OWCP PROCEDURE MANUAL
PART 4 - PLANNING AND EVALUATION

LIST OF CHAPTERS

4-0200 - OWCP ANNUAL OPERATIONAL PLAN

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1. Overview. This chapter explains the purpose and development process of OWCP's Operational Plan. The Operational Plan is the agency's annual statement of goals and objectives for workload productivity and performance. The Operational Plan contains staffing allocations, and output, timeliness, and other workload targets and standards for each of the Federal Employees', Longshore and Harbor Workers', Coal Mine Workers', Energy Employees Occupational Illness Compensation, and Vocational Rehabilitation programs. Individual district office and nationwide performance against operational plan goals are tracked, measured, and evaluated through the Quarterly Review and Analysis (QR&A) process (see Part 4, Chapter 4-400).

The Operational Plan is developed within the context of OWCP's budget and long-range strategic planning. In that regard, output goals must be consistent with the level of committed in

the applicable budget submission to the Office of Management and Budget and to Congress.

Further, the Chief Financial Officers Act of 1990 required annual financial statements which include performance measurements reflective of program efficiency and effectiveness. These statements include measures common to the Government's pension and social security programs, such as the timeliness and accuracy of the adjudication and payment of benefits which are part of OWCP's operational planning and quality review processes.

2. The Development Process.

   a. Responsibilities

   The National Office program head is responsible for the development of the respective individual program plan. The Director of the Division of Policy, Planning and Standards (DPPS) is responsible for the Vocational Rehabilitation plan. DPPS is responsible for setting timetables, providing staff support to the programs, coordinating development among the program heads and the regional directors, and issuing the Operational Plan.

   b. General Timetable

   Development of the Operational Plan occurs during the fourth quarter of the fiscal year prior to the plan year. The plan is first produced in preliminary form in the National Office and is issued by the Director in July to OWCP's regional directors for comment. The plan is issued in final form by the end of August. The plan year begins on October 1, and ends on the following September 30. Performance toward achievement of the plan is reviewed each quarter.

3. General Content and Format. The core of the operational planning process is the formulation by the OWCP divisions of staffing allocations, output and inventory targets, and timeliness standards. Staffing allocation formulas generally base the distribution of personnel on the amount of work to be done in each geographic area. Workload measures are selected to produce performance outcomes which support program objectives and initiatives. The divisions must set obtainable goals for workload measurement which will provide fair and accurate assessments of performance.

New workload measures, new formulas, and revisions are proposed to field managers and other in the Preliminary Operational Plan. The National Office responds to comments received and presents its decisions in the Final Operational Plan. The plan also contains the programs' workload-related objectives and initiatives, definitions of the workload measures, reporting instructions, and other relevant information.

The Operational Plan follows the standard format below. Part I presents detailed narratives of

the subject areas, rationale and comments on new proposals, and discussion of final decisions; Part II presents in a brief statement each of the individual workload measures. Part III presents definitions, tables, formulas, report forms, and supplementary information.

Part I. DISCUSSION

-Objectives and Initiatives
-FTE Resource Allocation
-Output and Inventory Measures
-Timeliness Standards
-Reporting Requirements
-Other discussion

Part II. WORKLOAD MEASUREMENTS

-Output and Inventory Measures
-Timeliness Measures

Part III. ATTACHMENTS

-tables and formulas
-definitions
-report forms

4. Guidance.

a. Objectives and Initiatives are presented individually in bullet-point fashion. Described here are the programs' ongoing or plan year specific workload objectives and specific initiatives underway or planned to support and further those objectives.

b. Staffing Allocations distribute Federal full time equivalencies (FTE) to field and national office units. Allocations are usually based upon set formulas which weigh various workloads common to each geographic unit. Other factors may also be considered when making allocation decisions. Allocation formulas, their outcome, and the final distribution are discussed at length in Part I of the Operational Plan.

c. Output and Inventory Measures set targets, expressed as either a count or a percentage, in various performance categories. Outputs could include actions initiated or completed; inventories could include such things as actions pending, cases in a particular status, overpayments, etc.

d. Timeliness Standards set the timeframe for which a percentage of workload actions must be completed. Many timeliness measures include more than one performance

tier. This recognizes that not all actions of the same category can be completed within the same timeframe.

e. <u>Reporting Requirements</u> are placed upon the responsible reporting unit for the production and submission of the reports by a specified date, usually within the first few days of the close of each quarter. Included in this are both automated and manual reports. When applicable, the plan will contain copies of new or revised versions of manual reports.

f. <u>Definitions</u> identify the data source and the system codes, and explain the terminology, used for each workload measure, and identify action or status dates used to measure timeliness.

g. <u>Tables and Formula</u> are generally numeric presentations of staffing distributions, workload targets and workload projections.

4-0300   ACCOUNTABILITY REVIEWS

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1. <u>Purpose and Scope</u>. This chapter describes National Office accountability review procedures that the Office of Workers' Compensation Programs (OWCP) uses to monitor work quality, timeliness, and administrative efficiency in the four programs that it oversees: Federal Employees' Compensation (FEC), Black Lung (BL), Energy, and Longshore (LS).   It also incorporates information regarding the FECA management review, an off-year supplement to the accountability review, and the rehabilitation quality management review.

2. <u>Overview</u>. Regular accountability reviews provide national, regional, and district office management with an objective analysis of operations and the information they need to measure performance and eliminate potential problem areas. Each program has quantitative standards and qualitative standards that ensure that each office within a program is reviewed on the same basic criteria. Qualitative standards are usually tied to specific written procedures.   In every review, the review team leader and District Director are responsible for a spirit of cooperation between the review team and district staff while the review is being conducted. When this happens review serves the positive purpose for which it was intended.

3. <u>Scheduling</u>. Accountability reviews are scheduled on a fiscal year basis by the four National Office program divisions. Each division should try to review its district offices biannually with National office review teams (contingent on staff and funding availability) and must submit a memorandum proposing the review schedule for the following fiscal year to the Office of the Deputy Assistant Secretary for Workers' Compensation by August 20th annually. The Division of Planning, Policy, and Standards (DPPS) resolves any conflicts and forwards a combined OWCP schedule to the Office of Management, Administration and Planning (OMAP).

4. <u>Staffing and Review Coordination</u>. The program selects a team leader and the necessary team members. If rehabilitation activities are included in the review, DPPS assigns a team member for this purpose who performs his or her review activities under the direction of the program team leader. The team leader is responsible for coordinating review activities and communication with regional and district office managers.

5. <u>Off-Site Preparation</u>.   Off-site preparation begins after staffing selections but never less than sixty (60) days prior to the scheduled review date.

a. <u>Local Arrangements</u>. The team leader makes arrangements for on-site work space with the Regional Director or the District Director. Review team members require a work area, supplies, clerical support (if available), access to automated data processing equipment and personal computers. Files scheduled for review are placed in the work area and separated according to the particular review standard for which they are selected. The team leader also ensures entry to the worksite. He or she provides team members with all appropriate travel and work site information three to four weeks prior to the scheduled review date.

b. <u>Review Parameters</u>. The team leader sets the period of time that the review covers (usually the 12 months of four quarters prior to the review date), the accountability standards to be reviewed and any known special issues that management has asked the review team to consider.

c. <u>Off site Review and Analysis</u>. The team leader assembles and reviews program productivity and performance data. As part of this information gathering process, the team leader may also confer with regional, district office, or DPPS staff.

> (1) <u>Data Collection</u>. The team leader collects performance data which may include print-outs, previous accountability review reports, any corrective actions, Quarterly Review & Analysis (QR&A) feedback, operational plans, and other reviews and analysis regarding the office including National office reviews, regional reviews, OIG, and GAO audits and any action plans resulting from those reviews or audits. Data collection should begin about sixty days prior to the review.

> (2) <u>Off Site Analysis and Report</u>. After reviewing the data, the team leader prepares a written "off-site" report that contains any significant findings such as unresolved issues from previous reviews, QR&A issues or workload statistics which may have a direct bearing on the upcoming review.

> (3) <u>30 Day Notice</u>. This notice is usually addressed to the Regional Director and signed by the appropriate program head with copies including attachments to the District Director and contains the review dates, the name and office telephone number of the team leader, the number of people on the team, and the parameters of the review including any special issues. It should state that additional issues may be identified during the review and should also include any special instructions. These might be arrangements for clerical support, work space, and supplies; any special information needed for the district office prior to the review; the proposed on –site schedule including the opening conference and the close-out; and the tentative team member assignments. The "off-site" report is attached to the 30 day notice.

This notice must be mailed 30 days prior to the review date.

    e. <u>Review Team Instructions</u>. The team leader starts considering team member assignments at least six weeks prior to the review. These assignments take into account each team member's experience and expertise. Approximately three to four weeks prior to the scheduled review date, the team leader notifies team members of their assignments, provides them a copy of the appropriate standard(s) and other program specific documents (training materials, instructions, worksheets), and advises them to obtain and review both automated system data and program procedural directives that may related to their review assignment.

    f. <u>Case Selection</u>. Two to three weeks prior to the scheduled review date, the team leader obtains copies of print-outs that list cases appropriate for review under each accountability review standard. The case selections are made using either the random sampling technique contained in the ESA Manual of Administrative Instructions, Appendix AR-14, or another valid statistical method.

As close to the scheduled review date as possible (the district office must have a reasonable amount of time to locate, pull, and organize the requested cases during regular work hours), the team leader notifies the district office in writing of the cases selected.

6. <u>On-Site Review</u>.   The team leader is responsible for coordinating and managing the on-site review. The pace and structure of the review should promote a continual flow of information between the team and office management staff and an atmosphere in which the team members can accomplish their tasks in the most efficient way possible.

    a. <u>Meetings</u>. The team leader is responsible for a number of meetings during the review. These include the opening conference, team meetings, other management meetings, the close-out conference and a post-close-out meeting.

        (1) <u>Opening Conference</u>. Shortly after arriving on site, the team leader conducts a conference with office management and with team members if they have arrived. In this initial meeting, the team leader goes over the review schedule and agenda, reiterates the purpose of the review, and explains any special issues and meets regional or district office staff. The District Director is asked to name one or two supervisors who will be available to review any problem cases. At the end of the meeting the team leader, together with the District Director, arranges any clerical support, inspects the review team's work site for space and supplies, and makes any last minute requests or adjustments.

(2) Team Meetings. In the afternoon of the first day, the team leader meets with all the team   members to explain duties, go over assignments, explain the lay-out of the cases for review, and make all necessary introductions to regional and district office staff. At this time, the team leader also provides team members with pre-prepared Forms AR-1 (Accountability Review Findings: Exhibit 1. Longshore program will continue to use current procedures and the existing form AR-1 until such time as its automated case management system is able to accommodate percentage performance measures). Team members use this form to record their findings for each standard.

The team leader meets daily with the entire team to determine the findings to date, to listen to any suggestions for corrective action, and to assess the amount of work completed. Work assignments may need to be adjusted on the basis of these meetings.

(3) Management Meetings. The team leader holds periodic meetings with management to apprise them generally of findings to date. Worksheets are shared as review categories are completed. At this time the team leader also explores potential corrective actions with the office managers.

(4) Close-out Conference. The team leader conducts the close out conference and gives a summary of the findings and the corrective actions. The team members give a verbal overview of their findings on each standard. The conference attendees are provided with a copy of the Accountability Review Report (see 6b below) which includes a brief executive summary of review results, Forms AR-1, worksheets for errors that the team leader and the district office manager feel are significant enough to be included in the formal report, and a list of proposed corrective actions. District office staff who attend this conference should be allowed time to ask questions.

(5) Post Close-out Meeting. The team leader may meet with the regional and district director and National Office program head to define any unresolved difference, clear proposed corrective actions with the regional and National Office management, and to determine any additional corrective actions that may be needed.

b. Accountability Review Report. The elements of the accountability review report are listed in 6a(4) above. Each element is prepared during the course of the review by either the team leader or individual team member (Because the DLHWC review teams are extremely small, they will continue to provide a comprehensive oral report, and Corrective Action List (see 6b(4) below) at the

closeout. A written accountability review report, consisting of the elements described below, will follow within 10 days of the on-site review completion date).

(1) <u>Cover Memorandum/Executive Summary</u>. The Team leader prepares a memorandum for transmitting the written report to the OWCP Director. He or she may also prepare a brief executive summary consisting of general information about the review itself: review dates, team composition, any special issues to be considered, etc; general review results and an assessment of office performance during the review period; and any error or finding that the team leader and district office manager agree should be highlighted in the report. The Executive Summary should not exceed one and one-half pages in length.

(2) <u>Form AR-1</u>. The team members prepare a form AR-1 (see 6a(2) above) for each standard reviewed (Longshore procedures do not require a review rating at this time).

(a) The "Findings" section of the AR-1 details the review team's analysis and findings regarding the office's performance under the particular standard being considered. Where practical, specific cases with errors are identified, along with the nature of the error(s), in the "Findings" section.

(b) The "Others Significant Findings" section discusses any trend or finding that is not specifically covered by, but is related to, the standard. This section is also the place to indicate that an office has corrected a performance deficiency during the course of the review, eliminating the need for further action.

(c) The "Improvement Since the Last Accountability Review" section highlights significant improvements in performance and, as appropriate, discusses the effectiveness of corrective actions from the previous review.

(3) <u>Worksheets</u>. Reviewers use worksheets to summarize their findings for each case or set of cases they review. Worksheets provide the basic data for completing form AR-1 (see 5b(2) above). The team leader relies on worksheets to answer any questions about the finding after the review is finished. At a minimum, each worksheet, regardless of program, must clearly state the standard, the identifying case number, the finding, the name(s) if the reviewer, the date of the close-out, and, if appropriate, why the case failed to meet standard.

(4) Corrective Action List. Each program standard has a threshold requirement for acceptable performance. Failure to meet the threshold requirement triggers a corrective action in the absence of mitigating circumstances. A corrective action is a plan to eliminate substandard performance.

7. Post-Review Activities. The review team, district office, and regional and National Office management complete all post-review activities within 30 days of the close-out conference, including developing corrective action plans if this was not done during the course of the review. If agreement has been reached with the regional director during the post close-out meeting (see 6a(5) above) on a proposed corrective actions, there is no need for further action on the part of the team leader. The district office manager and regional director complete and submit Form AR-10 (Corrective Action Progress Report: Exhibit 2) as required (see OWCP Procedure Manual, Chapter 4-400, Quarterly Review & Analysis. All the information needed to complete the form is available in the accountability review report.

a. Report is Final. If the parties agree with the review findings and proposed corrective actions, the team leader sends DPPS a copy of the report within seven days of returning from the review with a draft memorandum for the Director, OWCP's signature stating that the report is now final and any proposed corrective actions are in place. After signature, the memorandum is distributed to regional and district office directors, National Office program heads, and the team leader within ten days of the report's arrival in DPPS. A copy of the report is retained with the memorandum in the Director's file.

b. Region Files Rebuttal. If there is disagreement regarding the review findings, the regional director notifies the team leader within seven days of the close-out conference that he or she intends to submit a rebuttal. The rebuttal is due to the team leader within 15 days of the close-out conference (for DLHWC, this will be within 15 days of the written report issue date). It clearly states all the reasons for disagreement. The team leader has 15 days from the receipt of the rebuttal to prepare and issue a response to the regional director, district director, and National Office program head. This response clearly states the reasons for agreement or disagreement with the regional office's position. The team leader forwards the response, a copy of the rebuttal, and a transmittal memorandum for the signature of the Director, OWCP to DPPS. After the Director has signed and the response is issued, the package is filed as an addendum to the original report.

8. Quarterly Review of Form AR-10. The corrective actions stemming from an accountability review are revisited each quarter as part of the Quarterly Review and Analysis process. The regional director submits a status report on each open action with the quarterly data submission. During the conference call, the regions are notified whether corrective actions are considered

closed or require further reporting. If there is no conference call, actions are closed by notifying the regional director in the final quarterly report.

9. FECA Management Review. In FECA, each district office is required to conduct a biannual quality review. For some items, the National Office supplies universe from ADP reports. For other items, the universes are derived at the district office level. The items for review are listed in Exhibit 3, which also shows where the reports for each item are generated.

      a. Relation to Accountability Review. Each district office reviews the quality of the claims and fiscal actions consistent with standards and procedures used for accountability reviews.

      b. Time Frames. Approximately one year after each office's most recent accountability review, the National Office generates a report listing cases for management review in that office, and the review is conducted promptly upon receipt of the case listings. Interim reviews are performed special items which were found deficient during an accountability review.

      c. Sample Size. A table for determining statistically valid sample sizes for reviews is shown in Exhibit 4. These samples are not to be used for evaluation of individual employees. A sequential sample should be selected in accordance with the instructions contained in Exhibit 5.

      d. Preparation and Release of ADP Reports. The reports to the district offices are similar to the computer listings used in accountability reviews. In the district office's reports, however, the listings of cases are subdivided where possible based on individual claims unit case number breakdowns, and where possible the time parameters used for case selections are shorter then those used by the National Office.

      e. Forms. The worksheet and AR-1 forms used in accountability reviews are available from the National Office. The results of case reviews are recorded on the worksheets and the findings of the supervisor's reviews are explained on the AR-1 forms. Both sets are forwarded to Assistant District Director.
      f. Higher-Level Review. The Assistant District Director (or other designee) reviews a twenty-five percent sample if the office-wide findings.

      The higher-level reviewer also uses the accountability review worksheets and the AR-1 forms to report findings. These reports, along with the reports of the first line supervisors, are submitted to the DD.

      The DD reviews the findings of the supervisors and managers and assesses then adequacy of any corrective actions. Management review documentation is

retained until the next accountability review, at which time the findings are discussed by the team leader and district office management.

g. Error Rate. For the purpose of determining internal corrective actions, a provisional error rate of 15% is acceptable in all categories. Because of varying sample sizes, the error rate of 15% can only be applied with certainty when the entire universe has been sampled. The allowable error rates will vary from 15% to 24% (see Exhibit 4).

The formula for determining the maximum error rate limit has a confidence level of 95% that any findings which exceed the stated values indicated that on office or unit does not meet the standard for that item.

h. Reports. A review should be completed within two months of the date on the printouts released by the National Office.

(1) If corrective actions are required, Form AR-10 is prepared and submitted to the National Office, along with copies of the worksheets for items 2a and 3f. Updated AR-10s are submitted to the National Office as part of the QR&A process within five working days following the close of each quarter as long as the corrective actions remain open.

(2) If no corrective actions are required, a memorandum stating that the review has been completed is submitted to the National Office. A sample form for this purpose is provided as Exhibit 6.

10. Management Review of Rehabilitation Quality. This review should be conducted in every FECA and Longshore district office in the year in which a National Office Review is not performed. It should also be performed if a National Office accountability review of rehabilitation issues does not take place. It consists of randomly sampling vocational rehabilitation cases and reviewing the Rehabilitation Specialist's (RS) management of rehabilitation counselors. Results are reported to the Regional Director, with a copy submitted to the Division of Planning, Policy and Standards (DPPS) in Washington, D.C.

a. Review Preparation. To prepare for the review, the designated review uses: (1) the OWCP Procedure Manual Part 3- particularly chapters 3-201, 3-300, 3-400 and 3-700; and (2) the counselor certification guidelines (Red Book revised June, 1993). Copies can be obtained or questions regarding the standards answered by calling the Branch of Medical Standards and Rehabilitation.

b. Standards. The timeliness and quality of rehabilitation services, the equitable use of available counselors and the quality of the management of counselors by the RS and measured using standards 4a-f of the FECA accountability review

manual and standard 10 of the Longshore manual.

c. <u>Worksheets</u>. Worksheets are available from DPPS in the National Office.

d. <u>Universe and Samples</u>. The size of the universe of cases for a particular item and the sample size which is adequate for a statistically valid sample is determined from Exhibit 5. The sample is drawn from the most recent month's automated reports. If the office has more than one RS, samples are selected so that each RS's work is sampled in proportion to workload size. The Counselor Referral Log is used to review RS counselor management issues.

e. <u>Reporting</u>. The reviewer prepares a summary report for the Regional Director which includes, for each standard, the size of the universe of cases, the statistically valid sample size, the number of cases reviewed, the error rate and a discussion of the types of errors and other significant findings noted. The Director, DPPS, Room s3524, Frances Perkins Building receives a copy of the report.

f. <u>Corrective Actions</u>. Office management will use corrective actions to address problems that emerge during the review. Management review reports and any corrective actions will be examined as part of the bi-annual National Office accountability process.

Exhibit 1, Page 1 of 2:

AR-1: ACCOUNTABILITY REVIEW FINDINGS

DATES OF REVIEW:

OFFICE REVIEWED:

REVIEWING OFFICE:

STANDARD(s): [Standard number and description]

Quality

                                                  Quantity

                                                                  Timeliness

Acceptable Rating: %

Rating for Review: %

Sample Size: Number of cases reviewed:
Number of cases with errors:

FINDINGS:

REVIEWER(s):   DATE:

[signature of review team member(s)]   [date of
close-out conference]

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Exhibit 1, Page 2 of 2:

AR-1: ACCOUNTABILITY REVIEW FINDINGS

CONTINUATION OF FINDINGS:

OTHER SIGNIFICANT FINDINGS:

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL: [This section is to be used only if the reviewer has found that there have been exceptional circumstances totally beyond the control of the manager which have prevented the meeting of the standard.]

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Exhibit 2:

AR-10: CORRECTIVE ACTION PROGRESS REPORT

CORRECTIVE ACTION PROGRESS REPORT

       To be added at later date...

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Exhibit 3:

<u>MANAGEMENT REVIEW ITEMS</u>

Review Item	Provided by	Subject
2a	NO	Initial Payments
2b	NO	Memos and Compensation Orders
2c	DO	Reconsiderations
2d	DO	Remands
3a	NO/DO	Medical Development
3b	NO	Occupational Case Processing
3c	NO/DO	Identification of Cases for Conferencing
3d	DO	Quality of Conference Memos
3e	NO	Response to COP Controversions
3f	NO	Initial Adjudications
4a	NO/DO	Medical Interventions
4b	NO/DO	WEC Determinations
4c	NO	Nature/Extent of Disability
4d	NO	Employment and Dependency
4e	DO	Rotation of Referee Specialists
4f	DO	QCM Cases

4g	DO	Nurse Services
5a	DO	Overpayment Processing
5b	DO	Overpayment Waivers
5c	DO	Accounts Receivable Review/Write-Offs
5d	DO	Timeliness of Notification
5e	DO	Timeliness of Final Decision
6a	NO	Third Party Identifications
6b	NO	Third Party Processing/Monitoring
9a	DO	Cash Receipts
9b	DO	Automated Fund Control
9c	DO	DMS Maintenance
9d	DO	Health Benefits Procedures
10a	DO	FECS Status Codes and Dates
10b	NO	TPCUP Codes
10c	NO	ICD-9 Codes
10d	NO	QCM Codes
10e	NO/DO	Recurrence Codes
11a	DO	Bill Processing
11b	DO	BPS Transactions Reviews
11c	DO	BPS History Updates
11d	DO	Bypass Codes
12a	DO	ACPS Payment Authorization/Keying
12b	NO	Management Authorization for ACPS
12c	DO	ACPS History Updates
13a	DO	Proper Forms for Bill Submissions
13b	DO	Bill Screening
13c	DO	Separation of BP Functions
13d	DO	Separation of ACPS Functions
13e	DO	Validation of Address Changes

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Exhibit 4:

SAMPLE SIZES AND ALLOWABLE ERROR RATES

		ALLOWABLE
UNIVERSE	SAMPLE	ERROR
(N)	SIZES (n)	RATES (%)
0-34	same	15

40	34	19
50	34	21
60	34	22
70	34	22
80	34	23
90	34	23
100	34	23
110	34	23
120	34	24
130	34	24
140	34	24
150	34	24
160	34	24
170	34	24
175	34	24
200	35	24
225	36	24
250	37	24
300	37	24
325	38	24
350	38	24
400	39	24
450	39	24
500	39	24
600	40	24
700	40	24
800	41	24
900	41	24
1000	41	24
1100	41	24
1200	41	24
1300	41	24
1400	41	24
1500	42	24
1600	42	24
1700	42	24
1800	42	24
1900	42	24
2000	42	24
2100	42	24
3000	42	24
4000	42	24
5000	42	24

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 6000     42     24
 7000     42     24
 8000     42     24
 9000     42     24
10000     42     24
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Exhibit 5:

<u>SELECTING A SEQUENTIAL SAMPLE</u>

Selecting an approximately equal number of sample cases for each Claims Examiner (CE) involves drawing a sequential selection of sample cases from the universe of cases listed for each element of the review. All that is required is to determine the sequential order of the sample cases and the starting point (case number).

For example, assume that a universe consists of 600 cases which are listed on a computer printout by ascending triple terminal digits or in alphabetical order, and that the cases are sequentially numbered from 1 through 600. Also assume that the sample size is 40. The sequential sample order is obtained by dividing the sample size into the universe size, i.e., 40 into 600.

The result, which is 15, indicates that the random sample of 40 cases can be obtained by sequentially selecting every 15th case in the universe of 600 cases. The starting point may be chosen by arbitrarily picking a number from one through 15. Assuming that the random starting point chosen is five, the 40 sample cases would be selected by checking off every 15th case listed starting with case #5.

If the office has 20 CEs and each is responsible for 30 of the 600 cases listed, then the sequential method of selecting sample cases will result in two sample cases being selected from each CE's universe of 30 cases. If cases within a universe are distributed unevenly among the CEs, the cases in the sample selected by this method will tend to be distributed accordingly.

Exhibit 6:

<u>SAMPLE MEMORANDUM</u>

MEMORANDUM FOR: THOMAS M. MARKEY
                          Director for
                          Federal Employees' Compensation

FROM: DISTRICT DIRECTOR

SUBJECT: Completion of Management Review

The NAME OF DISTRICT OFFICE has completed its management review for the reports generated by the National Office and transmitted to us on DATE. All required levels of supervisory or management review have been performed and the findings have been documented consistent with the instructions in FECA PM Chapter 8-201.

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4-0400 - QUARTERLY REVIEW & ANALYSIS

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1. <u>Purpose</u>. This chapter describes and provides the instructions for conducting OWCP's Quarterly Review & Analysis (QR&A). The QR&A provides for the tracking, reporting and analysis of field office performance in carrying out fiscal year operating plans. Through analysis of new incoming and current workload inventory, the QR&A process also assists management in budget planning for future resource needs.

Major features of the QR&A process include the early compilation of performance related data, the increasing automation of data collection, and a focus on performance exceptions and positive and negative trends. Discussion and appraisal of performance is conducted together by national and regional management through teleconferences. Development of written, effective corrective action plans by the district offices is accompanied by positive feedback from the National office.

2. <u>Collection and Analysis of Preliminary Data</u>. The QR&A process begins at the close of each quarter with the scheduled generation of preliminary data from automated and manual sources in either the National or Regional offices and the submission by the regions where relevant of updated accountability review AR-10's (Exhibit 2). The data is analyzed by program staff in the National and Regional Offices to identify performance problems, improvements, and positive and negative trends.

> a. <u>Division Directors</u> are responsible for ensuring that all preliminary automated data are timely submitted to DPPS according to the schedule of timeframes for performance data availability shown in Exhibit 1. For those QR&A data not available on automated systems, division directors will obtain the data from the regions and will ensure that DPPS receives the manual data. Division directors are to analyze their preliminary performance data and AR-10's to identify significant issues for conference call discussions.

> b. <u>Division of Planning Policy and Standards</u>. At the close of each quarter, DPPS will issue a call via E-mail for manual workload and performance reports and AR-10s. DPPS is responsible for compiling all data from the individual programs and distributing it in QR&A format to the Division Directors, Deputy Assistant Secretary (DAS), Deputy Director, and Regional Directors; for scheduling the agenda setting meetings in the National Office (NO); and for transmitting a teleconference schedule and agenda to each region.

> c. <u>Regional Directors</u> are responsible for the timely submission of manual workload and performance reports and AR-10s via E-mail to DPPS according to the timeframes specified in Exhibit 1; for transmission of automated data where applicable; for reviewing preliminary QR&A data as soon as it is received from the National Office; and for ensuring that their staff is fully prepared for the management conference calls. The latter includes: (a) making sure that appropriate staff participate in conference calls; (b)

analyzing performance results and proposing corrective actions; and (c) providing comments and confirmation on corrective actions agreed to previously.

3. Management Conference Calls. Conference calls are held among management and staff of the National and Regional Offices to discus significant quarterly or year-to-date performance issues, proposed corrective actions plans, and the status of implementing accountability review corrective actions. Performance issues generally are negative deviations from program plan or declines in performance over a significant period and inadequate progress in implementing accountability review corrective actions. The conference calls are conducted over a three working day period where possible.

a. Definition of Deviation. A significant deviation, in the case of Output, Inventories and Debt Management, is defined as any negative variance in excess of ten percent. The Timeliness standards as represented in the program plans must be met, with no allowable variance, for the district office to be considered to have met its performance goals. For discussion purposes, all timeliness standards are analyzed on a cumulative as well as a quarterly basis. However, the district office is considered to have met the standard for the planning year if the cumulative statistics equal or exceed the goal. When quarterly statistics begin to equal or exceed the goal while the cumulative statistics do not, it should be taken as an indication that the district office's corrective actions are having a positive effect.

b. Criteria for Discussion of Problems in Conference Call. The decision to include an item in the conference call with a particular region will take into consideration such factors as whether or not a district office's performance deviates significantly from plan on either a quarterly or cumulative basis, whether there are downward performance trends, whether the performance issues have been previously discussed, and whether the current correction actions have been ineffective. Not all workload deviations discussed will require the submission of a corrective action (CA) plan. However, any CA plan required for submission following the conference call will confirm the agreements reached.

c. Corrective Action. A corrective action is defined as a positive measure planned to remedy a performance shortfall, and which describes the course of action to accomplish a particular goal according to a specified timeframe.

4. Submission of Corrective Action Plans. Where appropriate, corrective action(s) for workload and performance deviation(s) will be jointly agreed to during the conference call. The Region will then prepare and submit to DPPS its CA plan(s) which include written confirmation of corrective actions agreed upon during the conference call. CA plans are to be submitted only for those issues agreed to during the conference calls.

When an accountability review corrective action has been the subject of a conference call and a revised or additional corrective action is recommended, the National Office may also require a modified AR-10.

5. Quarterly Performance Report. The OWCP Quarterly Performance Report, the record document for the QR&A, consists of 1) a National Program Summary; 2) any corrections to the Workload and Performance data tables; 3) updated AR-10s; 4) a summary of conference call topics; and 5) feedback reports (Exhibit 3) for each region that addresses corrective actions proposed for any performance or accountability review shortfalls.

   a. Division Directors are responsible for the analysis of the regional corrective action plans submitted for their respective programs and preparation of feedback reports which are submitted to DPPS according to the schedule in Paragraph 6, below.

6. QR&A Process Schedule

   a. Immediately following the close of each quarter, DPPS issues a call for manual reported data (e.g., CA-80, Exhibit 4) and accountability review AR-10s. DPPS also issues a schedule for the entire quarter's QR&A cycle which includes tentative dates for the management conference calls.

   b. Preliminary data from automated and manual reporting systems are AR-10s is generated by each program and submitted to DPPS according to the submission schedule (Exhibit 1). If no unusual system problems occur, the Workload and Performance Reports are completed by DPPS by the 12th workday following the close of the quarter distributed to the National and Regional Directors.

   c. Upon receipt of the preliminary data, National and Regional Offices complete their analysis within five work days. Meetings will be held among the OWCP Director and Division Directors to develop an agenda for the Management Conference Calls.

   d. Immediately following these meetings, DPPS confirms with the regions via E-mail whether or not a conference call is required and provides an agenda listing by program the main topics to be discussed.

   e. Conference calls take place among senior managers over a three-day period beginning, optimally, by the 20th workday following the close of a quarter.

   f. Regional offices submit CA plans and modified AR-10's within ten working days following their conference call. The Director, DPPS must approve any extension of this timeframe. Submission should be transmitted to the Director, DPPS via E-mail whenever possible. Large documents should be sent via "Pouch" mail using the address below:

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Room C-3315
200 Constitution Avenue, N.W.
Washington, D.C. 20210
Attn: Director, Division of Planning, Policy and Standards

g. National Office programs and DPPS prepare and issue to the Regional Directors the Quarterly Performance Reports, which include Feedback Reports, no later then 40 working days following the close of the quarter.

It is important that all parties follow the schedule closely. Although it is understood that circumstances may arise beyond the control of managers, any slippage is the schedule creates a domino effect that lessens the value of the process as a proactive management tool.

7. Special Instructions by Program

a. Longshore. The majority of the QR&A data is obtained from the Sequent System at the end of each month through automated LHWCA District Office Statistical Report (LS-3) and the automated Workload and Performance Standards Reports. A copy of the LS-3 file for each office except Honolulu is transferred automatically to the National Office by the Sequent System on the evening of the third work day of the new month. It is important that the district office run the report on the afternoon of the last workday of the month or make it the first item of business on the morning of the first workday of the new month. Any last minute changes or additional inputs must be completed no later than COB the third work day of the new month.

The LS-3's, Supplemental Statistical Report, a manual report, must be completed and faxed to the Longshore Division Director by no later than COB the third workday of the new month.

Since the Honolulu office is not on the Sequent system a hard copy of the LS-3, the Workload and Performance Standards Report, and the LS-3s should be faxed to the Longshore Division Director no later that COB the third workday of the new month. The Honolulu office must also submit the monthly back-up tape(s) and the back up status listing. These should be submitted for receipt no later than close of business on the fifth work day of each month.

b. FECA. QR&A statistics are compiled from the monthly MIS reports, QCM report,

Recurrence Adjudication Summary, H&R and ECAB Cases Requested reports, Bill Payment System reports, DMCS Aging Summary, CA-80s, and Completed Claims Reports (for Timely Payment Standard). Monthly FECS-MIS reports are used to determine input, and timeliness for those measures available from the MIS system. Because there is some variance between the monthly reports and the quarterly reports, only the monthly FECA-MIS reports are used for QR&A reporting purposes.

c. Vocational Rehabilitation. The National Office uses the district office RH-1 summary reports to tract FECA rehabilitation performance for rehabilitation cases. The figure for Total Rehabilitated Cases is used for the actual total.

FECA and Longshore Rehabilitation Specialists will submit Form OWCP-12 to DPPS by the seventh calendar day following the end of the quarter. RS's needs only submit two items: referrals made to the RS in the quarter and new cases opened in the quarter. Data for the prior FY (second column) is not required. DPPS will make summary statistical data available to the Longshore and FECA Division Directors by the fifteenth calendar day following the close of the quarter and will recommend conference call agenda items in conjunction with Longshore and FECA.

d. Black Lung. All data is generated by the automated system. Data for the timeliness standards is obtained from the MIS #7 Report. Performance on the Claimant Dept Management Standard is measured from balances of aged debts in status codes "0" through "3" showing on the BLBM 0660, A/R Aging Report. MIS #7 and the BLBM 0660 Reports are distributed to the National, regional and district offices after the weekend following the close of the quarter.

Each district office should also review the Exception Report to MIS #7 which lists case actions completed outside the timeliness standard. Actions which were delayed for reasons beyond the office's control should be listed by standard affected and case number with a brief explanation for the deviation, and telefaxed to DCMWC's Branch of Standards, Regulation and Procedures by the 10th calendar day following the end of the quarter. The program Director must approve any extension of this timeframe for exception reporting. Approved extensions must be transmitted to DPPS by the 16th work day following the end of the quarter.

Exhibit 1:

TIME FRAMES FOR SUBMISSION OF PRELIMINARY DATA TO DPPS

OWCP -- ALL PROGRAMS

o   Accountability Review AR-10 updates are due from the Regional Directors to

DPPS, with

copies to the Division Directors, by the fifth workday following the end of the
quarter.

FECA

o   Manual reports (CA-80) due by fifth work day of the month following the end of
the quarter.

o   TPCUP due by tenth calendar day of the month following the end of the quarter.

o   Automated reports (MIS) due within first five calendar days of the month.

o   Bill pay reports due last Thursday of the month.

o   All other ad hoc automated reports due by the fifth workday following the end of
the quarter.

BLACK LUNG

o   MIS Reports are due by fifth work day of the month following the end of the
quarter.

o   Requests for exceptions are due by the tenth calendar day following the end of the
quarter.

Approved exceptions are due in DPPS by the 16th calendar day following the end
of the quarter.

LONGSHORE

o   Automated monthly reports (LS-3 and Workload and Performance Standards
Report) and the

manual Supplemental Statistical Report (LS-3s) are due by the fifth work day of
the month.

REHABILITATION

o   Offices must transmit their RTS data within 3 work days following the end of the
calendar

quarter.

o   RH data is run within one week after the end of the quarter.

o   OWCP-12 is due by the seventh calendar day of the month.

Exhibit 2:

<u>AR-10</u>

Office of Workers' Compensation Programs
Accountability Review Corrective Action Progress Report

Reviewer: NO:

    RO:

                            Office Reviewed:

_____

Review Date: _____Report
Date:_____

Standard Number	Major Recommendation	Completion or Projected Date	Date of Action Taken This Quarter Comments

Exhibit 3: _____

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Employment Standards Administration
Office of Workers' Compensation Programs
QUARTERLY REVIEW AND ANALYSIS FEEDBACK REPORT

</div>

Division of: _____ Date: _____

D
District Office: _____

I. Assessment of QR&A Corrective Actions Submitted

Workload _____ Accept ___ Comments Attached ___

Workload _____ Accept ___ Comments Attached ___

Workload _____ Accept ___ Comments Attached ___

Workload _____ Accept ___ Comments Attached ___

II. AR-10 Report Assessment

III. General Comments

Exhibit 4:

Office of Workers' Compensation Programs
Federal Employees' Compensation
WORKLOAD AND PRODUCTIVITY REPORT
(QR&A)

DISTRICT OFFICE _____ REPORTING PERIOD

_____

****
*****
 The following are "quarter only" or end-of-quarter counts.
****
*****

A. INFORMAL CONFERENCES COMPLETED DURING THE QUARTER _____

B. "UNKEYED" MEDICAL BILLS (EOQ) _____

C. PERIODIC ROLL CASE REVIEWS (Not PRM Project Universe)

     1. NUMBER OF CASES REVIEWED _____

     2. CASES ADJUSTED _____ 2a. 28-DAY SAVINGS _____

     3. CASES REMOVED _____ 3a. 28-DAY SAVINGS _____

	1st Q Only	2nd Q Only	3rd Q Only	4th Q Only

D. RECONSIDERATIONS
 1. APPLICATIONS RECEIVED__   __   __   __

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2. CASES PENDING (EOQ)__ __ __ __
3. TOTAL DECISIONS MADE__ __ __ __
4. DECISIONS MADE W/I 3 MONTHS__ __ __ __
5. % OF TOTAL (PLAN 80%)__ __ __ __
6. DECISIONS MADE W/I 5 MONTHS__ __ __ __
7. % OF TOTAL (PLAN 95%)__ __ __ __

E. H&R AND ECAB REMAND DECISIONS
 1. NO. OF REMANDS RECEIVED__ __ __ __
 2. CASES PENDING (EOQ)__ __ __ __
 3. TOTAL NO. OF
       DECISIONS ISSUED __ __ __ __
 4. DECISIONS ISSUED W/I
       120 DAYS__ __ __ __
 5. % OF TOTAL (PLAN 80%)__ __ __ __
 6. DECISIONS ISSUED W/I
       180 DAYS__ __ __ __
 7. % OF TOTAL (PLAN 95%)__ __ __ __

F. ATTACH ALSO:
 1. UPDATED AR-10 (If applicable)
 2. TECHNICAL ASSISTANCE REPORT
 3. COMMUNICATIONS PERFORMANCE REPORT(S)

FORM CA-80 (Revised September 1994)

Exhibit 4

FECA WORKLOAD AND PRODUCTIVITY REPORT (QR&A) - Continued

DISTRICT OFFICE _____REPORTING
PERIOD_____

****
***
H. ASSISTED REEMPLOYMENT

1.   For each claimant who began employment during the quarter through this project (see RH1 codes **E** and
        V), report:

- full name
- claim number
- starting date of employment
- pre-injury job title
- new job title
- salary in new job
- new employer's name, type of enterprise
- amount of subsidy
- amount of LWEC

2.   For each assisted reemployment plan closed code 5 without employment <u>during the quarter</u>, provide a
        brief description of the rehabilitation effort, why the effort was terminated, and the compensation status
        after closure (TTD, LWEC, elected OPM, etc.)

3.   For each assisted reemployment plan (RH code **G**) closed by placement with previous employer
        (RH code **2**) or by placement with a new employer without need for wage subsidy (RH code **4** or **6**),
        report:

- full name
- claim number
- starting date of employment
- pre-injury job title
- new job title
- salary in new job
- new employer's name, type of enterprise
- amount of LWEC

        Also include a brief paragraph describing how the placement was achieved.

FORM CA-80 (Revised September 1994)

Exhibit 4

<u>CA-80, FECA Workload and Productivity Report</u> - continued

Definitions

a.   <u>Description and Source</u>. Form CA-80 (Exhibit 4) is prepared manually. While the form is frequently revised to suit individual yearly operational plans, it typically provides district

office performance data not otherwise available to the National Office. For FY 1995 the report includes data on conferences, "unkeyed" medical bills, periodic roll case reviews, reconsideration and remand processing, and Assisted Reemployment. Attachments to the CA-80 include accountability review AR-10's and district office technical assistance and communications reports.

b.   Reporting Frequency and Period Reported. Form CA-80 is completed on the last working day of each quarter. It covers all activity in the reported categories during that quarter.

c.   Reporting Form. Form CA-80 should be sent via FAX or E-Mail to the Deputy Director for Federal Employees' Compensation.

d.   Definitions. Items on the form are to be reported as follows:

        A.   INFORMAL CONFERENCES COMPLETED DURING THE QUARTER. Report the
                number of conferences held by Senior Claims Examiners during the quarter.

        B.   "UNKEYED" MEDICAL BILLS (EOQ). The count of medical bills taken directly or derived
                on the last day of the quarter which have been received by the district office but have not been
                recorded into the automated system.

C.   PERIODIC ROLL CASE REVIEWS (Not PRM Project Universe).

        1.   Number of Cases Reviewed. Report total number of cases on the periodic roll and death roll
                which are examined for continuing entitlement to benefits as part of the annual periodic review
                process.

        2.   Cases Adjusted. Report number of cases on which a periodic roll review has led to a decrease in the claimant's benefits, but in which some entitlement to benefits continues. Typically reported would be cases in which benefits were reduced to reflect a partial earning capacity. However, reductions in compensation for dependents no longer eligible or elimination of an attendant allowance may be included. Cases should be reported in the quarter during which the ACPS adjustment is made and benefits are actually changed.

        2a.   28-Day Savings. Report the payment cycle dollar savings resulting from all decreases reported
                under item 2.

        3.   Cases Removed. Report the number of cases on which a review resulted in the

determination

that entitlement to Benefits has ceased and the claimant was removed from the periodic roll.

Cases should be reported during the quarter in which the claimant was actually removed from

ACPS.

Cases in which an entitled recipient died while on the roll, or in which the office was notified that the recipient returned to work, or in which the claimant elected a special retirement option, may be included in this total. Cases in which benefits terminated because a schedule award expired should not be included.

3a.   28-Day Savings. Report the payment cycle dollar savings resulting from the removal of cases

reported under item 3.

D.   RECONSIDERATIONS.

1.   Applications Received. Report the number of cases in which an application for reconsideration of a formal decision was received.

2.   Cases Pending. Report all cases on which final action has not been completed on pending application as of the end of the quarter.

3.   Total Decisions Made. Report the number of cases in which a final action on the claimant's application for review was completed during the quarter: denial of review, denial of modification, or decision to modify the prior decision.

4.   Decisions Made Within Three Months. Report the number of decisions made within this time frame.

5.   % of Total. Show the percentage of the total number of reconsideration decisions issued which were made within three months.

6.   Decisions Made Within Five Months. Report the number of decisions made within this time frame.

7.   % of Total. Show the percentage of the total number of reconsideration decisions issued which were made within five months.

E.   H&R AND ECAB REMAND DECISIONS.

1.   Number of Remands Received. Show the number of cases remanded by both

appellate bodies.

2.   Cases Pending. Show the number of cases in which no decision subsequent to the remand has been issued.

3.   Total Number of Decisions Issued. Show the number of decisions issued.

4.   Decisions Issued Within 120 Days. Show the number of decisions issued within 120 days.

5.   % of Total. Show the percentage of the total number of decisions issued which were reached within 120 days.

6.   Decisions Issued Within 180 Days. Indicate the number of decisions issued within 180 days.

7.   % of Total. Show the percentage of the total number of decisions issued which were reached within 180 days.

G.   ASSISTED REEMPLOYMENT.

1.   Claimants Who Began Employment During Quarter. For each claimant who began employment during the quarter, report full name, claim number, starting date of employment, pre-injury job title, new job title, salary in new job, new employer's name and type of enterprise, amount of subsidy, and amount of LWEC.

2.   Assisted Reemployment Claims Closed Code 5 During Quarter. For each assisted reemployment plan closed without employment during the quarter, provide a brief description of the rehabilitation effort, why it was terminated, and the compensation status after closure (TTD, LWEC, elected OPM, etc.)

3.   Claims Closed Code 2, 4, 6 During Quarter. For each assisted reemployment plan closed by placement with previous employer or by placement with a new employer without need for wage subsidy, report full name, claim number, starting date of employment, pre-injury job title, new job title, salary in new job, new employer's name and type of enterprise, and amount of LWEC. Also, briefly describe how the placement was achieved.

Exhibit 5:

LISTING OF SOURCE DOCUMENTS
FOR INFORMATION CONTAINED IN THE
"WORKLOAD AND PERFORMANCE REPORT"
FEDERAL EMPLOYEES' COMPENSATION

        ELEMENT   SOURCE

INCOMING

    Cases CreatedMIS (monthly)   FECS I-2
    COP CasesMIS (monthly)   FECS I-2
    Claims ReceivedMIS (monthly)   FECS I-2
    Periodic Roll CasesMIS (EOQ)   FECS I-1s;
    Reconsideration Requests Received   CA-80
    Remands Received   CA-80
    Recurrence Cases Received   Recurrence system download

OUTPUT AND INVENTORY

    Debt Management Goals   DMCS Aging Rpt.
    PRM Project Initial and Final   PRMS system download
            Reviews
    Periodic Roll Reviews (Not-PRM Project)   CA-80
    Conferences Completed   CA-80
    Reconsideration and Remand   CA-80
            Cases Processed and Pending
    Unkeyed Medical Bills   CA-80
    UN/UD   DV500
    Rehabilitation Data   RH-1
                                        Voc. Rehab.
                                        Perf. Report (OWCP-12)

PERFORMANCE STANDARDS

    Process Traumatic cases   MIS (monthly) FECS-II, rcv-adj., trau.
    Process Non-Traumatic cases   MIS (monthly) FECS-II, rcv-adj., non-trau.
    Process Medical Bills   BPO50M and Denied Bills Reports
    Claims Processed for   TPCUP National Summary --
            Payment (TPCUP)   Paid Claims
    Respond to Written   MIS (monthly) FECS-II,

Inquiries (priority)   rcv-ans

Inquiries (priority)	rcv-ans
Make Reconsideration Decisions	CA-80
Recurrence Adjudications	Recurrence Adjudication Summary
H&R and ECAB Remands	CA-80
Case Transfers to H&R and ECAB	H&R and ECAB Requested reports
Rehabilitation Plan	Vocational Rehabilitation QR&A Report

Exhibit 6:

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LISTING OF SOURCE DOCUMENTS
FOR INFORMATION CONTAINED IN THE
"WORKLOAD & PERFORMANCE" REPORT
DIVISION OF LONGSHORE & HARBOR WORKERS' COMPENSATION

</div>

ELEMENT	SOURCE

INPUT

Lost-Time Injuries Reported	Automated LS-3 (item 2a + 2b)
Incoming Mail Received	LS-3s

OUTPUT

Lost-Time Cases Closed	Automated LS-3 (item 2g)
Cases Being Compensated	Automated LS-3 (item 4a)
Pending Case Inventory	LS-3s ("Total column")
Unattached Mail	LS-3s

REHABILITATION

Rehabilitated Closures	OWCP-12 (item B3)
Cases Opened in Quarter	OWCP-12 (item B2)
Cases Referred in Quarter	OWCP-12 (item A)

PERFORMANCE

Cases Referred for Formal Hearing	Automated Workload and

Cases First Reviewed by claims   Performance Standards
         staff   Report
Section 8(f) Applications Processed
Conferences Held
Conference Recommendations Issued
Responses to Written Priority Inquiries

Exhibit 7:

<u>LISTING OF SOURCE DOCUMENTS
FOR INFORMATION CONTAINED IN THE
"WORKLOAD & PERFORMANCE" REPORT
DIVISION OF COAL MINE WORKERS' COMPENSATION</u>

<u>   ELEMENT   </u>   <u>SOURCE   </u>

<u>OUTPUT</u>

Debt Management Report   BLBM 0660

<u>PERFORMANCE</u>

Complete Initial Findings   MIS #6 - 7
Complete Initial Determinations
Claimant Responses to Any Finding
 of Non-Entitlement
R.O. Denial Hearing Referrals
All Other Hearing Referrals
Reconsideration/Modification Decisions
Informal Conferences Processed
CM-1089's Processed
CM 929's Reviewed
Attorney Fees Processed
Priority Correspondence
R.O. Debt Resolution
Remands Processed