



Planning for VCF Program Shutdown

The following topics were discussed in the meeting with law firms held on September 28, 2015. The meeting covered important policies and procedures related to the October 3, 2016 VCF filing deadline and subsequent shutdown of the fund.

- **Background Information:** The structure of the VCF's funding dictates that we cannot make final payments on any claim until the last claim has been reviewed, decided, and appealed (if applicable), and a final decision has been rendered. We are required to shut down as of October 2, 2017 and have built our calendar backwards from this date to account for everything that needs to happen once the final claim is submitted on October 3, 2016. As part of our shut down activities, we need to include time prior to October 2, 2017 to close out all administrative activities and our facilities. This means claims processing and all payments must be done in time for these activities to be completed.

We have determined that we must issue the final decision on the final claim (post-appeal) on or around March 30, 2017 in order to have time to make every payment and shut down the VCF. In order to meet this deadline, we have set several interim deadlines by which certain milestones must be reached and identified several policies and procedures that will be adopted. The partnership and cooperation of the attorneys representing claimants will be instrumental in helping us achieve a successful closure of the VCF.

- **Claims Processing – current efforts to speed decisions:** As discussed on our call on [September 9, 2015](#), we recently implemented the following process changes:
 - **Fast Track Process:** “Fast Track” processing means that if we receive the eligibility and compensation claims together, one reviewer will review every part of the claim, issue one missing information letter (if necessary), and then both eligibility and compensation can be decided immediately. We began this process focused on non-economic loss only claims, and are now expanding it to include all claims where we have both the eligibility and compensation claims filed together.

This change should reduce the amount of back-and-forth between VCF and the claimant to perfect the claim and allow us to focus on the review of the substance of the claim. For some claims, it will have a dramatic impact on processing times, but please continue to manage your clients’ expectations. Claims with complexities that need to be resolved by the VCF will continue to take time.
 - **Missing Information process:** We are moving more quickly to deny claims for failure to respond once 30 days have passed and the requested documents have not been received. If the claim is denied because of a failure to prove presence, or in some cases for lack of an eligible medical condition, you will receive a denial letter with an appeal right so that we can conduct a hearing. If the claim is denied because of a failure to prove another element or submit required documents, certifications, or attestations, you can amend the claim once you have the missing information and we will resume processing.

Claims that cannot be processed at all for reasons such as multiple claims from the same individual without resolution, lack of proper PR documents, incorrect Social Security Number, incorrect date of birth, etc. will receive a Missing Information letter listing the requested information and the claim will be deemed “Inactive” while the VCF waits to receive the information. When you have the information, amend the claim to reactivate it.
- **Claims Processing – new procedures to speed claim review:** We are focused on continually improving our processes and will implement two additional changes following this meeting:
 - **Compensation Amendments:** We have found that most compensation amendments require us to come back to you to request additional details. We are modifying the amendment screen in the online system to include a list of the appropriate supporting



documents and information we need from you for each type of amendment. Submitting this information with the amendment will speed the review and resulting decision.

- **Verification from Employers:** We have worked very hard to get information from employers to verify presence. In some cases, the employers either never respond to our request, or respond but are not able to provide the needed information. This process takes time – and the claim is put on hold while we wait for a response. We have developed a form for you to use to request information directly from your claimant's employer. The form will be posted to our website shortly and you can submit the employer verification form with the Eligibility Form to help speed our review.
- **Key Policies and Procedures for Final Year of Operations (October 3, 2015 – October 3, 2016) and Key Dates:** In order to prepare for the expected increase in claim filings as we get closer to October 3, 2016, we are implementing **the following procedures that will take effect October 5, 2015:**
 - **Claims Processing:** We know that in the past many of you wanted to wait to see what conditions were deemed eligible before submitting the Compensation Form. Now that NIOSH has been sending letters to WTC Health Program members, you should have that information available. That means that you can submit the Eligibility and Compensation Forms together and take advantage of the Fast Track process. If you submit the claims together, we will review both parts of the claim at the same time and provide one Missing Information letter. These claims will still take some time once all documents are received, but we would like to start reviewing economic loss as early as possible to speed the overall processing of the claim.
 - **Loss Calculation Letter Response Form Options:** Loss Calculation letters sent beginning October 5, 2015 will include a new response form and Pre-Hearing Questionnaire. Claimants can choose to either agree with the loss amount and begin processing of the initial payment, or appeal the loss decision. If the claimant appeals the decision, the appeal form and new streamlined questionnaire must be returned within 30 days of the date of the loss calculation letter or the appeal request will be denied as untimely. Those who appeal will not receive their initial payment until after the appeal has been conducted and any revised loss decision rendered. Claimants who do not return the form within 30 days, or return the form and agree with the loss amount, will have the initial payment processed.
 - **Scheduling Hearings:** We will start assigning claimants a hearing date and time based on receipt of the appeal form and the completed questionnaire. You no longer need to call to schedule a hearing. Claimants who already submitted an appeal form prior to October 5, 2015 will be grandfathered in and can schedule their hearing per today's process.

Hearing dates will not be flexible and cannot be changed. We will initially provide at least 30 days notice of the hearing date so you have ample time to prepare and/or make any changes to your schedule to accommodate the scheduled date/time. However, as we get closer to the close of the fund, this timeframe will get shorter. If you think you are going to have scheduling problems, you should file your claims now.

If you or your client does not show up for a hearing, the claimant loses the opportunity to appeal and the prior determination on the claim is considered final.

All new information you plan to present at the hearing must be in the Pre-Hearing Questionnaire that is due 30 days from the date of the decision letter. **After October 3, 2016, you will not be allowed to submit ANY new information as part of an appeal.** Remember that the most efficient way to get a claim to its final stage is to submit everything with the initial filing rather than planning for an appeal.



- **Appeals that are determined to be Amendments:** When we review the Pre-Hearing Questionnaire, if we determine that your appeal is better handled as an amendment, we will inform you that we will process the request as an amendment and we will initiate payment on the claim. When the amendment is resolved, you may appeal all parts of the decision if you wish.

If you believe you have an amendment and opt to file the amendment rather than an appeal, your right of appeal will be held open until the amendment is resolved. You will not forfeit your appeal if you first resolve all open amendments.

We all must work together to maintain the most efficient process for the claimants so that we can distribute the payments and close down the program in an orderly fashion. It is important that you provide all relevant information with the initial submission and amend only when there is **new** information.

We are making these changes to ensure the VCF is able to process all claims and meet our deadlines. We appreciate your cooperation and understanding of these new policies and procedures.

- **The following procedures will take effect March 1, 2016:**
 - **Copying Claimants on Correspondence:** Starting on March 1, 2016, we will automatically begin copying all represented claimants on all Missing Information letters, including the combination “Missing Information-Loss Calculation” letters.
 - **March 1, 2016 is the LAST DAY to:**
 - **Submit claim forms and ALL documentation *in order to be assured you will receive a Missing Information letter*:** If the claim is submitted by March 1, 2016, you will get a Missing Information letter with time to respond and “perfect” the claim by the October 3, 2016 deadline. We commit to reviewing all claims received by March 1, 2016 and sending one Missing Information letter with all missing information – Eligibility and Compensation together – with sufficient time for claimants to respond before the deadline. Our last Missing Information letters will be sent six (6) weeks before the filing deadline.
 - **Request a claimant be considered for the NIOSH disability process:** Any requests that claimants be considered for a disability determination through the NIOSH disability evaluation process must be sent via email directly to Debby Greenspan by March 1, 2016 (in addition to uploading the request to the claim). Please see [FAQ #6.31.1](#) on the VCF website for specifics about the disability evaluation process and criteria to be eligible for the process.
- **The following procedures will take effect August 15, 2016:**
 - **Last Missing Information Letters sent:** This is six (6) weeks before the filing deadline and is the last day Missing Information requests will be mailed so claimants have time to respond to the request and submit the information before the deadline. No missing information requests will go out after the October 3, 2016 deadline.
- **October 3, 2016 – FILING DEADLINE: This is the LAST DAY TO SUBMIT ANY INFORMATION!** No documents or information will be accepted after October 3, 2016. The only exceptions will be appeal forms with completed Pre-Hearing Questionnaires, or documents due to a **CHANGE** in payment information or change in payee (if the claimant passes away).

You will not be able to submit ANY new information after this date. Any documentation showing the nature or severity of a claimant’s condition **MUST** be submitted to the VCF before October 3, 2016. This includes impact statements and medical records. If any such new information is brought up at an appeal hearing after this date, it will not be considered. If you appeal after this date, you cannot present any new facts as part of the appeal, either via



testimony or other documents. **Absolutely NO new information will be considered after October 3, 2016.**

- **Claims must be substantively and legally complete by this date.** A complete claim includes a completed Eligibility Form, a completed Compensation Form, complete Private Physician packet (if applicable) with required documentation, all required supporting documents including properly completed Attestations, Certifications and Exhibits, complete and sufficient payment information, etc. We will be posting guidance to our website regarding what constitutes a complete claim and how to properly complete the required forms.
- **Private Physician (“PP”) Packets:** PP packets and supporting documents must be submitted with the Eligibility Form when applicable. No PP packets will be accepted after October 3, 2016. If a PP packet is submitted and is incomplete, we will render a decision based on whatever is in the packet at the time the decision is rendered.
- **Appeals:** Before October 3, 2016, all information in support of an appeal must be provided to the VCF with the Pre-Hearing Questionnaire. After October 3, 2016, no new information can be provided to the VCF. Any documentation showing the nature or severity of a claimant’s condition **MUST** be submitted to the VCF before October 3, 2016. This includes impact statements and medical records. If new information is brought up during testimony at an appeal hearing, it will not be considered.
- **Incomplete Claims or Incomplete/Insufficient Documents:** If you submit a claim prior to March 1, 2016, we guarantee a response and can ensure you have the ability to talk with us about the claim. If you submit after March 1, 2016, we cannot commit to any communication with you about the claim other than via decision letters.

If what we receive for the claim does not meet the eligibility requirements in the statute, the claim will be denied and information provided on how to appeal. If it is denied due to lack of response to prior missing information requests, it will be deemed abandoned and will not have the option for an appeal (this applies to claims where there is no response to the request, not to claims where the response is partially deficient).

Compensation will be evaluated based on whatever is in the claim as of October 3, 2016. Claims that lack sufficient evidence to support economic loss will be processed as non-economic only.

- **Claimant Portal:** The claimant portal will be “read only” as of October 3, 2016. Any additional documents submitted to the VCF will be exceptions only (as noted earlier) and must be mailed or faxed.
- **VCF-Law Firm Interactions:** After October 3, 2016, we will stop holding Office Hours and will not respond to requests for status updates regarding specific claims. Our Helpline will remain open to handle routine inquiries.
- **October 4, 2016 – October 2, 2017:** We expect our last year to follow this general schedule:
 - **Beginning October 4, 2016:** Process all remaining undecided claims and amendments and notify claimants of decisions on claim.
 - **January – March 2017:** Conduct hearings and render post-hearing determinations. We anticipate that March 30, 2017 will be the date the last decision will be made on any claim coming out of an appeal.
 - **April – October 2, 2017:** Calculate and Issue Final Payments and Complete Administrative Shutdown. Once the final post-appeal loss calculation letter is sent, we will begin the process of calculating the amount of remaining funds and determining the amount of the final payment to be made on each claim. Payments will be processed and each claimant will receive a letter confirming the amount of his or her final payment.



During this timeframe, we also need to complete all administrative activities, including archiving records and closing our facilities. Our goal is to process payments with sufficient time for the VCF to still be open and available to help with any potential issues once payments are made. If we do not allow for this time, and there is an error or other issue with payment, we will not have staff available to help and you will need to look elsewhere for assistance.

- **Update on New York Office Hours:** Office hours will be held at our 290 Broadway office every Wednesday afternoon. Contact Colleen King to schedule.