RC. The assigned CE or CE2 enters the claim status codes under the **"Claim Status History"** section in the **"Claim Update"** screen of ECMS, for each claimant, as appropriate, to reflect the actions taken by the RC.

(1) The assigned CE or CE2 enters the **"OR - ORISE Employment Evidence Received"**, **"ES - Employment Verification Sent to DOE"**, and/or **"CS - Request for Corporate Verification"** claim status code(s), as appropriate. The **"Claim Status Dt"** is the date in which the action was taken by the RC, as identified in their memorandum to the DO or CE2 Unit.

If the assigned CE or CE2 enters an **"ES,"** he or she also enters the appropriate reason code from the drop-down menu. The drop down reason code indicates the specific DOE Operations Center the Form EE-5 was sent to (e.g., **"AL5 - Albuquerque Operations Office (EE-5)"**).

(2) If the employee's OHQ has been completed, the assigned CE or CE2 enters the **"DO - Development-Other"** claim status code and selects the reason code **"OH - Occupational History."** The **"Claim Status Dt"** for the **"DO/OH"** code is the date the occupational history interview was completed, as reported in the RC memorandum to the DO or CE2 Unit.

(a) If a deficiency is identified or an additional interview is deemed necessary, the DO or CE2 Unit returns part of the package back to the RC. The assigned CE or CE2 does not enter

7. Claims Examiner Review. (Continued)

the **"DO/OH"** code in ECMS because the OHQ is not yet complete. Instead, the assigned CE or CE2

enters the **"RC - Resource Center"** code and the drop down reason code **"RK - Rework"** or **"FW - Follow-up"**, respectively, as appropriate. The **"Claim Status Dt"** is the date of the memorandum from the DO or CE2 Unit to the RC outlining the rework or follow-up task, as appropriate.

(b) Upon return from the RC, the assigned CE or CE2 enters the **"DO/OH"** code in ECMS to correspond with the date on which the rework or follow-up occupational history development action occurred, as reported in another RC memorandum to the DO or CE2 Unit.

(3) If the claim requires additional follow up action by the RC or development by the assigned CE or CE2, the assigned CE or CE2 enters a call up in ECMS notes, as a reminder. The assigned CE or CE2 reviews the initial submission (and all subsequent submissions from the RC) and assigns additional tasks to the RC as necessary.

e. Missing Information. If a claim form or document with "words of claim" is missing vital information (e.g., a diagnosed condition, RECA information), the assigned CE or CE2 requests the omitted information from the claimant. The assigned CE or CE2 lists the information that is required and explains the reason the request is being made.

8. Claims for New Medical Conditions or New Survivors Before a Recommended Decision. When a claimant submits a claim form for an additional covered occupational illness under Part B or a covered illness under Part E prior to the issuance of a Recommended Decision, the new filed claim is recorded in ECMS by updating the **"Medical Conditions"** section in the **"Claim Update"** screen. When an additional survivor submits a claim for survivor benefits under Parts B and/or E prior to the issuance of a Recommended Decision, the new filed claim is created in ECMS and reviewed, as discussed in paragraphs 4, 5, and 7 above.

8. Claims for New Medical Conditions or New Survivors Before a Recommended Decision. (Continued)

a. Medical Evidence Only. If the claimant submits medical evidence for an unclaimed condition (i.e., medical evidence indicating the presence of a covered occupational illness or covered illness) without a claim form or document with "words of claim" for the covered condition, then the DO or CE2 Unit contacts the claimant by telephone to explain the situation and sends a letter (with an attached claim form) asking the claimant to submit a new claim form.

(1) The DO or CE2 Unit only requests a new claim form and develops the evidence further, if it is apparent that eligibility is likely.

(2) The letter addresses the receipt of the new evidence and explains the need for a Form EE-1 or EE-2 to establish a new claim. A claim form is not requested, however, when it is unlikely that the new medical evidence establishes a covered medical condition (e.g., evidence of a recurrence of a previously reported cancer or evidence of a noise-induced hearing loss).

b. Medical Evidence and "Words of Claim". A new claim form is not required if the claimant provides medical evidence of a new condition along with a signed written statement that he or she wants the medical condition to be considered (or other "words of claim"). The assigned CE or CE2 develops and adjudicates the new claimed condition accordingly.

c. Survivorship Evidence Only. If a new survivor submits survivorship evidence (e.g., birth certificate, marriage certificate, school records) without a claim form, then the DO or CE2 Unit contacts the claimant by telephone to explain the situation and sends a letter (with an attached claim form) asking the claimant to submit a claim form.

8. Claims for New Medical Conditions or New Survivors Before a Recommended Decision. (Continued)

(1) The DO or CE2 Unit only requests a claim form and develops the evidence further if it is apparent that eligibility is likely.

(2) The letter addresses the receipt of the new evidence and explains the need for a Form EE-2 to establish a new claim.

9. New Claims Received in the DO During Case Review by FAB or NO. There are instances when an already created case file is under review with FAB (e.g., a review of the Recommended Decision) or NO (e.g., Reopening Request, policy question), and a claimant files a new medical condition or a new survivor files a claim. The DO date-stamps the claim form(s) and any attached documentation upon receipt into their office.

a. Case Review by FAB. Sometimes instead of the claim form(s) being sent to the FAB (or CE2 Unit), it is inadvertently sent to the DO who issued the Recommended Decision. In order to promote efficiency, the DO's M&F Clerk sends an e-mail, with an attached scanned/imaged copy of the claim form(s) and any received documents, to the designated CE2 in the appropriate local FAB or to the NO CE2 Unit Supervisory CE, if the case is at the NO FAB.

The request advises the CE2 that the attached new claim is being forwarded for case creation and appropriate development. In the body (not the subject line) of the e-mail, the M&F Clerk lists the employee's name, the claimant's name (if different from the employee's name), file number, the assigned FAB Representative, and the received date of the new claim. The DD, FAB Branch Chief, and Chief of Operations are also included in a carbon copy of the e-mail. This is followed up with the DO mailing (or hand delivering if located in the same building) the original claim form(s) and attached documents to the CE2.

(1) Once the CE2 receives the e-mail from the M&F Clerk, the CE2 prints the attachments, date-stamps the documents, and advises the assigned FAB Representative to assign the case to him or her in ECMS.

9. New Claims Received in the DO During Case Review by FAB or NO. (Continued)

(2) The FAB Representative assigns the case to the appropriate CE2 through the "Open Case" function under the "File" option in ECMS. The FAB Representative then selects the appropriate CE2 in the drop down menu of the "CE2" field under the "FAB Co-located Development" section in the "Case Update" screen of ECMS. Once the FAB Representative selects the appropriate CE2, he or she tabs over to the "CE Assign Dt" field, which automatically populates with the current date and time (this field can be manually inputted if needed).

In addition, the FAB Representative keys the case file to the appropriate CE2 by entering the appropriate ECMS Case Location Code in the "Location" field (See EEOICPA PM 1-0500 Exhibit 2), tabs over to the "Location Assign Dt" field, which automatically populates with the current date and time (this field can be manually inputted if needed), and then clicks on the "Save" button. The FAB Representative then advises the CE2 that the case has been assigned to him or her in ECMS.

Both the FAB Representative and the CE2 are able to make entries into ECMS without having to transfer the case back and forth in the system.

(3) For a new claimed medical condition, the CE2 enters the medical condition in the appropriate ECMS system(s), as discussed in paragraphs 4 and 5 above.

(4) For a claim filed by a new survivor, the designated employee within the CE2 Unit completes the Case Create Worksheet (as described in paragraph 4 above) and forwards it, along with the claim form and any attached documentation, to the CCC to create the case in ECMS (See paragraph 5 above).

(5) Once the CCC creates the case in ECMS, the claim documentation is returned to the CE2 who then reviews that information, in addition to the evidence in the case file, and develops the claim as appropriate.

9. New Claims Received in the DO During Case Review by FAB or NO. (Continued)

(6) Prior to the FAB transferring a case out of their office that the CE2 is assigned to in ECMS, the FAB Representative or the M&F Clerk clicks on the "Unassign CE2" button in the "Case Update" screen.

b. Case Review by NO. When the DO receives a new claim on a case that is under review by the NO (e.g., Reopening Request, policy question), the M&F Clerk must advise the DD who in turn contacts the Unit Chief for Policies, Regulations and Procedures in NO to determine how to effectively handle the incoming claim. This is determined on a case by case basis.

10. Claims for New Medical Conditions After a Final Decision. A claim form is required when a Final Decision has been issued and a claimant submits evidence of a new occupational illness under Part B or a covered illness under Part E. A claimed medical condition is new only if it was not previously addressed in a Final Decision. A new claim form is not needed for consequential conditions. However, a signed written request to claim a consequential condition is required.

a. ECMS Entry. The newly filed claim is recorded by the assigned CE or CE2 with the entry of the claim status code **"RD- Reopened - Development Resumed"** under the **"Claim Status History"** section in the **"Claim Update"** screen of ECMS B, ECMS E, or both, as appropriate. The received date stamp, facsimile transmittance date (fax), or postmark date (whichever is the earliest discernable date) is entered as the **"Claim Status Dt"** in ECMS.

b. No Claim Form Received. If the claimant only submits medical evidence for a new condition (e.g., medical evidence indicating the presence of an occupational illness or covered illness), then the DO or CE2 Unit sends a letter requesting that the claimant submit a new claim form. Before the letter is sent, the assigned CE or CE2 initiates a phone call with the claimant to explain the situation and determine the claimant's intention to pursue a new claim.

10. Claims for New Medical Conditions After a Final Decision.
(Continued)

(1) The DO or CE2 Unit requests a new claim form and develops the evidence further, only if it appears that coverage is likely.

(2) The letter addresses the receipt of the new evidence and explains the need for a Form EE-1 or EE-2 to establish the new claim. If it is unlikely, however, that the new medical evidence establishes a new covered medical condition, a claim form is not requested.

c. Words of Claim. If a claimant submits a new claim form for a new condition or a signed written statement that he or she wants the medical condition to be considered (or other "words of claim"), the assigned CE or CE2 develops and adjudicates the new claim, regardless of whether or not it is likely that the condition is covered under the EEOICPA.

11. Withdrawal of a Claim. A claimant is able to withdraw his or her claim for benefits for any claimed condition(s), including wage loss or impairment, prior to the issuance of a Final Decision for the requested benefit(s). All requests to withdraw a claim for benefits must be in writing, signed by either the claimant or his or her authorized representative, and specific in reference to what part(s) of the claim is to be withdrawn. The assigned CE or CE2 codes the withdrawal request appropriately under the "**Claim Status History**" section in the "**Claim Update**" screen of ECMS system(s), with the "**Claim Status Dt**" being the earliest discernable received date of the withdrawal request letter.

12. Deleting a Claim from ECMS. If the assigned CE or CE2 determines that a claim (for deleting a case, follow the instructions in paragraph 6) was created in the wrong ECMS system or needs to be added to an ECMS system, the claim is returned to case create. The assigned CE or CE2 writes a memo, in which his or her Supervisory CE reviews and signs, advising the Chief of Operations to delete or add a claim in a specific ECMS system.

12. Deleting a Claim from ECMS. (Continued)

If a claim is added to an ECMS system, the memo provides the name of the claimant, the file number, the file date, the applicable ECMS system, and refers to the claim form for any additional information for the CCC to enter into ECMS.

If a claim needs to be deleted in ECMS, the memo provides the name of the claimant, the file number, and the applicable ECMS system.

The CCC initials and dates the memo once the claim has been deleted or added to an ECMS system. The memo is filed down on the spindle in chronological order within the case file and returned to the assigned CE or CE2.

Example: If a claim is for Part E only (e.g., asbestosis), but was entered in ECMS B and E, the B claim needs to be deleted. The CCC deletes the claim information, not case information, in the incorrect version of ECMS.

CASE CREATE WORKSHEET

SSN: _____

Check either # 1, #2 or # 3 and follow the instructions.

1. Create Claim in both ECMS(B) and ECMS(E). Check either (a) or (b) below:

(a) Enter ALL medical conditions claimed on the form (EE-1 or 2) in both ECMS (B) and (E)

(b) Enter medical conditions in ECMS (B) and (E) as specified below:

Enter these conditions in ECMS - B	Enter these conditions in ECMS- E

2. Create Claim in ECMS(B) only – Enter all claimed medical conditions only in ECMS(B)

3. Create Claim in ECMS(E) only – Enter all claimed medical conditions only in ECMS(E)

Reviewer:			
	Printed Name	Signature	Date
Case Creator:			
	Printed Name	Signature	Date

LETTER OF ACKNOWLEDGEMENT

Dear Mr./Ms. Claimant:

I am writing concerning your claim under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Your claim has been received in our office.

We have entered your claim into our system and assigned it the above file number. You should refer to this number when calling our office and write it on the top right corner of any correspondence you submit to us. Your claim will be assigned to a Claims Examiner for review. If additional information is required, the Claims Examiner will request it through separate correspondence.

Our Customer Service Representatives are available to answer any of your questions regarding the processing of your claim. You may also obtain information through your local resource center or by visiting our website at: <http://www.dol.gov/esa/regs/compliance/owcp/eoicp/main.htm>

I assure you every effort is being made to process your claim in a timely manner. If you have any questions, please feel free to contact us, toll free, at (Number).

Sincerely,

Printed Name
Title

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1. Purpose and Scope. This chapter describes how case files are transferred between locations within the Division of Energy Employees Occupational Illness Compensation (DEEOIC), filed, and maintained (including dividing a file's contents, repairing damaged folders, and reconstructing lost case files).

The chapter also describes how to update, correct, and adjust the electronic files in the Energy Case Management System (ECMS). Finally, the chapter addresses how the Final Adjudication Branch (FAB) assigns docket numbers to case files referred for their consideration and issuance of a Final Decision or other order.

2. Case Movement. Each DEEOIC staff member is responsible for ensuring that cases are delivered to their appropriate locations. The new location code is notated on the front of the case file jacket and entered in the "**Case Update**" screen of ECMS before the file is moved.

a. Location Changes. As cases are moved to different locations within a DEEOIC Office, their location codes are changed in ECMS. Each location in a DEEOIC Office has its own location code, for example, "**FIL**" for the File Room, "**CCJ**" for a specific Claims Examiner (CE), "**FO1**" for the Fiscal Officer, and "**DMC**" for the District Medical Consultant (See EEOICPA PM 1-0500 Exhibit 1).

b. Notations on Case Jackets. When ECMS coding is completed, the DEEOIC staff member lists the new location code on the grid sheet on the front of each folder of the case file, dates each folder, and initials each folder. The DEEOIC staff member then hand carries the file to its next location or places the folder in the appropriate pick-up area for routing to the next location.

c. Replacement Grid Sheets. When the jacket has been completely filled, it is copied and the copy is placed on the inside cover of the left side of the case file. A gummed grid sheet with spaces to enter new routing locations is then placed on the front cover of the case file.

3. Filing Cases. Open cases (i.e., those cases needing further action) and closed cases are housed either in the File Room or in other locations throughout the DEEOIC Office.

a. Method of Filing. Most case folders are kept in the file room on open shelves.

(1) The 2x2 terminal digit system is used by the DEEOIC. The folders are grouped together and filed using the last four digits of the file number (hereafter referred to as "terminal digits").

The files are first grouped together in numerical order by the last two terminal digits (from XX00 to XX99). The first two terminal digits of a file determine the order of files with the same final two digits (00XX to 99XX). For example, files with the terminal digits 0034, 0234, 1001, 1034, 1234, 2001, and 3489 are filed as follows:

Ending with 01:	1001, 2001
Ending with 34:	0034, 0234, 1034, 1234
Ending with 89:	3489

(2) The outside edge of each folder is labeled with the last four digits of the claimant's file number (terminal digits). Each digit has a distinct, brightly-colored background, allowing searchers to locate, retrieve and/or file the folders with greater ease and accuracy.

b. Cases Sent to the File Room. Case folders are not returned to the File Room unless:

(1) The File Room is the last location notated on the case folder along with the date transferred and the initials of the DEEOIC staff member initiating the move;

(2) ECMS is accurately coded to show the File Room ("**FIL**") as the last location; and

(3) Any loose documents or mail are filed down on the spindle in the folder, unless notated with the phrase "drop file," the date the document was drop filed, and

3. Filing Cases. (Continued)

the initials of the DEEOIC staff member who had requested the mail to be drop filed.

c. Cases Outside of the File Room. When case files are located at a DEEOIC staff member's work station or some other location, they need to be organized so they can be quickly located. When files are separated into different piles for effective case management (e.g., under development, awaiting a Recommended Decision), the DEEOIC staff member arranges each pile of cases in 2x2 terminal digit file number order.

d. Misfiled Cases. If a case is coded "**FIL**" in ECMS, but is not located in the File Room, a special search is required. This special search includes searching throughout the File Room (sometimes cases get misfiled on the shelves), on DEEOIC staff members' workstations, the DEEOIC Office as a whole, and even other DEEOIC Offices. If the special search is unsuccessful, then DEEOIC staff must reconstruct the file (See paragraph 7 below).

4. Dividing Cases. When the contents of a case file become too thick to be contained in one folder, they are divided. Mail and File (M&F) staff divide files on their own when deemed appropriate, or at the request of a DEEOIC staff member. The M&F Clerk takes the following actions when dividing a case file:

a. Prepare a New Folder.

(1) The M&F Clerk makes a duplicate folder with the same file number (See EEOICPA PM 1-0300 paragraph 3). The M&F Clerk writes the letter "A" at the bottom of the front cover of the original case file. The M&F Clerk then writes the letter "B" at the bottom of the front cover of the overflow folder.

(2) On the bottom of the front cover of each folder, the M&F Clerk writes "This case is divided into A and B parts"; and

4. Dividing Cases. (Continued)

b. Dividing the File. The M&F Clerk divides the contents of the file at a logical point, considering the size of each part and the content and receipt date of the documentation.

(1) The M&F Clerk skims through the case file records and determines a cutoff date for the Part A folder.

(2) The M&F Clerk places all correspondence and other documents received before the cutoff date in the Part A folder. All correspondence and documents received after the cutoff date are placed in the Part B folder. The M&F clerk files down Forms EE-1/2, EE-3, and copies of claim forms under Part E (formerly Part D) on the spindle in the Part B folder. Documents regarding any actions still pending and documents showing compensation paid are also kept in the Part B (active) folder.

(3) If it becomes necessary to divide the case more than once, the new overflow folders are labeled "AA", "AAA", etc.

(4) Part B is always the active folder and contains the most recent documents, the original Forms EE-1/2, Department of Energy (DOE) claim forms (formerly Part D), documents containing words of claim for benefits under the EEOICPA, Employment History Form EE-3, any documentation showing compensation paid, and all documents requiring further action.

(5) When voluminous records are received from a single source (e.g., hospital records, prior Part D records, responses to Document Acquisition Requests) resulting in the case to be divided, they are filed down on a separate spindle, as long as the records are clearly identified as belonging to a single identifiable source.

5. Multiple Survivors. When the case file has multiple survivors, the Form EE-2 for the first survivor is on the bottom. The Form EE-2 for the second survivor is just above the first, and so forth, as reflected in ECMS under the **"Claims"** section in the **"Case Update"** screen. The correspondence, medical evidence, employment evidence, and other documents are placed on top of the claim and employment history forms (on the spindle), in chronological order of date received in the case file and are not divided by survivor.

6. Repairing Cases. The M&F Clerk or other DEEOIC staff member designated by the District Director (DD), FAB Manager, or Policy Branch Chief, repairs the case folders and their contents that have become worn or unreadable due to wear and tear.

a. Loose Documents. The M&F Clerk or other designated DEEOIC staff member repairs or strengthens documents that have torn loose from the spindle by using a gummed or self-adhesive reinforcement, transparent tape, or other method approved by the DD, FAB Manager, or Policy Branch Chief.

b. Damaged Documents. If torn or damaged documents cannot be mended, and there is the potential for further damage to occur, the M&F Clerk or other designated DEEOIC staff member photocopies the documents so that the file contains a readable copy. To protect from further damage, the torn or damaged documents are placed in a protective sleeve or envelope and placed in the case file.

7. Reconstructing Cases. When a case is lost and every effort to locate it within that DEEOIC Office and the other DEEOIC Offices is unsuccessful, the DEEOIC staff must reconstruct the case file. A Supervisory CE or Manager prepares a memorandum for the signature of the DD, FAB Branch Chief, or Policy Branch Chief, explaining the loss of the file and the necessary preparation of a new case jacket. The assigned CE, Secondary Claims Examiner (CE2), FAB Representative, or National Office (NO) Representative then requests duplicates of all documents in the lost file.

a. Memorandum and New Case Jacket. The Supervisory CE or Manager prepares and signs a memorandum describing the effort(s) taken to locate the original file and that a duplicate case jacket is necessary. Once approved and signed by the DD, FAB Branch Chief, or Policy Branch Chief,

7. Reconstructing Cases. (Continued)

the memo is then forwarded to the Case Create Clerk, who creates a new case jacket (See EEOICPA PM 1-0300 paragraph 3) with the memo placed inside and returns it to the assigned CE, CE2, FAB Representative, or NO Representative.

b. Requests for Records. The assigned CE, CE2, FAB Representative, or NO Representative prepares correspondence to all the claimants and authorized representatives associated with the case requesting a copy of any documents pertinent to the case file. The assigned CE, CE2, FAB Representative, or NO Representative also requests duplicate documents from medical providers, the National Institute for Occupational Safety and Health (NIOSH), DOE, and any other identifiable source (e.g., Center to Protect Workers' Rights (CPWR), Social Security Administration (SSA), Resource Center (RC)). The memo and the letters requesting the documentation are filed down on the spindle in the new case folder.

c. Electronic Records. If electronic copies of documents (e.g., development letters, Recommended Decisions, Final Decisions) or claim related e-mails from external customers (e.g., the claimant, RC, DOE, corporate verifiers, Congressional Offices, NIOSH), that were in the case file have been maintained by the assigned CE, CE2, FAB Representative, or NO Representative, they are to be copied and placed in chronological order in the file by when they were originally created.

d. Recovery of Original File. If the lost case file is found, the assigned CE, CE2, FAB Representative, or NO Representative incorporates all original and unduplicated material into a single case jacket and discards the duplicate case information and case file jacket in a recycle bin for shredding.

8. Updating, Correcting, and Adjusting the ECMS Database.

Changes to ECMS are sometimes needed due to errors in data entry or updated changes to the claimant's address, etc.

a. Corrections to Data Elements. It is each DEEOIC staff member's responsibility to safeguard the integrity of the data in ECMS. Stakeholders and interested parties (e.g., DEEOIC Offices, Congressional Offices, the Ombudsman Office) are provided with performance reports compiled from ECMS data. Therefore it is especially important to ensure that the data entered in ECMS is correct and up to date. These elements include all name fields, claimed illness information, claimed employment data, date of birth, date of death, and SSN.

b. Change of Address. All requests for change of address are submitted in writing by the claimant, authorized representative, or approved Power of Attorney. All such changes are referred to the individual designated as the

Payee Change Assistant (PCA). The PCA (or a designee who does not have the authority to enter payments in ECMS) makes changes to names and addresses in ECMS. Any change of address needs to be approved by the assigned CE, CE2, FAB Representative, or NO Representative prior to any changes in ECMS. Attached, as Exhibit 1, is the form used to document changes of name, address, and/or telephone number by all DEEOIC Offices.

(1) The request for a new address must contain an acceptable signature on the document. The claimant's signature, an authorized representative's signature, or the approved Power of Attorney's signature is acceptable.

(2) If a written document contains a claimant's new address, the assigned DEEOIC staff member calls and confirms with the claimant, authorized representative, or the approved Power of Attorney whether the change is temporary or permanent. The call is then documented in the ECMS Telephone Management System (TMS), with a printed copy placed in the case file.

8. Updating, Correcting, and Adjusting the ECMS Database.

(Continued)

(3) A faxed request to change a claimant's address or phone number is acceptable, as long as it contains the signature of the claimant, authorized representative, or the approved Power of Attorney requesting the change.

(4) For payment purposes only, a "Payment Only" address is documented and signed by the claimant or approved Power of Attorney on the original EN-20 form. Faxes are not acceptable.

9. FAB Docketing. A unique docket number is assigned under Part B and Part E, as applicable, to each claimant involved in the FAB review process. The assignment of a docket number allows FAB to track individual claimants who filed under Part B and/or Part E and to protect their privacy.

a. Docket Number Assignment. Any case that is forwarded to FAB for issuance of a Final Decision or other order has a docket number assigned to each claimant identified in the Recommended Decision under Parts B and E of the Act, as applicable. The docket number(s) assigned is generated randomly by ECMS within each local FAB Office. The docket number is a numerical prefix followed by the year in which the docket number is assigned. Once a docket number is assigned to a claimant (a separate docket number for Part B and Part E, as applicable), that document number remains the same, is always used to identify the claimant in future Final Decisions or other orders, and does not change.

b. Registering Docket Numbers in ECMS. Upon receipt of a Recommended Decision, a FAB Representative enters **"FD - FAB Received Recommended Decision"** under the **"Claim Status History"** section in the **"Claim Update"** screen of ECMS. An **"FD"** status code is entered for each claimant in ECMS who receives a Recommended Decision. The entry of the **"FD"** status code in ECMS is what generates the random assignment of the docket number.

9. FAB Docketing. (Continued)

c. Duplicate Numbers. The individual entering the docket number must ensure that he or she does not re-enter a new docket number for a claimant who has already been assigned a docket number under that Part of the Act. If this occurs, the file is referred to the local FAB Manager to have the second docket number removed from ECMS.

ECMS CHANGE FORM

<p>Reason for Change</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>ECMS Correction</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Updated Change</td> </tr> </table>	<input type="checkbox"/>	ECMS Correction	<input type="checkbox"/>	Updated Change	<p>File Number and Claimant/Payee Code:</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table> <p>Employee Name</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>			
<input type="checkbox"/>	ECMS Correction							
<input type="checkbox"/>	Updated Change							

Type of Change *(check all that apply)*

	Change the following	Route to	Location
<input type="checkbox"/>	Name	PCA	
<input type="checkbox"/>	Address	PCA	
<input type="checkbox"/>	New EE2 not in ECMS	Case Create	
<input type="checkbox"/>	EM/CLMT Social Security Number	Chief of Operations	
<input type="checkbox"/>	Delete Case/Claim (Duplicate)	Chief of Operations	
<input type="checkbox"/>	Other (specify) _____		

Document(s) Used for Change

<input type="checkbox"/>	EE1	
<input type="checkbox"/>	EE2	
<input type="checkbox"/>	EE3	
<input type="checkbox"/>	Claimant's Written/Signed Request	
<input type="checkbox"/>	Other (specify) _____	
<input type="checkbox"/>		

Change Needed *(only complete applicable fields)*

Name & Payee Type Code (EM, WI, C1, etc.)	
Address:	
EM/CLMT Social Security Number	
Other:	

Signatures	Print Name	Signature	Date	LOC Code
1. Completed By				
2. Approved By (Sr.CE/Manager Only)				
3. ECMS Changed By				
4. Verified By				

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1. Purpose and Scope. This chapter describes the procedures for sending physical case files and electronic case records between the various offices within the Division of Energy Employees Occupational Illness Compensation (DEEOIC), including the District Office (DO), the Secondary Claims Examiner (CE2) Unit, the Final Adjudication Branch (FAB), and the National Office (NO). It also describes the procedures for sending the contents of a case file to the National Institute for Occupational Safety and Health (NIOSH) and to a medical or scientific specialist in NO.

2. Responsibilities. Mail and File (M&F) staff process all physical case files transferred temporarily or permanently among the DEEOIC Offices. The Chief of Operations, Supervisory CE, Assistant District Director (ADD), District Director (DD), FAB Manager, NO Representative, M&F Clerk, or designee transfers electronic records in the Energy Case Management System (ECMS) and notates the front of the case file jacket, accordingly, on all case files transferred temporarily or permanently.

3. Electronic Transfer of Case Records in ECMS. The electronic transfer of a case record in ECMS involves taking the following actions in the **"Case Update"** screen: enter the appropriate DEEOIC Office's transferred out location code in the **"Location"** field (See Exhibit 1); click the **"Save"** button; click on the **"Transfer Case"** button; pick the appropriate DEEOIC Office in the **"District Office"** drop down menu field under the **"Transfer To"** section; and then click on the **"Transfer Case"** button.

The electronic transfer of a case record in ECMS can be done in either ECMS system (ECMS B or ECMS E), and results in the transfer of the case record in both ECMS systems simultaneously.

a. Electronic Transfer to a CE2 Unit. The local CE2 Unit and the NO CE2 Unit are not listed in the **"District Office"** drop down menu field under the **"Transfer To"** section of ECMS. Instead, the designee must transfer the electronic case record to the appropriate FAB Office in which the CE2 Unit resides with.

3. Electronic Transfer of Case Records in ECMS. (Continued)

(1) Once electronically transferred to the appropriate FAB Office, a FAB Representative selects the appropriate CE2 in the drop down menu of the **"CE2"** field under the **"FAB Co-located Development"** section in the **"Case Update"** screen of ECMS. Once the FAB Representative selects the appropriate CE2, he or she tabs over to the **"CE Assign Dt"** field, which automatically populates with the current date and time (this field can be manually inputted if needed).

In addition, the FAB Representative keys the case file to the CE2 by entering the appropriate ECMS Case Location Code in the **"Location"** field (See Exhibit 1), tabs over to the **"Location Assign Dt"** field, which automatically populates with the current date and time (this field can be manually inputted if needed), and then clicks the **"Save"** button.

Both the FAB Representative and the CE2 are able to make entries into ECMS without having to transfer the case in the system.

4. Temporary Transfers (Loans). Case files are temporarily transferred between DEEOIC Offices for a variety of reasons, including the review of a Recommended Decision (RD), a Final Decision (FD), a remand order, a request for reconsideration, a request for reopening, a DO or CE2 Unit pending action, a medical or scientific referral, or for a policy issue. Whenever a case file is transferred, it is sent in its entirety to the designated location. It is of utmost importance that if a case is misrouted to a DEEOIC Office from another DEEOIC Office, that it be transferred immediately to the appropriate DEEOIC Office.

a. Procedures Before the Loan.

(1) The Claims Examiner (CE), CE2, FAB Representative, or NO Representative completes all applicable items listed on the case transfer sheet (see Exhibit 2) and attaches it to the outside of the case jacket. This sheet identifies the case, the DEEOIC Office the case is transferred to and from, and the reason for the transfer.

4. Temporary Transfers (Loans). (Continued)

(2) If the CE, CE2, or NO Representative is transferring a case file, the following boxes in the Reason for DO's/CE2 Unit's/NO's Transfer field is checked, as appropriate:

(a) To the FAB, select the option **FAB Review** and any of the following options below, as appropriate:

(i) For an RD, select the option **Recommended Decision**; or

(ii) For a request for reconsideration, select the option **Reconsideration**.

(b) To and from the NO, select the option, **Policy/Procedure** and any of the following options below, as appropriate:

(i) For a request to reopen, select the option **Reopen**. For the return response to a reopening request, select the option **Reopen** and briefly explain whether the reopening was granted or denied in the **Comments/Other** field;

(ii) For a submission of a remand challenge, select the option **Remand Challenge**. For the return response to a remand challenge, select the option **Remand Challenge** and briefly explain whether the remand challenge was granted or denied in the **Comments/Other** field;

(iii) For a policy issue (e.g., stepchildren, incapable of self-support, employment verification), select the option **Policy Question** and briefly explain the request in the **Comments/Other** field. For the return response to a policy issue, select the option **Policy Question** and

4. Temporary Transfers (Loans). (Continued)

include a brief explanation in the **Comments/Other** field. This form does not replace the WS/WR form;

(iv) For a review by the Office of the Solicitor (e.g., power of attorney, filed court documentation), select the option **Solicitor** and include a brief explanation in the **Comments/Other** field. For the return response from the Solicitor, select the option **Solicitor** and include a brief explanation in the **Comments/Other** field; or

(v) For a medical or scientific review, including a referral to the **Medical Director, Industrial Hygienist (IH), Toxicologist (TX)**, or the **Health Physicist**, select the specific type of review, as appropriate. For the reviewer's return response, select the type of review provided and include a brief explanation in the **Comments/Other** field, as appropriate.

(3) If the FAB Representative is transferring a case file, the following boxes in the **Reason for FAB's Transfer** field is checked, as appropriate:

(a) To the DO or CE2 Unit, in which the FAB vacates the RD and issues a remand order, select the option **Remand**;

(b) To the DO or the CE2 Unit, in which the FAB reverses the RD, select the option **Reversal**;

(c) To the DO or CE2 Unit, in which the FAB affirms the RD, select the option **Affirmation**;

(d) To the NO, select any of the following below, as appropriate:

(i) For a request to reopen, select the option **Reopen**;

4. Temporary Transfers (Loans). (Continued)

(ii) For a policy issue (e.g., stepchildren, incapable of self-support), select the option **Policy Question** and briefly explain the request in the **Comments/Other** field. This form does not replace the WS/WR form;

(iii) For a review by the Office of the Solicitor (e.g., filed court documentation), select the option **Solicitor** and include a brief explanation in the **Comments/Other** field; or

(iv) For a medical or scientific review, including a referral to the **Medical Director, Industrial Hygienist (IH), Toxicologist (TX)**, or the **Health Physicist**, select the specific type of review, as appropriate.

(e) At the time of mailing the FD, the FAB Representative selects the option **Send Copy of Final Decision to** with either **NIOSH, DOJ (RECA)**, and/or **RC** (with the specific RC name/location listed) marked, as appropriate.

(4) The CE, CE2, or FAB Representative checks the following boxes, as appropriate, when rendering an RD or FD, respectively:

(a) The type of RD or FD submitted (Part B and/or Part E); and

(b) The status of the RD or FD under that Part(s) (Accept, Deny, and/or Defer)

The FAB Representative notates the **ECMS Final Decision Coding** under **Part B** and/or **Part E** and also the amount of any compensation approved (**AOP Amount**) under **Part B** and/or **Part E** in that field.

For any issue not specified above, include a brief explanation in the **Comments/Other** field.

4. Temporary Transfers (Loans). (Continued)

(5) The Chief of Operations, FAB Manager, NO Unit Chief for Policies, Regulations and Procedures, DD, ADD, Supervisory CE, Senior Claims Examiner, or designee determines whether the case is in a posture for transfer to another DEEOIC Office (e.g., the DO issued an RD that needs to be sent to FAB for processing of the FD), and if so, then ensures that:

(a) Within reason, all pending actions have been taken and all correspondence answered;

(b) Mail is filed down on the spindle in order of date receipt; and

(c) The case file jacket is in good condition.

(6) The initiator and the authorizing signatory both sign and date the completed case transfer sheet (sometimes this is the same person). The NO Unit Chief for Policies, Regulations and Procedures, DD, and FAB Manager designate the authorizing signatory within their respective office.

All cases sent to the NO require the authorization of the DD, ADD, Supervisory CE, FAB Manager, or designee. The NO Unit Chief for Policies, Regulations and Procedures or designee authorizes case transfers from the NO.

(7) The Chief of Operations, FAB Manager, NO Unit Chief for Policies, Regulations and Procedures, DD, ADD, Supervisory CE, M&F Clerk, or designee changes the location on the front of the case file jacket and in ECMS to reflect the physical and electronic transfer of the case to another DEEOIC Office (See paragraph 3 above).

The location of individual case files is tracked in ECMS through specific codes. ECMS Case Location Codes are identified in Exhibit 1.

4. Temporary Transfers (Loans). (Continued)

Maintaining accurate case location information in ECMS is essential. Each time a file is physically transferred from one location to another within a DEEOIC Office or from one DEEOIC Office to another, ECMS must be updated to show the current location of the case file and the date in which the change in location was made. This is also notated on the front of the case file jacket.

(8) M&F staff mail the case file, either by the designated express mail service or through the United States Postal Service (USPS).

b. Procedures After the Loan.

(1) Upon receipt of the transferred case, the receiving office files the case transfer sheet down onto the spindle in the case file and takes the action reflected on the case transfer sheet.

(2) The receipt of individual case files is tracked in ECMS through specific codes. When a physical case file arrives in the DEEOIC Office, M&F staff date-stamp the case transfer sheet and deliver the case to the M&F Clerk who enters the appropriate receiving/transferring in office and location codes in the "**Dist Office**" and "**Location**" fields, respectively, in the "**Case Update**" screen of ECMS (See Exhibit 1).

The M&F Clerk also assigns the case in the "**CE**" field (See Exhibit 1). The dates of the change in location and CE assignment are recorded in ECMS by tabbing over to the "**Location Assign Dt**" and "**CE Assign Dt**" fields, respectively, which automatically populates with the current date and time (these fields can be manually inputted if needed). The location codes are also notated on the front of the case file jacket.

(3) Any mail received for a case which is loaned or temporarily transferred is forwarded to the appropriate DEEOIC Office that has the case file.

4. Temporary Transfers (Loans). (Continued)

c. Cases with Partial FDs for Compensation. There are instances when FAB issues a partial FD allowing for the payment of benefits to a claimant while another portion of the RD is held in abeyance as a result of the pending expiration of the claimant's 60 day allotted time frame to file objections, or the consideration of objections or a request for a hearing already filed in reference to the pending portion of the RD. To ensure the timely processing of compensating the claim by the DO and the timely review of the pending portion of the RD by FAB, the following must be completed:

(1) The FAB Representative attaches a removable red label to the lower right corner on the front of the case file jacket with the following information:

(a) List the date of issuance of the pending RD and whether it pertains to Part B and/or Part E;

(b) List the FAB Office the case needs to be returned to;

(c) List the name of the FAB CE or FAB Hearing Representative to whom the case is assigned; and

(d) List a "no later than" date by which the case needs to be returned to FAB, in order to ensure timely review.

(2) The FAB Representative also attaches on the front of the case file jacket a case transfer sheet (see Exhibit 2) printed on red paper, with all applicable items completed.

(3) The assigned FAB CE or FAB Hearing Representative puts a call up note for the case in his or her Outlook calendar.

(a) The local FAB employees notify their Manager at least ten days before the due date, if the case has not been returned by the DO. The Manager contacts the DO to have the case transferred back to his or her office.

4. Temporary Transfers (Loans). (Continued)

(b) The NO FAB employees notify the Operations Specialist and their Manager at least ten days before the due date, if the case has not been returned by the DO. The Operations Specialist or the Manager contacts the DO to have the case transferred back to the NO FAB.

(4) Once the DO has processed the claimant's payment, the Chief of Operations, DD, Supervisory CE, Fiscal Officer, or designee attaches on the front of the case file jacket a case transfer sheet (see Exhibit 2) printed on plain white paper, with all applicable items completed, including in the **Comments/Other** field the name of the assigned FAB CE or FAB Hearing Representative to whose attention the case is to be given, identifying the claimant's payment has been processed, and that the case is returned back to FAB for their review of the pending portion of the RD.

5. Permanent Transfers. Case files are permanently transferred between the DOs due to jurisdiction, based upon the employee's last verified covered employment. There are instances when changes in jurisdiction go into effect in order to balance the case/workload among the DOs.

In reference to Radiation Exposure Compensation Act (RECA) claims, all RECA Section 5 claims are handled in the Denver DO and are transferred there accordingly. All Section 4 RECA claims are transferred to the DO which has jurisdiction, based upon the employee's last covered employer. It is of utmost importance that if a case is misrouted to a DEEOIC Office from another DEEOIC Office, that it immediately be transferred to the appropriate DEEOIC Office.

a. Procedures for Permanent Transfers. After determining that a case needs to be transferred, the following actions are taken by DEEOIC staff:

(1) Prepare a transfer letter for the DD, ADD, Supervisory CE, or designee's signature notifying the claimant and other interested parties (e.g., Resource

5. Permanent Transfers. (Continued)

Center, authorized representative) of the transfer and the contact address and phone number of the other DEEOIC Office;

(2) Prepare a case transfer sheet (see Exhibit 2) for the DD, ADD, Supervisory CE, or designee's signature (as discussed in paragraph 4 above) which is then attached to the front of the case file jacket;

(3) The DD, ADD, Supervisory CE, or designee ensures the case is in a posture for permanent transfer (e.g., all pending actions have been taken, correspondence has been answered, mail has been filed down on the spindle, and the case file jacket is in good condition). The DD, ADD, Supervisory CE, or designee then authorizes the transfer and signs the notification of transfer letter and the case transfer sheet;

(4) The Chief of Operations, DD, ADD, Supervisory CE, M&F Clerk, or designee transfers the electronic case record by keying the appropriate location code and DEEOIC Office in ECMS (See paragraph 3 above);

(5) The physical case file is sent either through a designated express mail service or through the USPS;

(6) Permanent case transfers need to occur within 20 days of the date of the last pending action taken; and

(7) If mail is received for the transferred case, the mail is forwarded to the responsible DEEOIC Office that has the case file.

b. Delays in Permanent Transfers. In some instances, a case file reviewed for permanent transfer by the originating DO, is in a posture for an RD and needs to be sent to FAB for processing of the FD. In this instance, the originating DO prepares and issues the RD and transfers the case to FAB.

5. Permanent Transfers. (Continued)

After taking all appropriate actions, FAB transfers the case back to the originating DO, which is the office that issued the RD.

(1) If there are no remand actions to be taken, the originating DO proceeds with the permanent transfer of the case to the DO which holds jurisdiction.

(a) The only exception to this is when FAB has determined that the claim is to be compensated. FAB proceeds with the permanent transfer of the case to the DO which holds jurisdiction (and not to the DO which issued the RD) to ensure timely payment of the claim.

(2) If there are remand actions to be taken, the originating DO completes the actions stipulated in the remand order, reissues the RD, and transfers the case to FAB. This also holds true when there is a change in jurisdiction while the case is at FAB for review. Ultimately, the case file is transferred to the originating DO for the completion of the actions stipulated in the remand order and reissuance of the RD.

c. Receipt of File. When a physical case file arrives in the DEEOIC Office, M&F staff date-stamp the case transfer sheet and deliver the case to the M&F Clerk who enters the appropriate receiving/transferring in office and location codes in the "**Dist Office**" and "**Location**" fields, respectively, in the "**Case Update**" screen of ECMS (See Exhibit 1).

The M&F Clerk also assigns the case in the "**CE**" field. (See Exhibit 1). The dates of the change in location and CE assignment are recorded in ECMS by tabbing over to the "**Location Assign Dt**" and "**CE Assign Dt**" fields, respectively, which automatically populates with the current date and time (these fields can be manually inputted if needed). The location codes are also notated on the front of the case file jacket.

6. Referring Case Records to NIOSH. As part of the dose reconstruction process, NIOSH reviews the employee's medical and employment records. The entire case file is copied and forwarded to NIOSH. This is done with the utmost attention as all DEEOIC staff members must ensure that Personally Identifiable Information (PII) is safeguarded (See EEOICPA PM 1-0200). The original case file remains in the DO or NO CE2 Unit.

a. Case Records. On a summary sheet, the DO or NO CE2 Unit prepares a list of the case files contained in the shipping package. The summary sheet clearly identifies the cases referred to NIOSH for dose reconstruction. The DO or NO CE2 Unit maintains a copy of the express mail shipping slip along with the summary sheet.

b. Shipping Packages. The DO or NO CE2 Unit uses large express mail boxes when possible, as the boxes are traceable. A copy of the summary sheet, listing the case files being transferred, is inserted in each shipping package.

c. Shipping Address. Boxes are sent to:

National Institute for Occupational Safety and Health
Office of Compensation Analysis and Support
4676 Columbia Parkway
MS C45
Cincinnati, OH 45226

d. Schedule. Each DO (together with their local CE2 Unit) must send cases on designated days based on the following weekly schedule:

Tuesday:	Jacksonville	(Wednesday NIOSH receipt)
Wednesday:	Cleveland	(Thursday NIOSH receipt)
Thursday:	Denver	(Friday NIOSH receipt)
Friday:	Seattle	(Monday NIOSH receipt)

Due to the volume of referrals generated, the NO CE2 Unit does not have a designated day to send their cases to NIOSH. Instead, the NO CE2 Unit sends their cases on an as needed basis.

6. Referring Case Records to NIOSH. (Continued)

e. Coordination with NIOSH. Each week, the DO or NO CE2 Unit sends an e-mail to *ocas@cdc.gov* which lists the express mail tracking number for each box shipped. If a shipment was not sent that week or was sent late, NIOSH must be informed. This notification assists NIOSH with inventory control.

f. NIOSH Point-of-Contact Phone Numbers.

Cleveland DO	513-533-8423
Denver DO	513-533-8426
Seattle DO	513-533-8424
Jacksonville DO	513-533-8425
NO CE2 Unit	513-533-8565

7. Referring Cases to Medical or Scientific Specialists in NO. When a case file is referred for a review by a Medical Director, Industrial Hygienist, Toxicologist, or a Health Physicist, the case file or the medical records from the case file are copied and sent to the appropriate specialist in NO.

ECMS CASE LOCATION CODES

3-Character codes that identify physical location
of case file jacket

CAA-CAP	Claims unit A ,	stations A thru P
CBA-CBP	Claims unit B ,	stations A thru P
CCA-CCP	Claims unit C ,	stations A thru P
CDA-CDP	Claims unit D ,	stations A thru P
CEA-CEP	Claims unit E ,	stations A thru P
CFA-CFP	Claims unit F ,	stations A thru P
CGA-CGP	Claims unit G ,	stations A thru P
CHA-CHP	Claims unit H ,	stations A thru P
CIA-CIP	Claims unit I ,	stations A thru P
FCA-FCZ	FAC FAB Cleveland,	stations A thru Z
FDA-FDZ	FAD FAB Denver,	stations A thru Z
FJA-FJZ	FAJ FAB Jacksonville,	stations A thru Z
FSA-FSZ	FAS FAB Seattle,	stations A thru Z
FNA-FNZ	FAB National,	stations A thru Z
FN0-FN8	FAB National,	stations 0 thru 8
FN9	FAB National,	Hdqtrs Payment Processing
FA1-FA4	FAB National,	CE2 Unit
XOC	Transferred Out by Cleveland	
XOD	Transferred Out by Denver	
XOJ	Transferred Out by Jacksonville	
XOS	Transferred Out by Seattle	
XOF	Transferred Out by FAB	
XON	Transferred Out by NAT	
XIC	Transferred In by Cleveland	
XID	Transferred In by Denver	
XIJ	Transferred In by Jacksonville	
XIS	Transferred In by Seattle	
XIF	Transferred In by FAB	
XIN	Transferred In by NAT	

F01-F09 FISCAL Location 1 thru 9
DD-DDO District Director's Offices
DMO District Management Officer
OPS Chief of Operations' Office
OP1-OP12 Customer Service Reps/
Technical Assistants/Contract Staff 1 thru 12
TW1-TW4 Technical Writer 1 thru 4
CPY Copying Case File
FIL FILE Room

