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**DIRECTIVE : UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 28-02**

**TO : ALL STATE WORKFORCE AGENCIES**

**FROM : GRACE A. KILBANE  
 Administrator  
 Office of Workforce Security**

**SUBJECT : Additional Questions and Answers for Unemployment Insurance (UI) Benefit Accuracy Measurement (BAM) Denied Claims Accuracy (DCA)**

- Purpose.** To transmit additional BAM DCA Questions and Answers to state workforce agencies (SWA).
- References.** Unemployment Insurance Program Letter (UIPL) [No. 34-01 \(June 15, 2001\)](#); UIPL [No. 45-01 \(July 27, 2001\)](#); and Benefit Accuracy Measurement State Operations Handbook, [ET Handbook No. 395, 3rd edition](#).
- Background.** UIPL No. 34-01 notified SWAs that DCA and the inclusion of paid interstate liable claims in BAM paid claims samples would be implemented July 29, 2001 (BAM sampling batch 200131). In order to facilitate implementation of DCA, the Department of Labor issued a summary of questions and answers in UIPL No. 45-01. Since the issuance of that advisory, several SWAs have submitted questions concerning DCA data collection and coding procedures. These questions and the Department of Labor's responses are summarized in the attachment.

These questions and answers supplement the Benefit Accuracy Measurement State Operations Handbook (ET Handbook No. 395, 3rd edition), which is the principal resource for the implementation and operation of BAM paid and denied claims accuracy.

- Actions Required.** State Administrators are requested to provide copies of the BAM DCA Additional Questions and Answers to the appropriate staff.
- Inquiries.** Questions should be directed to the appropriate ETA Regional Office.
- Attachment.** [BAM DCA Additional Questions and Answers](#).

**Benefit Accuracy Measurement (BAM) Denied Claims Accuracy (DCA)  
Additional Questions and Answers**

**1. For a combined wage claim, does DCA need to verify only the in-state wages or must DCA also verify out-of-state wages, even if the claimant is still monetarily ineligible after the out-of-state wages have been transferred?**

A. Because DCA is verifying the determination that the claimant is ineligible for unemployment compensation (UC), DCA must verify all of the claimant's wages to insure that they have been reported and recorded correctly.

**2. During the course of the claimant interview for a monetary denial, the claimant states that he/she had out-of-state wages. Must DCA investigate the out-of-state wages? If DCA determines claimant is eligible based on out of state wages, how should responsibility be coded?**

A. DCA must investigate any wages that could affect the claimant's eligibility. If DCA determines that the claimant meets the eligibility requirements with the inclusion of out-of-state wages, error responsibility depends on what information was provided by the claimant on the initial claim and whether the combined wage option was explained when the claimant filed the initial claim.

**3. A claimant reports three employers, two base period employers and one outside the base period. Claimant interview confirms that the dates for the third employer fall outside of the base period, and a check of the wage record database show wages from only two employers during the base period. Base period wages are insufficient to establish a benefit year. Does DCA need to verify the dates of employment for the third (out of base period) employer?**

A. Yes. DCA should verify the dates of employment with the third employer to insure that wages were not misreported.

**4. How should DCA code Reason for Nonseparation Determination (before and after investigation) for cases in which the issue is backdating claims and failure to submit timely weekly certification?**

A. These cases should be coded '60' (Reporting), per the instructions for the ETA 207 report in ET Handbook 401 (3<sup>rd</sup> edition), p. I-4-7, to include "Issues involving reporting requirements [that] relate to requests for backdating of new or additional claims, late filing of continued claims, and failure to report as required to provide claims information."

**5. An agency issues a nonmonetary determination to deny eligibility although no week has been claimed, per the instructions for the ETA 207 report in ET Handbook 401, that defines a nonmonetary determination to include issues "which had the potential to affect**

**the claimant’s past, present, or future benefit rights.” How should the claim date field be coded? Can the first week affected date be used?**

A. The agency should code the effective date of the claim (new initial, additional, continued, reopen) for which the agency detected the issue. If the agency is unable to identify the claim type, it should code claim type ‘0’, no week claimed, and claim date “not applicable” (code ‘02/02/0002’). First week affected date should not be coded as the claim date if it is later than (after) the date that the BAM population edit and sample selection COBOL program is run, since one of the edits in this program excludes records if the claim date is later than the run date of the COBOL program.

**6. Claimant received \$1,500 in separation pay, which equals three weeks salary. Under state law, \$500 is applied to three weeks in the claim series, which has the effect of denying the entire weekly benefit amount (WBA) of \$200 for each of the three weeks. How should the agency code the fields Total Other Deductible Income for Week(s) Before (and After) Investigation, Other Income Deductions for Week(s) Before (and After) Investigation, and Number of Weeks Denied Before (and After) Investigation?**

A. The fields Total Other Deductible Income for Week(s) Before (and After) Investigation refer to the total amount of income deductible under state law and which was included in the determination under investigation. The fields Other Income Deductions for Week(s) Before (and After) Investigation refer to the amount actually deducted due to pension, holiday pay, vacation pay, pay in lieu of notice, separation pay, etc. in all weeks affected by determination under investigation. (See ET Handbook 395 (3<sup>rd</sup> edition), pp. VIII-A-51 to VIII-A-55.)

If the claimant had \$1,500 in separation pay and the determination applies this to three weeks, then:

Total Other Deductible Income for Week(s) Before (and After) Investigation = \$1,500.

Other Income Deductions for Week(s) Before (and After) Investigation = \$600 (3 x WBA of \$200).

Number of Weeks Denied Before (and After) Investigation = 3.

**7. Claimant was originally paid \$300 for a week claimed. The agency subsequently detected an issue and issued a denial for the week already paid plus additional weeks. Should the amount coded in Original Amount Paid be coded \$300 or \$0?**

A. The Original Amount Paid should be coded \$300, because this is the amount the claimant received. If this amount was overpaid, it should be reflected in the Amount of Error field in the Error Issue table. DCA does not have a data element that is the analogous to BAM paid claims data element h2, Amount That Should Have Been Paid. The instructions for DCA Original Amount Paid in ET Handbook 395 (p. VIII-A 23) are:

Enter original whole dollar amount paid and/or offset (including any dependent allowance and/or child support intercept) for weeks affected by denial determination under investigation.

**8. Claimant was disqualified indefinitely on an able and available (A&A) issue, based on information the agency obtained from a third party. DCA investigation determined that the claimant should have been disqualified for a fixed period of two weeks, and that the A&A issue in the original determination did not affect eligibility in any subsequent weeks claimed. Independent of DCA, the agency issued a redetermination disqualifying the claimant for only one week; claimant was paid for the second week, which was allowed off the redetermination, but should have been disallowed according to DCA. How should this be coded?**

A. The original determination should be coded as an error on the issue of a fixed vs. indefinite disqualification. Claimant had some eligibility, so the error issue code should be '20' (underpayment). Number of weeks denied after investigation should be coded '2'; responsibility should be agency and third party (based on agency's initial reliance on third party's incorrect information).

The redetermination is not directly relevant to the original denial that DCA sampled. The second week should be considered an overpayment. But, the OP resulted from the redetermination, which is not included in DCA. However, the payment the claimant received for week two would be included in the BAM paid claims sampling frame. If that week happened to be selected in the paid claims sample, the OP would be caught there.

**9. For a nonmonetary nonseparation denial, the agency determination disqualified the claimant for a fixed number of weeks. DCA determined that under state law, the claimant should have been disqualified indefinitely, until the disqualifying condition is removed. How should the number of weeks denied (before and after) and amount of error be coded?**

A. The number of weeks denied before investigation should equal the number of weeks for which the agency's determination disqualified the claimant. The number of weeks denied after investigation should be coded '99' (indefinite). The amount of error is the difference between the claimant's maximum benefit amount (MBA) and the number of weeks initially denied times the claimant's WBA.

Example: WBA = \$200, MBA = \$5200, original disqualification = 10 weeks, DCA determination = indefinite disqualification.

$$\begin{aligned}\text{Amount of error} &= 5200 - (200 \times 10) \\ &= 5200 - 2000 \\ &= 3200.\end{aligned}$$

**10. DCA samples a nonmonetary nonseparation denial for an availability issue. DCA investigation discovers that the claimant was also disqualified on the previous week's claim because she refused a four-week job assignment through a temporary employment agency**

**because of a family vacation. Is the sampled denial a valid nonmonetary for DCA? If it is valid, how should it be coded?**

A. The case is valid and should be coded as an error. According to this state's law, the agency should have disqualified the claimant for four weeks when the previous week's claim was adjudicated, based on the refusal of the four-week assignment. The claimant is ineligible for both the week sampled by DCA and the previous week. The coding should be:

Error Issue Action = 30 (claimant properly denied, but for wrong or different reason/section of law)

Cause = 700

Responsibility = 0030 (agency)

Prior Agency Action = 30 (agency identified issue prior to selection but took incorrect action)

Reason for Nonmonetary Determination Before Investigation = 20 (availability)

Reason for Nonmonetary Determination After Investigation = 50 (refusal of suitable work)

**11. For coding MBA, ET Handbook 395 instructs users to, "Enter maximum benefit amount, based on monetary determination. Express in whole dollars. Do not use adjusted MBA based on monetary redetermination made as a result of nonmonetary issues (e.g., a separation issue or administrative penalty)." Applying these instructions in ET Handbook 395 can produce misleading results for nonmonetary denials if an administrative penalty assessed as the result of a nonmonetary denial reduces the MBA from the amount established from the monetary determination and BAM determines that the denial was improper.**

**Example: Monetary determination establishes a MBA of \$3,000. Subsequent nonmonetary determination assesses an administrative penalty of \$1,000, reducing the MBA to \$2,000. DCA determines that the nonmonetary determination was improper and that the claimant's MBA should be \$3,000. Applying the ET Handbook 395 instruction not to use adjusted MBA as a result of nonmonetary issues will result in both the before and after fields to be coded \$3,000. The effect of the DCA conclusion that the administrative penalty of \$1,000 was improper is not reflected in the coding.**

**How should such cases be coded?**

A. For MBA Before Investigation:

For monetary denials (sample type 2), enter maximum benefit amount, based on the original monetary determination. Do not use adjusted MBA based on monetary redetermination made as a result of nonmonetary issues (e.g., a separation issue or administrative penalty).

For separation and nonseparation denials (sample types 3 and 4), enter maximum benefit amount based on the original monetary determination or adjusted MBA based on monetary redetermination made as a result of nonmonetary issues (e.g., a separation issue or administrative penalty).

For MBA After Investigation:

Enter maximum benefit amount based on the monetary determination that should have applied after the DCA investigation. For monetary denials (sample type 2), disregard any adjustments to MBA resulting from a monetary redetermination caused by nonmonetary issues (e.g., a separation issue or administrative penalty).

*Note: This represents a change from the instructions in ET Handbook 395, 3<sup>rd</sup> edition.*

**12. If the Benefits Rights Interview is conducted by telephone, how should this be coded?**

A. Individual interviews conducted by telephone should be coded '1' - In-person/Individual Interview.

**13. If several nonseparation weeks of UC are denied, question 20 in UIPL No. 45-01 instructs investigators to use for the claim date the week ending date of the last week denied prior to the week ending date in which the sample is selected. If a determination based on a new initial or additional claim denies multiple weeks, what claim date should be coded?**

A. If an issue is detected on a new initial, additional, or reopened claim that results in the denial of multiple weeks, the claim date should be the effective date of the new initial, additional, or reopened claim. If an issue is detected on a continued week that results in the denial of multiple weeks, the claim date should be the week ending date of the week in which the issue was detected.

*Note: This represents a change from the answer to question 20 in UIPL No. 45-01; this change was made in order to be consistent with the general rule that claim date should relate to the claim from which the issue was detected upon which the determination to deny UC is based.*

**14. If wages are cancelled on the basis of a “reasonable assurance” determination for educational employees, and the claimant is denied UC, should the denial be included in the monetary sampling frame?**

A. No. They should be included in the nonseparation denials sampling frame. According to ET Handbook 401, p. I-4-9, with respect to educational employee claimants “between” or “within” terms:

[A] State agency must first issue a monetary determination containing all of the claimant’s covered services during the base period. A nonmonetary determination must then be made as to whether the “between” and “within” terms educational denial provisions apply, and if so, the agency must also issue a monetary redetermination excluding such non-allowable services.

Report only the original monetary determination on the ETA 218, Benefit Rights and Experience report, and the nonmonetary determination in column 17, Other, of the ETA 207. A monetary redetermination issued as a result of the nonmonetary determination is not reportable.

If a claimant was found to be monetarily eligible in the initial monetary determination and began drawing benefits (before the nonmonetary determination resulted in a monetary redetermination which cancelled wage credits), these payments would be included in the BAM paid claims sampling frames.

“Reasonable assurance” adjudications for professional athletes are discussed in ET Handbook 401, pp. I-4-8 and I-4-9. They should also be included in the nonseparation denials sampling frame.

**15. If wages are cancelled for felony misconduct and the claimant is denied UC, should the denial be included in the monetary sampling frame?**

A. No. According to the instruction for the ET 218 Benefit Rights and Experience report in ET Handbook 401, p. I-5-6 (b), “Exclude determinations where insufficiency is due to credits having been canceled because of disqualification.” Instructions on p. I-5-6 (c) advise states to report all determinations “for which qualifying wage credits (and employment) were found, *even though the claimant may be disqualified due to other circumstances.*” As with the case of “reasonable assurance” determinations, a determination that results in the cancellation of wage credits and a subsequent redetermination of monetary eligibility should be included in the appropriate nonmonetary sampling frame.

**16. DCA investigations should be focused on the issue on which the denial is based. If in the course of the investigation DCA identifies a collateral issue, how should this be handled?**

A. If DCA identifies a collateral issue, there are two possibilities. First, the issue has already been detected through the claims taking process and the agency has or is in the process of taking the appropriate action. Second, if the issue has not been previously detected, DCA should refer the issue to the appropriate agency unit for its disposition.

**17. If, in the course of the audit, the DCA investigator detects earnings or deductible income that are unrelated to the issue on which the claimant was denied (for example, availability), should DCA code the earnings and/or deductible information, or should DCA code these data elements “Not Applicable” (-2)?**

A. As a general rule, if information is available (either through download from the agency’s record system or through the DCA investigation), enter it in the database. In this example, Total Earnings for Weeks (Before/After) Investigation and Total Other Deductible Income for Weeks (Before/After) Investigation can be coded. If the earnings/income are not related to the denial issue under investigation and the agency has not adjudicated other issues in which the claimant’s WBA or MBA were reduced because of the earnings/income, enter ‘0’ in Earnings Deduction for

Weeks (Before/After) Investigation and Other Income Deduction for Weeks (Before/After) Investigation.

**18. If DCA is investigating a denial that has been appealed and discovers new information that could change the outcome of the decision, should DCA attend the appeals hearing or present this information to the appeals authority?**

A. This depends entirely on state law.

**19. If a DCA case has been appealed, should DCA wait until the appeals authority issues a decision before closing the case?**

A. No. DCA should conduct its investigation independently of the appeals process and come to its own conclusion concerning the accuracy of the initial determination to deny eligibility. Information on appeals should be coded in the data elements Initial Determination Appealed and Results of Appeal as of the date that the DCA case is sign-off by the supervisor.

**20. If the claimant requests a monetary redetermination, should this information be coded as an appeal in the Initial Determination Appealed data element?**

A. If state law allows claimants to appeal a monetary denial, and the appeals referee can assign wages, this should be coded in the Initial Determination Appealed data element. A request for a monetary redetermination through the agency claims taking process should be coded '0' (No appeal filed).

**21. For a temporary total disability case that involves an alternative benefit year, does DCA need to verify the disability and dates as well as wages from both the regular and alternative base periods?**

A. DCA must verify the disability and dates. DCA only needs to verify the wages that were used in the alternative base period that was the basis for the denial unless DCA determines that the dates of disability were incorrect and that the original monetary determination should have been based on the normal base period. In that case, wages in the normal base period will have to be verified in order to determine if the claimant is monetarily eligible.

**22. If the local office that issued a nonmonetary denial selected for DCA cannot locate the case file (decision, fact finding, etc.), does the DCA investigation stop at that point and code an error or does DCA conduct original fact-finding and come to its own conclusion?**

A. For all sampled denials that meet the definition for inclusion in DCA, DCA must conduct its own fact-finding and come to a conclusion about the accuracy of the denial based on all available evidence it has collected independent of the agency's original determination.

**23. Claimant filed an initial claim (IC) and submitted a low earnings report issued by his employer. Both the low earnings report and the claimant's IC had an incorrect social security number (SSN), and the claim was denied. Claimant also had already established a**

**benefit year, which had not ended when the IC was filed. DCA investigation determined that the low earnings report was in a different base period, and that if the claim had been filed under the correct SSN, the claimant would have been eligible for benefits. How should DCA code the WBA, MBA, base period wage and high quarter wage fields? Should these reflect the IC or the existing benefit year?**

A. The DCA data elements should reflect the new claim that was erroneously denied due to the incorrect SSN. Any payments made in the current benefit year that the claimant had established are eligible for inclusion in the BAM paid claims sampling frames. Information pertaining to that benefit year would be coded if one of those payments were sampled.

**24. A monetary denial was issued because an incorrect SSN was keyed in. The claimant's correct SSN was subsequently identified and monetary eligibility is established a few days after the original denial. Should this case be included in the DCA samples? How should this case be coded?**

A. These cases should be screened out of the sampling frame within the two-week lag in sampling monetary denials. According to both ET Handbook 395 and UIPL No. 28-01, only records for claimants who are not eligible as of the run date of the BAM COBOL program should be included in the sampling frame. The main purpose of the two-week sampling lag for monetaries is to screen out claims that were initially denied but were then determined to be eligible based on verification of wage credits. These are eligible claimants who will be included in the BAM paid claims samples.

If the claimant is still ineligible after the two-week lag, the case should be coded as an error. DCA must identify the party responsible for the incorrect SSN information. If the agency has corrected the error subsequent to two-week lag, DCA should code prior agency action '20' - "Agency in process of resolving and took correct action before DCA investigation completed or agency had correctly resolved issue prior to sample being selected." (See Q./A. 25.)

**25. Question 27 in the DCA Q's and A's distributed in UIPL No. 45-01 instructs investigators to use Action Code Flag '0' if, despite the two-week sampling lag for monetary denials, a case is selected which DCA finds is now eligible due to receipt of out-of-state, UCFE, and/or UCX wage credits. How should such a case that does not involve CWC or Federal program wage credits be coded?**

A. If eligibility was established after the two-week lag period, DCA should code these cases '9' in the Action Code Flag data element (improper determination). Prior Agency Action should be coded '20' (agency in process of resolving or took correct action before DCA investigation completed), and the party responsible for the untimely or inaccurate reporting of base period wages should be determined and coded.

**26. Are redeterminations ever included in DCA samples?**

A. No. According to UIPL No. 28-01:

Nonmonetary determinations that deny eligibility or reduce a claimant's weekly benefit amount will meet the definition for inclusion in the ETA 9052 Nonmonetary Determinations Time Lapse (Detection Date) report. In general, the ETA 9052 report uses the same definitions as the ETA 207 report (ET Handbook 401, pp. I-4-3 to I-4-12). However, nonmonetary redeterminations, which are reported on the ETA 207 report, are not reported on the ETA 9052 report and should not be included in the DCA separation or nonseparation sampling frames.

As for monetary denials, according to UIPL No. 10-01:

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

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

Because the ETA 5159 is used to report claims as opposed to determinations, redeterminations are not explicitly addressed in the definitions of the reporting elements. However, monetary determinations reported on the ETA 218 Benefit Rights and Experience report specifically exclude monetary redeterminations. DCA did not reference the ETA 218 report as the operational definition for monetary denials because the ETA 218 is limited to monetary determinations made for new initial claims only and does not include monetary determinations involving only UCFE and/or UCX wage credits, which are included in DCA. To be consistent with the universe of nonmonetary determinations defined for DCA, redeterminations should not be included in the sampling frames for monetary denials.

**27. Should a denied claim that was subsequently redetermined to be eligible be included in DCA?**

A. Yes. DCA should investigate denied claims independently of the state's appeals or redetermination procedures. The outcome of the appeal is coded in Results of Appeal of Initial Determination and Prior Agency Action should be coded '20' (agency in process of resolving or took correct action before DCA investigation completed).

**28. The cause codes in ET Handbook 395 do not fit all of situations we have encountered in the DCA investigations. Are there additional codes that can be used?**

A. DCA investigators should document causes that are not covered by the current coding structure and inform the Department. If a significant number of investigated denials fall into these cause categories, additional codes can be added to the data element. DCA units are encouraged to use the last position of the three-digit cause code, which is available for state

options, to expand the number of cause codes currently available. DCA should document which state option codes are in use and insure that all investigators are using these codes consistently.

**29. What are the most recent on-line resources available for the Standard Occupational Classification (SOC), Occupational Information Network (O\*NET), and North American Industry Classification System (NAICS) codes? What is the difference between NAICS 1997 and NAICS 2002?**

A. The most recent O\*NET codes are available at <http://online.onetcenter.org/>. ETA's O\*NET classification system replaces the Dictionary of Occupational Titles and is based on the SOC. Information on SOC is available from the Bureau of Labor Statistics (BLS) at <http://stats.bls.gov/soc/>. BAM uses only the first three digits of the SOC (6 digits) and O\*NET (8 digits) codes.

Information on NAICS is available at <http://www.census.gov/epcd/www/naics.html>. NAICS 2002 is the same as NAICS 1997 for sixteen of the twenty sectors. Construction and wholesale trade are substantially changed, but the revisions also modify a number of retail classifications and the organization of the information sector. Information on NAICS 2002 is available at <http://www.census.gov/epcd/naics02/>. BAM uses only the first four digits of the 6-digit NAICS/NAICS 2002 codes.

**30. If a claimant fails to respond to a request to provide information on the claimant questionnaire, can the agency establish an issue, which could affect the claimant's benefits eligibility?**

A. This depends on state law.

**31. In coding the claimant's remaining balance, when does DCA stop counting – as of the date of the denial determination, all of the weeks affected by the determination, or the date that the DCA investigation is completed?**

A. According to ET Handbook 395, for Remaining Balance as of Date of Determination/Compensable Week Ending Date, Before Investigation, "Enter remaining balance of claimant's benefits as of the date of the determination under investigation or the compensable week ending date even though it was paid at a later date". Investigators are further instructed to:

- Array payments in chronological order by compensable week ending date.
- Sum the dollar amount of all weeks paid up to and including the last week in the period included in the determination under investigation.
- Deduct this amount from Maximum Benefit Amount.

So, DCA coding should reflect the claimant's remaining balance for all weeks affected by the denial determination under investigation.

Example: Claimant's MBA is \$5,200 (\$200 WBA for 26 weeks). Claimant's first four weeks were reduced by \$50 each due to pension. Claimant's remaining balance before investigation is:  $\$5,200 - [4 \times (\$200 - \$50)] = \$5,200 - \$600 = \$4,600$ .

For Remaining Balance as of Date of Determination/Compensable Week Ending Date, After Investigation, according to ET Handbook 395, "Enter remaining balance of claimant's benefits which should have applied, after the investigation. Deduct amount of the compensable week payment regardless of date paid when computing remaining balance."

Example: In the previous example, DCA determines that the claimant's WBA should not have been reduced by \$50 for the four weeks. Claimant is issued a supplemental check of \$200. Claimant's remaining balance after investigation is:  $\$4,600 - \$200 = \$4,400$ .

**32. Agency issued an indefinite denial on a nonmonetary issue, which was reversed on appeal several weeks after the original denial was issued. Upon the reversal, claimant received benefits for the weeks that had been denied while the appeal was pending. How should DCA code the before and after remaining balance data elements?**

A. If the appeal was reversed before DCA closed the case, the remaining balance before will equal the claimant's MBA (assuming no benefits had been paid at the time the original denial was issued). The remaining balance after will equal the MBA minus the sum of the payments received at the time DCA closes the case. If the appeal was reversed after DCA closed the case, the before and after remaining balances will equal the claimant's MBA.

**33. Are Temporary Extended Unemployment Compensation (TEUC) claims included in DCA?**

A. No. Per ET Handbook 395, chapter III, pp. 12-14, the definitions for monetary, separation, and nonseparation denials all exclude, "denied claims made under the STC, EB, TRA, DUA programs, any temporary Federal-State supplemental compensation programs, or other special programs, such as [Emergency Unemployment Compensation] EUC." Like the EUC program, TEUC is a temporary program and is funded entirely from Federal revenue. If the DCA investigation determines that a sampled denial is a TEUC claim, the Program data element should be coded '8'. The case does not have to be signed off, and these cases will not be included in the case completion or time lapse reports.

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