

1.2 Introduction

1.2.1 Scope of Chapter

This chapter is concerned with the proper handling of correspondence by disability and Medicare claims examiners and by claims clerks in the Disability Program and Medicare Program Sections. Specifically, it covers the handling of correspondence in terms of screening, routing, releasing acknowledgement letters and our methods of tracking correspondence.

1.2.2 Type of Correspondence

The types of correspondence referred to in this chapter included correspondence received from annuitants and from priority sources such as the Board Members, Congressional offices and representatives writing on behalf of an annuitant. Material submitted from these sources includes forms, documents, proofs, correspondence from the Social Security Administration (SSA) and medical evidence.

1.2.10 Correspondence Received From Annuitants

It is now basic policy that all inquiries have priority handling, regardless of their source. The inquiries must be answered promptly and courteously. If a final response cannot be made within two weeks, an acknowledgement letter must be released.

This section is concerned with correspondence received from annuitants and covers the screening of incoming correspondence without the folder and the releasing of an acknowledgement letter. It also includes handling correspondence related to an annuitants claim. It does not include the action required to make a final response to the correspondence.

A new form letter has been designed to acknowledge inquires received in the Bureau of Disability and Medicare Operations that cannot be responded to within two weeks. The form letter is RL-220. The information entered on the RL-220 can be handwritten. A copy of the RL-220 is shown in Exhibit 1.

1.2.11 Mail Pick Up

The clerk in the Disability Program Section (DPS) will pick up the mail from the mailroom on a daily basis. This pick up will include correspondence for the Medicare Program Section (MPS), and Claims, Policies, and Procedure Section (CPPS).

The clerk will process the correspondence as follows:

- Give special search requests to the expediter or special searcher.

- Give any priority handling disability related correspondence to the Director's office. The Director's office will control the handling of priority disability related correspondence.
- Give any correspondence addressed to MPS or CPPS to those sections and any correspondence addressed to other Bureaus or sections should be returned to the mailroom so they can distribute to the correct units.
- Distribute any correspondence addressed to an individual in BDMO to that person.
- Breakdown the remaining disability correspondence into the digits assigned to the clerks responsible for handling the correspondence, e.g., O-24, 25-49, 50-74 and 75-99.

1.2.12 Clerical Handling of DPS Correspondence

The disability clerks responsible for specific digits should take the following action when handling correspondence assigned to them.

- Put the correspondence into claim pulling order.
- Screen the correspondence against the folders in dormant. Whether or not a file that has correspondence matched to it is pulled will depend on the type of correspondence. Files that have been vouchered should not be pulled unless the correspondence is a death notice, the correspondence should be "drop-filed." If the file is pulled because of a death notice, give the file to the voucher clerk.
- Check AFCS for the location of the folder for the remaining correspondence not matched. Separate the correspondence into 1) folders charged to DPS, 2) folders charged to claim files and 3) folders charged to other units. Using the last two digits of the claim number, separate the correspondence into the digits assigned to the DPS initial and post examiner and give the correspondence to the appropriate examiner.
- The clerk will follow the instruction given by the initial or post examiner for any correspondence being returned. The instructions may be to request a folder from claim files or another section, send the correspondence to another unit or file the piece of correspondence down in the folder.

Note: Folders charged to W012 should have the correspondence kept with the correspondence that has disability locations. W012 means a folder is being created and will ultimately be sent to DPS.

1.2.13 Instructions On Handling Correspondence After Screening By Disability Examiners

A. Folder Location In The Disability Program Section

- T017 - Place the correspondence in the tray on the claim specialist's desk. This charge indicates the folder was sent to the Great Lakes Program Service Center (SSA) and upon its return the correspondence will be the responsibility of the claim specialist.
- T019 and T020 - Run the correspondence against initial and post dormant files. This should be done at a time when the majority of files are still in the cabinets.
- T021 and T022 - Run the correspondence against the folders in the medical consultant's work area. Any matches should be put in the medical consultant's incoming tray. Correspondence matched to folders leaving the medical consultant's work area requires no special handling.

B. Folder Location Outside The Disability Program Section

- Folder in Claim Files - Folders Required

Request folders through AFCS and place correspondence in "Claim File Requested" file pending receipt of folders.

- Folders in Claim Files - Folders Not Required

This Correspondence should be batched, labeled "File Only" and sent in a messenger envelope to claim files.

- Folders in Other Units - Folder Required

Secure the folder from the unit where charged. This may involve searching the unit having the folder, preparing form G-26r, etc. This action should be coordinated with the Service Unit supervisor. This correspondence should be maintained with the regular disability correspondence, charged to DPS, pending receipt of the folder.

- Folders in Other Units - Folder Not Required

This correspondence should be sorted according to the unit where charged, batched and sent in a messenger envelope to the appropriate unit. Do not put any material for any other unit in this envelope.

1.2.14 NIF Correspondence

NIF correspondence is material that either has no claim number or the claim number given does not exist in our database. Because no file can be located for this material, special handling is required.

The following methods can be used to locate a NIF number.

- A. EDMA - EDMA has two screens that can be used to find a claim number.

The first screen is called EE Service or RUIA. This screen allows the clerk to look up the file by the number given and will show the correct claim number, the employee's service months, the date of birth and the benefits that are being paid.

The second screen is the Employee Selection Directory. This enables the clerk to search for the employee by name. The directory will list all similar names, their social security number, date of birth and date of death if applicable.

- B. MOLI - MOLI can be used to find the correct claim number in another way. MOLI will show the claim number that a claimant has used in addition to the RRB number, SS number or the beneficiary number. Also, if a disabled widow used her SS number as an RRB number, MOLI will show the employee SS and RRB number.

- C. DATA-Q - DATA-Q can be used if the claimant has filed for SS benefits and is in pay status. DATA-Q will show the number SSA has on record.

- D. If none of the above methods is successful, give the correspondence to the claim specialist for handling.

1.2.15 Special Correspondence

The following special correspondence can only be kept for 30 days. If after 30 days the correspondence is not matched with the folder, give to the claims specialist for special searching.

1. Reconsideration requests.
2. Applications.
3. Hybrid Systems Limited (HSL) messages.
4. Telephone inquiries.
5. G-26r requests.

1.2.16 Reconsideration Requests And Applications

Handle all reconsideration requests and applications as follows:

- Reconsideration request - Forward all reconsideration requests received in DSUBD to Assessment and Training - Reconsideration.
- Disability Applications - Check the folder location on AFCS. If no folder has been created send the application to Initial Folder Preparation (IFP). Request the folder if the file is in claim files or another bureau or unit. Folders charged to DSUBD should be located and matched with the disability application. All located folders should be given to the appropriate initial DSUBD examiner along with the application.
- Retirement and Survivor Applications - No paper applications should be received as applications are processed through APPLE. However, if a paper application is received forward to RBD or SBD as appropriate.

1.2.17 Handling Of Forms G-26r and G-294

The Special Clerk will search for folders requested on Form G-26r. If the folder is not in DPS, the G-26r should be returned to the originator. If the folder is found in the vouchering cabinet, staple the G-26r request to the folder and after the voucher has cleared, the examiner will determine if the folder can be released. If the folder is found elsewhere in DPS, give the folder to the chief examiner to determine if the folder can be released. Before releasing a folder, check to verify there is no correspondence to be matched.

The Special Clerk will check AFCS for the folder location and search for the folder listed on form G-294. If a folder is found on an examiners desk, the examiner will determine if the file can be released. If the file is found elsewhere in DPS, give the folder to the Chief examiner to determine if the folder can be released. Return the list and folders to the originating unit after checking to be sure there is no correspondence to be matched.

1.2.18 RASI Correspondence

The initial (RASI) examiners will receive all RASI correspondence addressed to the Disability Program Section. Also, give the initial (RASI) examiner all G-88a's, G-563's and G-60a's. The examiners will give instructions as to whether or not they want this correspondence drop-filed or matched with the folder and pulled.

RASI correspondence that is delivered from other units should be handled as follows:

- File Only - Form G-90's showing a requesting unit other than DPS (item K) and the type of request (item L) is AUX, WID or DF.

Form G-354r (RASI AWARD DETERMINATION, EMPLOYEE) showing type of activity, (item 18), is PARTIAL.

- Pull Folder - Form G-354r (RASI AWARD DETERMINATION, EMPLOYEE) showing type of activity, (item 18), as FINAL or RECERT

NOTE: Examples of RASI correspondence shown in Appendix A.

1.2.19 Examiner Handling Of DPS Correspondence

The initial or post DPS examiner will screen the correspondence they receive from the clerical staff. Any request for reconsideration or other priority correspondence should be removed and handled. The examiner will also determine the course of action that must be taken on the remaining correspondence. If the correspondence requires a reply and the reply cannot be made within two weeks, the initial or post examiner will prepare and release the acknowledgement letter, RL-220. The file copy of the RL-220 should be stapled to the correspondence and given back to the clerk with any other correspondence.

Disability examiners also have the responsibility of determining if correspondence should be sent to the following folder locations: the Chairman's Office, the Management Member's Office, the Labor Member's Office, the Secretary of the Board or the Bureau of Law. Only correspondence that impacts on the reason the folder was released to these locations should be sent. All other correspondence should be returned in DPS until the folder is returned to DPS.

1.2.20 MPS Correspondence

The MPS specialist assigned to the mail desk will do the initial screening and separate the correspondence into the following four categories: 1) undeliverable correspondence, 2) medical bills, 3) Non-medical related correspondence, and 4) correspondence related to Medicare. All correspondence should be date stamped.

The following describes the actions that should be taken after the correspondence is separated into four categories.

I. Undeliverables

Handle correspondence that was returned as undeliverable in the following manner:

- A. Get printout of MOLI and DATA,
- B. If new address on DATAQ, re-mail mail correspondence to new address,
- C. If address the same , send G-31 to field office,
- D. If death code on DATAQ verify the date of death and the appropriate action,

E. Foreign mail should be given to the lead specialist.

II. Medical Bills

Medical bills are sorted into two groups by State;

A. Salt Lake City, Utah

B. Augusta, Georgia

After screening, put the bills for Salt Lake City and Augusta into separate, large green envelopes. A return address should be on each envelope.

III. Correspondence Not Released to Medicare

Get charges from AFCS. After location is known, handle in the following manner:

A. If file is in MPS, out correspondence in tray on mail desk marked "MPS CHARGES."

B. If file is in claim files, put in tray marked "FILE ONLY."

C. If folder is located in another unit, put in tray marked "OTHER UNIT."

IV. Medicare Related Correspondence

Get MOLI and DATAQ printout and check the AFCS charges.

A. If the folder is in MPS, put correspondence in "MPS CHARGES" tray.

B. IF folder is not in MPS and correspondence can be worked without the folder, take the necessary action.

EXAMPLES:

a. Requests for ID cards

b. No Elections

- If care is not signed or if it is unclear if the beneficiary is refusing enrollment, send a special letter.
- If wrong end of card returned, send T-83 with special paragraph
- Give all processed no elections to supervisor.

c. SEP Enrollments

- C. If correspondence can't be worked without the folder, put correspondence in "TO BE REQUESTED TRAY."
- D. If there is no claim number on correspondence send G-347 to annuitant.
- E. F-2 Exceptions, give to MPS manager.
- F. Part B rejects from TIC should be date stamped and processed without the folder if possible.
- G. Items for Chief of MPS should be given to secretary.
 - HMO disenrollments
 - Canadian materials
 - Congressionals
 - Wall Street Journal
 - Any Medicare Procedure
- H. Correspondence to PCU
 - All checks
 - Third Party Billing
 - G-804's from other units
- I. Miscellaneous correspondence should be given to lead specialist.
 - G-26r requests
 - G-294

1.2.21 Priority Correspondence And Inquiries

The following inquiries are considered priority. A letter acknowledging receipt will be released by the Director's Office if a final response cannot be rendered within 10 working days of receipt of the inquiry.

- Inquiries from a Board Member, the Director of Administrations and Operations (DAO) or the Secretary to the Board.
- Inquiries received from the White House, Cabinet Members, Members of Congress or his/her staff or the Washington Liaison Office (WLO) when they transmit Congressional inquiries.

- Inquiries from a Railroad Labor General Chairman, a Railroad Management Official, the News Media (direct the inquiry to the Office of Public Affairs) or a State Governor or Legislator.

Other correspondence may be defined as priority based on the discretion of the Director of Disability and Medicare Operations.

1.2.22 Determining Response Due Date

For inquiries received from a Board Member, the DAO or the Secretary of the Board the response due date is the date requested by the office forwarding the inquiry. If a reply cannot be made as requested, contact the forwarding office for further instructions.

For priority inquiries received from other entities, the response due date should be determined as follows:

- No Acknowledging Letter Released - The response should be released within 10 working days of the date the inquiry was received in BDMO. If the final response cannot be released within 10 working days of the date the inquiry was received in BDMO, an acknowledging letter must be released immediately. The acknowledging letter must contain the specific date by which the final response will be received and any other appropriate information you can furnish relative to the inquiry.
- Acknowledgment Letter Released - When an acknowledgment letter has been released, the response should be released within 15 working days of the date the acknowledgment letter was released. If it is later determined that the final response cannot be released within 15 working days of the date the acknowledgment letter immediately. The interim response must contain the specific date by which the final response will be received and any other appropriate information you can furnish.

1.2.23 Coordinating Priority Inquiries

The disability expediter in the Bureau of Disability and Medicare Operations will coordinate priority inquiries with other bureaus. The expediter will secure the folder or other required information at any time a request is made from another bureau.

1.2.24 Response Required From the Organizational Entities

If priority correspondence requires an answer from more than one organizational entity, the first organizational entity who receives the priority correspondence will respond first. The first organizational entity will contact the second organizational entity to determine if a combined response can be prepared by the first organizational entity, etc. This should be worked out between bureau contacts.

If a complete response cannot be made by the first organizational entity, after the first response is made, the bureau contact should walk the folder or supply the appropriate

information to the other organizational entity. Also, the first organizational entity should mention in their response that the folder or other appropriate information is being forwarded to another organizational entity to respond to the rest of the inquiry.

1.2.25 Field Office Involvement

A copy of all BDMO responses to priority correspondence will be sent to the servicing field office. If the correspondence interest or the WLO referred the correspondence to BDMO, send a copy to the WLO.

1.2.26 Tracking General Correspondence

A. What will be tracked

General correspondence is any written request, from the public, that requires a response. All general correspondence that requires a reply will be tracked to ensure that responses are made timely. A final response should be made within 2 weeks of receipt of an inquiry. If a response cannot be made for any reason within that time, a form letter RL-220, Acknowledgement of Inquiries, should be released. A final response should be made within 15 work days after the RL-220 is released. If the reply is not made in 15 work days contact the appropriate D/O to have them inform the party making the request of the current status of the reply.

B. How correspondence will be tracked

Correspondence will be sorted each day by a designated employee and all general correspondence will be pulled and given to the appropriate supervisor.

The supervisor will keep a control log, Form G-52, General Correspondence Control List, for all the correspondence received each day.

A Form G-53, General Correspondence Assignment Sheet, will be attached to the correspondence as a tracking mechanism. The supervisor will complete the appropriate entries and assign it to an examiner.

When a reply to the inquiry is made, the examiner will complete the remaining entries of the assignment sheet and return it to the supervisor. If an interim reply is made, return the control sheet to the supervisor with a projected final reply date. The supervisor will complete the control log and notate if the reply was timely.

The completion of Forms G-52 and G-53 are self explanatory. Correspondence will be tracked for timeliness from the date it is received in our bureau.

1.2.30 Handling Requests for Copies of Medical Evidence

The clerical staff of the Disability Program Section (DPS) is responsible for separating all requests for copies of medical evidence from incoming correspondence.

- If the file is in DPS, the correspondence should be matched;
- If the file is outside DPS, a phone request should be made by the clerical staff to the unit that has the file;
- If the file is in claim files, request the file under TOEX;
- If the file is located in a section of the unit where it cannot be released, then the correspondence should be given to the clerical supervisor. The clerical supervisor will take the appropriate action;
- If there is no record of a file on AFCS (i.e., NIF), the correspondence should be forwarded to BUSI and a letter (Appendix A, page 1) should be released to the inquirer explaining the circumstances.

Upon receipt of the file, the clerk will forward the file to the disability claims examiner who will paper clip the medical evidence that may be released and return the file to the clerk to photocopy the medical evidence. The examiner will either

- a) indicate the medical evidence cannot be released (harmful to annuitant) and notate the request form "release only to annuitant's physician of choice", initial and date. In some cases, some medical evidence may be released while other reports cannot. This should be notated, or
- b) indicate the request is an appeal and the person requesting the records is the claimant or his representative in the appeal/reconsideration.

If a physician is needed to review the medical evidence, the examiner will telephone the field office to obtain the name, address, telephone number and fax number of a physician and the examiner will release the appropriate cover letters.

The clerks will be responsible for controlling the simultaneous photocopying of the records and the preparation of typing instructions (including envelopes) which will be done on a priority basis. When releasing the medical evidence, the examiner should send a letter which best fits the situation. Exhibits 1 through 11 contain a variety of letters dealing with the most common requests.

Exhibits

Exhibit 1

In reply refer to

R.R.B. No.

Dear

Your patient, _____, requested a copy of his/her medical records from our file. Due to the nature of those records, our regulations require that they be released to a treating physician rather than directly to _____. He/She has requested that the records be released to you.

Please review the enclosed medical records and make an independent determination as to whether release of these records directly to _____ would be harmful. If you feel direct disclosure would not be harmful to your patient's mental or physical health then the copy may be given to him/her. If, however, you feel that the disclosure of the records might be harmful to _____ the records should not be disclosed but rather returned to the Board. You may summarize and discuss the context of the records with _____ within whatever limits you feel are best.

If you have any questions, please contact our field office in _____.

Sincerely,

Robert J. Duda

Director of Operations

Enclosures

Medical Records

cc: Field Office

Exhibit 2

In reply refer to

R.R.B. No.

Dear

This is in reply to your letter dated _____ requesting copies of _____ medical records.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party.

There are no medical records in _____ file.

Therefore, there are no records enclosed.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda

Director of Operations

cc: Field Office

Exhibit 3

In reply refer to

R.R.B. No.

Dear

The Railroad Retirement Board has received a request from _____ for copies of medical evidence and other documents in your file.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party. However, we are sending these records to you and you may send them to the _____, if you wish to do so.

Sincerely,

Robert J. Duda

Director of Operations

Enclosures

Medical Records

cc: Field Office

Exhibit 4

In reply refer to

R.R.B. No.

Dear

This is in reply to your letter dated _____ requesting copies of _____ disability file.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party. However, we are sending these records to _____ and he/she may release them to you, if he/she wishes to do so.

Also, we are sending copies of _____ non-medical records directly to you.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda
Director of Operations

Enclosure

Non-Medical Records

cc: Field Office

Exhibit 5

In reply refer to

R.R.B. No.

Dear _____

This is in reply to your letter dated _____ to CardioMetrix requesting copies of _____ medical records.

CardioMetrix is under government contract with the Railroad Retirement Board, and the Board is the custodian of its records. All requests for records must be made through the Board.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party. However, we have sent these records to _____ and he/she may release them to you, if he/she wishes to do so.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda
Director of Operations

cc: Field Office

Exhibit 6

In reply refer to

R.R.B. No.

Dear

This is in reply to your letter dated _____ for copies of the medical records of _____.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party. However, we have sent these records to _____ and she may release them to you, if she wishes to do so.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda
Director of Operations

cc: Field Office

Exhibit 7

In reply refer to

R.R.B. No.

Dear

This is in response to your request for a copy of the medical records in your file. Our regulations require that those records be released to a physician of your choice. Therefore, a copy of your medical records have been released to _____, whom you chose to receive the medical records.

If you have any questions, please contact our field office in _____. If you need to personally visit one of our field offices, you are urged to call for an appointment. You will not be refused service if you do not have an appointment, but Railroad Retirement Board representatives can serve you better when an appointment is made. Most Railroad Retirement Board offices are open to the public from 9:00 a.m. to 3:30 p.m., Monday through Friday.

Sincerely,

Robert J. Duda

Director of Operations

cc: Field Office

Exhibit 8

In reply refer to

R.R.B. No.

(Employee's Name)

Dear Dr.

It is the Railroad Retirement Board's policy to notify the treating physician when consultative examinations scheduled by our agency, reveal significant findings which the railroad employee or the treating physician are unaware of.

(Narrative insert)

Sincerely,

Robert J. Duda
Director of Operations

Enclosures
Medical Records

cc: Field Office

Exhibit 9

In reply refer to
R.R.B. No.

Dear

This is in reply to your letter dated _____ requesting copies of _____ disability file.

Enclosed are copies of his/her file.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda
Director of Operations

Enclosures

cc: Field Office

Exhibit 10

In reply refer to

R.R.B. No.

Dear

This is in reply to your letter dated _____ requesting copies of medical records from the file of _____.

Regulations of the Railroad Retirement Board do not permit us to release medical records directly to a third party.

_____ medical records are technical in nature and have been released to a physician of his choice according to the Board's regulations.

A copy of this letter will be sent to _____.

Sincerely,

Robert J. Duda

Director of Operations

cc: Field Office

In reply refer to

R.R.B. No.

Dear

This is in reply to your letter dated _____ for copies of your medical records.

Enclosed are copies of the records you requested.

Sincerely,

Robert J. Duda

Director of Operations

Enclosures

Medical Records

cc: Field Office

