



The following topics were discussed in the teleconference with law firms held on March 2, 2017. The meeting covered important updates and reminders on the VCF.

- **General Updates:**

Since our last law firm call in the middle of November, the VCF has have rendered over 2,700 determinations, encompassing both eligibility and compensation, new claims and amendments. We have continued to refine our internal processes to decrease the amount of time that it takes to review a claim and we hope that you are seeing the effects of that in a faster and more consistent rate of determinations.

- **Policy Updates:**

- Disabling Condition “Mismatch” Issue: Questions have been raised about claims where the VCF-eligible condition and the condition determined to be disabling by a government agency such as the Social Security Administration (“SSA”) or Workers’ Compensation, or by employers such as the FDNY or the NYPD, do not match exactly by name, thus resulting in a denial of economic loss pending clarification of the relationship between the conditions. We recognize this has been particularly frustrating to claimants who present the same medical records to multiple government agencies and those agencies draw different conclusions, or diagnose similar, but not exactly matching, conditions. We have been working with our colleagues at the World Trade Center (“WTC”) Health Program on how best to address this issue and will apply a new policy for these claims. When considering whether the disabling condition identified in the disability determination is the same as the VCF eligible-condition, we will apply the following presumptions:

- The VCF will treat all conditions in the category of Obstructive Airways Diseases as equivalent. The VCF will also consider the SSA diagnoses of Chronic Pulmonary Insufficiency, Chronic Respiratory Disorders, or Other Disorders of the Respiratory System as equivalent to Obstructive Airways Diseases.
- The VCF will treat all conditions in the category of Interstitial Lung Diseases as equivalent.
- The VCF will treat all conditions in the category of Upper Respiratory Conditions as equivalent.

The conditions that the VCF considers to be in each of these categories will be listed in the updated [Policies and Procedures](#) document, which will be posted to the website shortly.

In each of the cases identified above, if the claimant has been deemed disabled due to one of the conditions, and another condition treated as equivalent appears on the claimant’s list of eligible conditions, the claimant’s disability determination supports a lost earnings award. *It is important to note that, in all cases, even though the conditions may be treated as equivalent when deciding whether a disabling condition is the same as an eligible condition, these conditions are **not** equivalent for the purposes of determining the appropriate non-economic loss award amount.* Disabling conditions that fall into one category will not be deemed equivalent to conditions that fall in another category. Thus, if a claimant is disabled due to an Interstitial Lung Disease and is eligible only for Obstructive Airways Diseases, we will not consider these to be equivalent conditions and the disability determination is not a basis for awarding lost earnings. Likewise, if a claimant is disabled due to an Obstructive Airways Disease and is eligible only for Interstitial Lung Disease, the disability determination is not a basis for awarding lost earnings.



An exception to this general rule may arise in those cases where the claimant is found disabled by the SSA due to Chronic Pulmonary Insufficiency or Chronic Respiratory Disorders and his or her only eligible condition is an Interstitial Lung Disease, e.g., Sarcoidosis or Pulmonary Fibrosis. In such a case, if medical records submitted provide no other discernible basis for the claimant's SSA disability, then it will be presumed that the eligible Interstitial Lung Disease is the same as the disabling condition.

We spent significant time crafting a policy that we believe makes sense in this area and we hope that this will simplify the processing of these claims and generally work in the claimant's favor.

If you have claims currently pending or on appeal that implicate this policy, there is generally no need for you to do anything; the claim will be resolved in accordance with the new policy. If you have a pending WTC Health Program disability evaluation request that was filed solely in an attempt to resolve a mismatch issue, you should file an amendment withdrawing the request. If you have a claim that has already been decided and you believe the change in this policy would result in a different decision on the claim, then please file an appeal or, if the time for appeal has elapsed, please file an amendment.

- Claimants who receive disability benefits under the federal Supplemental Security Income (SSI) program: If a claimant receives disability benefits under the federal Supplemental Security Income ("SSI") program (administered by Social Security) as opposed to under the regular Social Security Disability Income ("SSDI") program, please file that information with the claim. The information we get from the Social Security Administration does not routinely include information about SSI benefits, but an SSI disability finding will support a claim of lost earnings. In order to make the special request to SSA for that information, we must first know that SSI is a component of the claim.
- VCF1-to-VCF2 Claims: You may have noticed new language in our award letters regarding the consideration of VCF1 awards when calculating awards in VCF2. This is a new policy adopted in Group B consistent with the requirement in the Reauthorization statute that the Special Master prioritize claims for claimants who suffer from the most debilitating conditions.

Under the new policy, the amount of non-economic loss compensation a claimant received in VCF1 will be considered when determining whether additional compensation should be awarded. As a reminder, a VCF2 claim is treated as an *amendment* to a VCF1 claim, as required by the statute. As a general rule, the compensation to be awarded in VCF2 will be calculated based on the amount of compensation any similarly situated person who filed a claim only in VCF2 would receive for the same set of conditions, and any compensation received in VCF1 will then be applied as an adjustment to the award.

This change was made in order to ensure parity for all VCF claimants, particularly now that updated timeliness rules are allowing claimants to come into the program who previously thought they missed their registration deadline, or who were not even aware that compensation under the program was available to them. The policy is intended to ensure awards are fair across similar claims so that, as an example, we do not have a situation where a claimant received a non-economic loss award of \$125,000 for a respiratory condition in VCF1, then an additional \$90,000 because that respiratory condition exacerbated by the time he filed in Group A of VCF2, and then an additional \$250,000 for his subsequently developed cancer in Group B (a total non-economic loss award of \$465,000), while a claimant who files today but also suffers from the same cancer and a similarly severe respiratory condition would receive a maximum



award of \$340,000.

This policy will be applied so that an individual claimant's non-economic loss awards will be aggregated, with any prior VCF1 and VCF2 awards applied as adjustments to the award.

- Personal Injury Claims Seeking Economic Loss where a Non-Economic Loss-Only Award is Higher: We have reviewed a few personal injury claims recently where claimants sought to withdraw their economic loss claims (or attempted to amend their claim to do so) after receiving their award determination, because the non-economic loss award is higher than the total award once applicable offsets are applied. Going forward, as a matter of policy, we will try to eliminate this step. As a result, if the VCF determines that the total personal injury award, after calculating economic and non-economic loss and subtracting all applicable offsets, is less than what it would be if we calculated only non-economic loss (to which certain offsets do not apply), then we will take the action ourselves to convert the claim to one for non-economic loss only, so that the claimant receives the larger award. The award letter will include a detailed breakdown of both the economic and non-economic loss calculations applied to the claim.

If you have a personal injury claim decided in Group B that you believe is impacted by this change in policy, please notify Colleen King and we will review the claim and issue a corrected award, if appropriate.

In adopting this policy, we continue to strongly encourage you, when filing claims for economic loss, to consider a potential claimant's offsets and whether they are sizable enough to result in a negative economic loss award, thereby impacting the non-economic award. Economic loss calculations take up significant VCF staff time and resources. We are enacting this policy in order to benefit claimants. We trust that you will exercise sound judgment and that you will not file economic loss claims when it is obvious that large offsets will outweigh the economic loss award. By taking a hard look at these claims before you submit them, and only claiming economic loss when it makes sense to do so, you can help us in our efforts to reduce the backlog and work towards a shorter overall processing timeline.

- WTC Health Program Disability Evaluations: We have initiated a series of conversations with the WTC Health Program's Clinical Centers of Excellence ("CCEs") and NIOSH about how we might improve the disability evaluation form and the process to better serve the intended purpose, which is to provide qualifying claimants with a disability determination in order to support an economic loss award. We are in the process of updating the forms to reflect their feedback, to meet our needs, and to provide and prioritize compensation to those claimants who suffer the most debilitating conditions. In particular, we want the form to include the date of onset of disability; the percentage of disability attributable to eligible conditions and/or whether the eligible conditions are independently disabling, particularly if the claimant suffers from other non-certified conditions, or mental health conditions for which the VCF cannot compensate; and explanations as to why certain test results, limitations, or the effects of the condition itself support a disability finding. These pieces of information are critical to a finding that there is a disability determination that supports a lost earnings award, and disability evaluations that do not contain these pieces of information are currently being rejected as insufficient.

As we have noted in the past, the VCF evaluates the WTC Health Program disability evaluation report just as it does a disability determination from any other source; receiving a disability evaluation through the WTC Health Program Disability Evaluation process does not guarantee that the claimant will be determined to have suffered a loss eligible for compensation from the VCF. For those claimants who submitted an evaluation that is currently under review, if the evaluation form is missing the critical pieces of information discussed above, we may contact the physician who performed the evaluation to fill the gaps. We will not do so, however, if the



evaluation, even if complete, would still be insufficient to support a lost earnings award. For example, we may find that, while the disability evaluation provides a *basis* to award lost earnings, there is no earnings loss because there were no earnings as of the date of loss. Or, we may find that the percentage of disability attributable to a claimant's eligible conditions is no greater than previously determined by another government entity – for example, when there is partial disability determination by Workers' Compensation and the claimant claims a full disability due to eligible conditions. We are working on adding language to our award letters to better explain the reasons why economic loss was not awarded even where there was a disability evaluation on file.

We have received a few questions from our colleagues at the WTC Health Program about claimants returning to the CCEs to seek a disability determination, sometimes with letters from their attorneys in hand stating that such a determination from the CCE doctor could result in an increased award. **Please note that physician letters received following this kind of request are almost never sufficiently detailed** (i.e., they do not contain the types of information described above) to support a lost earnings award and having your clients seek them directly from the CCEs places an unnecessary strain on the Health Program. If your client is a WTC Health Program participant and does not have a qualifying disability determination, then please follow the instructions for referring them through the WTC Health Program Disability Evaluation process.

**Special Note regarding the WTC Health Program:** We have also received a number of reports from our colleagues at the WTC Health Program and directly from the CCEs regarding claimants returning to the WTC Health Program specifically for the purposes of seeking certifications in addition to those they already have because they believe that it will result in a higher VCF award. We hope that the new disability mismatch policy will help alleviate these requests, but please keep in mind that *the number of certifications a claimant may have has very little impact on our decisions on non-economic loss awards*. Further, for non-cancer conditions, a claimant who has already received \$90,000 is not going to receive a higher award just because they return to the VCF with a certification for a different non-cancer condition. It is the severity of the conditions and their effect on daily life that most impacts the non-economic award, not the number of conditions.

Please also keep in mind that the purpose of the WTC Health Program is to provide monitoring and treatment services. We would like to ensure that doctors are able to focus on treating patients versus repeatedly responding to requests for new certifications to support VCF claims. Please set the expectation with your clients that the WTC Health Program will not prioritize appointments for people seeking certifications over patients who are seeking healthcare. There may be a wait of several weeks to months, depending on the clinic, for appointments for patients who are already being treated elsewhere. Please stress to your clients that registration, which does not require certification, is all that is needed to file a timely VCF claim, and that, absent a medical need, they should not expect the WTC Health Program to treat their appointment request as urgent.

- **Claims Processing Timeline:** We have received several requests for the VCF to publish a timeline that shows expected claims processing timeframes, and we understand how important that is to help set expectations for claimants. We have been making many changes to our processes over the past several months, and we hope that you are seeing the results of those efforts. However, because of these changes, and others that we have in the works, we are not yet ready to publish average processing timeframes until we are certain that they reflect the reality of our operation, and more importantly, that they are achievable. We will post a flowchart that shows the major steps





from the time a claim is submitted to when an award is issued so that claimants have a clear understanding of our process, and will post more detailed information about claims processing timeframes once we have implemented the additional changes to our processes and have validated our internal processing targets.

- **Updates on Claim Processing – Progress and Status:**

- 2014 and 2015 Claims: In November 2016, we were focused on issuing loss determinations on compensation claims submitted in 2014. We have largely met that goal. Approximately 75 of these claims where eligibility has been approved remain to be completed, many of which are on hold because some piece of information required to process the claim is missing.

Our focus continues to be on the oldest compensation claims. Claims submitted in early 2015 are currently receiving award determinations. Compensation submissions from mid-2015 are under review, and compensation claims from late 2015 will come under review soon. Please do not be alarmed if a compensation claim submitted in 2015 is not yet showing as “Under Review” in the online system. Claims may be waiting longer for review to begin, but they are being reviewed and getting decisions more quickly once they are moved into substantive review as a result of new processes we have recently implemented.

- Deceased Claims: We have received numerous questions about the status of deceased claims, which are defined as claims for an individual whose death was caused by an eligible 9/11-related condition. We know that there has been a long wait on these claims, but they continue to be processed and all deceased claims with compensation forms submitted in 2015 are currently being prioritized for review.

We have made a slight change to the way in which deceased awards are calculated, and the change will be reflected in the “Loss Calculation Detail” addendum that accompanies the award letter. Deceased claims (for victims who die of their 9/11-related injuries) have two parts: (1) the personal injury award for the victim for the losses he or she suffered while alive, including pain and suffering and past lost earnings; and (2) the wrongful death award for the victim’s family to compensate for the harm they suffer as a result of the victim’s death, including their pain and suffering and future lost earnings. Going forward, we will calculate these two awards separately, and offsets applicable to the personal injury claim will only be applied to the personal injury award, while offsets applicable to the wrongful death claim will be only be applied to the wrongful death award. The two awards will not offset each other. For example, a calculated negative wrongful death award because of a large life insurance payment will not cancel out a positive personal injury award for the claimant. The “Loss Calculation Detail” included with the award letter will reflect how each of the two awards was calculated, as well as the total sum awarded.

- Victims with Public Safety Officers’ Benefits (“PSOB”) Payments: We have received some questions about whether there is a processing delay for claims where the victim also received compensation from (or has a claim pending with) the Public Safety Officers’ Benefits (“PSOB”) program. The answer is “no.” If a claimant receives a PSOB death or disability benefit, we will offset that amount from the corresponding VCF award. We coordinate very closely with PSOB and have a process in place to confirm whether a benefit has been paid that needs to be offset before we issue the award letter. This is a quick process (typically the same day) and does not delay the review of the claim or the issuance of the VCF award.
- VCF approval of proposed Distribution Plans: We also continue to receive questions regarding VCF approval of proposed distribution plans. As we have previously discussed, as a general rule, the VCF does not approve distribution plans. We expect that the Personal Representative



will distribute the award in accordance with the terms of the decedent's estate, state law, and any applicable court order. We are aware that New York law may provide some basis for the VCF to approve a distribution plan, but as a general rule, we will not do so.

- Personal Representative Amendments on Personal Injury Claims: As a reminder, if a personal injury claimant passes away and you file an amendment on the Personal Injury claim to add a Personal Representative, you should also file the required documents that are needed in order for the VCF to validate the Personal Representative at the time that you file the amendment or as soon thereafter as possible. We have been receiving amendments without these documents, and we will start to deactivate these claims if the supporting documents are not submitted. The claim will be reactivated once the necessary documents are submitted and determined to be sufficient.
- Pre-Screen Process: We have implemented a new "pre-screen" process in an effort to identify missing information earlier in the process and speed up claim review by only moving claims forward if they can be worked. We realized that we have a lot of claims that show as "Under Review" in the system, but are missing one or more of the "minimally required" documents that are needed in order to begin reviewing the claim. As these claims are not ready for substantive review, we have assigned them to a new pre-screen team that is charged with identifying the minimally required documents that are still needed, issuing Missing Information letters where appropriate, and monitoring the claim for receipt of the needed documents. This applies both to newly submitted claims and claims that had been in queue for review but could not move forward because of the missing information. The status on the claimant portal will continue to show as "Under Review" in both pre-screen and substantive review status. The list of minimally required documents is very small and includes documents such as the Claim Form Signature Page, Exhibit A, Exhibit 1 when economic loss is claimed, and presence documentation if appropriate for the specific claim – all documents that we must have in order to begin evaluating the claim. Our goal is to ensure that claims only move forward for substantive review if we have the minimum documents needed in order to review the claim.

If we determine during the pre-screen review that a claim is missing one of the required documents, we will issue a Missing Information letter and move the claim to "Inactive" status. If a response is not received within 60 days, the claim will be denied. Please note that our pre-screen staff are trained to look only for the receipt of the document and they do not assess its sufficiency, except for the Exhibits and Claim Form Signature Page. The sufficiency of the document will be evaluated during the more substantive claim review.

If you have a claim that shows in "Inactive" status and you are not sure why, please check the correspondence uploaded to the claim to see if a missing information request was sent during the pre-screen review. Please be aware that it takes 2-3 business days after the claim has been marked as "Inactive" before the missing information letter is generated and uploaded to the claim. Once you submit the missing information and we confirm receipt of the requested document(s), the claim will be reactivated and review will continue.

- Phone Calls on Claims with Missing Information: As we work to reduce our backlog, we have instructed our claim reviewers to call attorneys when a call will resolve a specific issue. Examples include when we are missing specific pension information on our oldest claims or requests to clarify information provided in the claim. We cannot make calls on all claims with missing information, however, and you should not file a claim expecting that you will have an opportunity to discuss the claim with one of our reviewers or attorneys. In addition, while we had been following up with calls specifically in each case that contained a reference to CPAP use for a sleep apnea condition to seek medical documentation, we will no longer do so. You



are aware of the types of documents that are necessary to support the higher award in these cases, and we expect to see them filed with the claim; if they are not filed with the claim, we will issue the lower award amount.

- Amendments: We continue to receive questions about how amendments are being prioritized. As a general rule, an amendment on a claim that has not yet received an award determination will not change its priority status. An amendment may add to the processing time, but it should not change the priority order in which we consider the claim. For claims that have already received an award determination, our priority order relates to the date of submission of the amendment, and not back to the original compensation form submission date. So, as a general rule, it is better for claimants if amendments are made while the claim is under consideration rather than after an award is already made.
- Post-Hearing Decisions: As we have previously stated on our website and on these calls, we aim to have post-hearing decisions rendered approximately 45 days after a hearing. Despite our best efforts, we are not currently meeting that target. We have had a much higher volume of appeals than usual and we are a little behind in rendering the decisions. We are working to issue post-appeal decisions as quickly as we can; currently, we are prioritizing compensation appeals, where payments are being held pending an appeal determination, over eligibility appeals, but we are continuing our efforts to get through the entirety of the backlog so that appeal decisions can be turned around on a more regular basis.
- Newer Non-Economic Loss Claims: As a reminder, you may continue to see some newer claim submissions receive decisions ahead of older claims. Overall, we are focused on our oldest claims, but because of the division of labor among the staff, newer non-economic loss claims may be processed before older claims seeking economic loss. Please be assured that the decisions on newer non-economic loss claims are not impeding our review of the older economic loss claims.
- **What You Can Do For Us**: Many of you have asked what you can do to help out our process. You can do three things:
  - Please try to refrain from filing non-economic loss only claims if you plan on filing an economic loss claim later. While we understand the desire to receive the faster non-economic loss award amount before filing an economic loss claim that may take longer to process, it is significantly less efficient for the VCF to have to pick up the same claim multiple times. In addition, we are constantly in the process of assessing our resource needs so that we can improve on our claim processing speeds and have added a dozen new claim reviewers to our team in recent months. We cannot accurately assess resource needs, however, if we don't have a clear picture of both how many claims, and what kinds of claims, have been submitted. Claims filed as non-economic loss that are really economic loss claims in disguise make it exceptionally difficult to ensure that we have the right mix of resources looking at claims as we move forward. As a result, please try to avoid the lure of a "quick" payment, use our expedite process when necessary and appropriate, and file complete claims including all requested forms of compensation at one time.
  - Second, respond to missing information letters. Absent a response within 30 days, we will process the claim without the information, and then any further submission will be prioritized and considered as an amendment. Again, from an efficiency perspective, this involves picking up the same claim multiple times and timely responses to missing information letters can enormously help our process.
  - And finally, as we have underscored previously, please do not cancel hearings at the last



minute. While this has improved since our last meeting, it remains an issue and causes significant problems for the VCF team.

- **Claimant Portal Updates:** We appreciate the feedback you have continued to provide about the online system, including suggested enhancements and letting us know when you encounter issues using the system. We also identify potential enhancements on an ongoing basis based on your calls to the Helpline, requests you've sent to us directly, and our own use of the system with an eye towards usability. We have been working with the development team to make some updates to the system and are planning to roll out several changes later this month. These are highlighted below.
  - The first set of changes have to do with claim ownership and delegation:

- Ability to “bulk delegate” claims you own to another user in your firm: If you have the ability in the system to delegate access to a claim to another user in your firm, you will soon have the ability to delegate all claims you **own** – in bulk – to another user (or users) in your firm. For example, if you are the **owner** of 1,000 claims in the system, and you have the delegation capability, you will be able to delegate access to all of your claims to the username you specify. We understand that turnover in staff is a normal part of your business and this will allow you to delegate claims in bulk without having to wait for the VCF to process the request.

This change will not allow you to delegate only a sub-set of claims that you own – it is “all or nothing” for now. While you cannot select a sub-set, you will be able to continue to delegate individual claims just as you do today.

This change also will not allow you to remove a delegated user from a claim. As a result, if an individual left your firm or is no longer working VCF claims, **it is very important that you continue to notify the VCF about the departure so we can properly remove the user from the claim and, more importantly, deactivate the account.** You should be alerting us anytime someone with an account leaves your firm so we can deactivate the account. If you think you may have active user accounts associated with your firm that should be deactivated, please let us know. If needed, we can send you a list of the usernames we have associated with your claims.

This “bulk delegation” feature is one that we think will make things a little easier for you, but it also comes with a very strong warning from our Privacy team: ***if you accidentally delegate claims to the wrong user, you must notify us immediately.*** Removing access from a claim is not instantaneous and we must know if a mistake was made so we can avoid any potential PII breaches. If this should happen, please call our Helpline immediately so we can begin taking the necessary steps to remove the user as a delegate on your claims.

The last note on this particular enhancement is that we ask that each firm have a limited number of users who have the appropriate access to delegate claims in the system. As you know, this capability is only provided upon request. There is no hard rule, but if we start to receive a number of requests for the access from multiple individuals in the same firm, we may ask you to instead identify a limited number of people who should have the access, or we may only grant it for those users in your firm who own claims (but not grant the access to users in your firm who only have delegated access to claims). If you do not have the delegation capability and would like to request it, please call our Helpline.

- Display current owners/delegates to users on claimant portal: We are also making a change that will allow those users who have the delegation access to see the owner and





delegates associated with an individual claim. You will now be able to see this information for each claim by clicking on a new “View Owners/Delegates” icon next to the existing “Print Form” icon. When you click on this icon, a pop-up window will appear that lists the owner and delegates on the claim. We hope this will help you in managing your claims as you will be able to confirm who does – or does not – have access to each claim.

Please note that if a claimant has access to his or her claim in the online system, we will **not** remove that access and you should not ask to have it removed. You can be the owner of the claim, but the claimant will remain a delegated user.

We are also making the following changes to the system:

- Export complete list of claims: As you know, you can currently export a complete list of your claims based on your search criteria. As some of you have noticed, the export had an issue in that it was not including all claims. We will fix this issue as part of the upcoming changes so that when you search for claims and export the list, all claims meeting the search criteria should be included in the Excel file. As part of this change, we will also remove the .csv and PDF options from the export.
- Warning message when opening PDF files: Our Privacy team continues to focus on the security of the system and the data it contains. The upcoming system changes also include a change required by the Security team – a new warning message when printing the claim form as a PDF from either “Claimant Details,” the summary table, or within a specific claim milestone. When you go to print the form, a warning message will display with options to either click “OK” or “Cancel.” The message is a reminder about the sensitive data contained in the file and being careful when using a public computer. The pop-up has two options: Ok and Cancel. “Ok” will prompt the print dialogue and “Cancel” will simply close the message without prompting the print dialogue.
- Victim address is no longer required when updating Claimant Details for claims for deceased individuals: Many of you encountered an issue where the system required an address for a deceased victim when updating previously submitted Claimant Details. This issue will soon be fixed so that the victim’s address is no longer required.

Once the date for these changes is confirmed, we will notify you in advance via email.

- Error message when saving Employment Information: Many of you have reported an issue when attempting to save employer data. The issue occurs when you enter the required fields in the “Employer Information” pop up screen, click “Save,” and then continue editing the data in that window. If, when editing, you remove the data in one of the required fields, and then click “Save” again, the window closes *without prompting you to complete the required field that is now blank*. If you then click “Save and Continue” from the “Employment and Compensation History” screen, you will see an error message that the data cannot be saved, but it does not direct you to the required field(s) that is blank. Until we fix the issue that allows you to save the data with blank required fields, please be careful to complete all required fields before clicking “Save.” We are working to fix this but it will take time before the fix is in place.
- Training: If you or others in your firm would benefit from a training refresher on the online system, we are happy to schedule a time to demonstrate the functionality and answer any questions you may have. If you think this would be helpful, please let Colleen King know. Depending on interest, we may do a larger session where all firms are invited, or we can work with you to arrange a session for only your team. Please also remember that we updated the [“Information for Law Firms”](#) section of the website a few months ago and added a special



section that is specific to the claimant portal that includes training materials and tip sheets.

- Who to contact: When you have a question or encounter an issue with the system, your first point of contact should be the Helpline. This is for several reasons, including that they are always there to answer the phone, but more importantly, they are able to quickly escalate – when needed – to our systems team for assistance. You can also call the Helpline for general claim status questions, to request a change in online ownership of a claim, or to delegate a claim to a new user.

The two requests that should bypass the Helpline are: (1) requests to delegate more than 10 claims to a new user (and this request will go away once the new functionality is in place on the claimant portal); and (2) to deactivate an account. If you need assistance with one of these two requests, please email the details of the request to Stefanie Langsam and she will make sure it gets completed by the systems team.

We continue to focus on additional changes to the system based on your feedback and suggestions. For example, we are considering adding a “date in status” column to the Claim Summary table so you know when the status last changed on the claim. We are also considering a change to allow the correspondence emails to be sent to a user other than the claim owner. We have compiled a list of potential enhancements and will reach out to several of you for feedback to help us narrow the list to those items that will deliver the most benefit to you.

- **Website Updates**: As mentioned earlier, we will be posting an updated Policies and Procedures document to the website and will email you when the document is posted and include pointers to the most important changes. We’re also adding a few clarifications to the Appeal/Amend guidance and plan to post a new scenario-based FAQ that will include guidance on the timeliness questions many of you have raised about different claimants and their circumstances. Please also refer back to the [November 2016](#) law firm call notes if you have any additional timeliness questions
- **Correspondence**: We have a few updates related to letters:
  - Mailing Addresses: Please ensure that your clients’ mailing addresses are up to date in the online system at all times. 95% of our returned mail is mail that was sent to represented claimants. Dealing with returned mail puts unnecessary strain on our staff, and delays communications to claimants. We ask that you keep this information up-to-date as you receive updated contact information from your clients.
  - Registration Form Acknowledgement Letters: We have added another acknowledgement letter and are now sending a Registration Form Acknowledgement Letter for all new submitted registrations. This is only for registrations that are submitted separately from the claim form. We began mailing these letters on or around February 17 so many of you have already received one. We made an update this week – based on feedback from several of you – to add the cc: line at the bottom of the letter to make it clear to the claimant that you also received a copy of the same letter.
  - Non-Economic Loss Amendments on Claims with Prior Economic Loss Awards: If you file an amendment for non-economic loss on a claim that had a prior economic loss award, and the non-economic loss is increased as a result of the amendment, the award letter will not include a revised “Loss Calculation Detail.” Since there is no change to the economic loss, you can refer to the previously issued award letter if you have questions about the economic loss calculation. The letter will still include the summary table so you can easily see the new non-economic loss amount.
  - Paperless Communications: If you are interested in going paperless, you have the option to stop



receiving hard copy mail from the VCF. If you opt to do this, you will continue to receive emails notifying you that a letter has been uploaded to the claim in CMS, and your client will continue to be copied on correspondence. We are not stopping our mailing of hard copy letters; we are simply offering this as an option for firms who would prefer not to receive mail. Please email Colleen King if you would like to go paperless.

- **Miscellaneous:**

- **Multiple Claim Number Issues:** Please review the language you include in multiple claim number letters to ensure that your instructions to the VCF are clear. You must indicate the claim number the claimant wants to move forward with (as opposed to instructing us to go forward with the claim that is farthest along) and note that all other claims associated with the victim should be cancelled. We are considering posting a form or template to our website to standardize this process and will notify you if we decide to do so.
- **Removal/Change of Attorney:** If your client is changing attorneys, he or she should complete the [“Revised Payment Instructions Form”](#) (available under [“Forms and Resources”](#) on our website) to notify the VCF of a change in representation and to change any prior payment instructions. We are working on an update to this form to ensure we receive the information we need in order to update the attorney information and online ownership of the claim.

- **Questions:** The following questions and answers were discussed:

- 1. I have a question regarding the policy on distribution plans for deceased claims as the New York statute permits the Special Master to approve distribution plans. Will there be exceptions to that general rule for situations where there are significant delays in the Surrogates courts? Some courts specifically point to the statute and say, “Why are you coming to us? The VCF should be determining the distribution plan.”**

We can look at specific situations, but as a general rule, we have determined that approving distribution plans is not an appropriate or necessary use of VCF resources, given that the regulations expressly provide that the Personal Representative “shall distribute the award in a manner consistent with the law of the decedent’s domicile or any applicable rulings made by a court of competent jurisdiction.” 28 C.F.R. § 104.52. We can speak to the Surrogate’s Courts to provide more explanation, if needed.

- 2. You mentioned that 95% of returned mail is coming from represented claimants. Is there a way for you to notify us when you get the returned mail? In many cases, your mail may be our first notification that they have moved.**

We can certainly evaluate the volume of returned mail and consider whether there is an efficient way to notify you when mail is returned for one of your clients. We will follow up in an email once we have determined if this is feasible.

- 3. I have a question regarding disability evaluation requests. We have situations where clients received the WTC Health Program letter that stated the individual has been found to be disabled, but they were denied any economic loss award. In reviewing these claims, we can see the client often didn’t have the test results or findings that were described today. With these scenarios, is the client able to amend the claim to request a new disability evaluation?**

We appreciate the difficulty with this situation and that is one of the reasons why we have explained in our Policies and Procedures document what is needed in a disability evaluation in



order to award economic loss, and why we are updating the Disability Evaluation form and the language in our award letters. If a client's circumstances change and you have additional documentation that you believe provides the basis for a reconsideration of economic loss, you should submit an amendment with the request. Please only amend the claim when you have the information in hand to support the amendment. We will review the claim, including the prior disability evaluation, and determine if another disability evaluation may be appropriate. .

4. **For Group B compensation calculations, you mentioned that the number of conditions does not impact the non-economic loss award, but surely the impact of multiple conditions would lead to more pain and suffering. Can you please explain the Group B non-economic loss methodology?**

While we do review all conditions, we are focused on how severe the conditions are and the impact they have on a claimant's life. For example, many respiratory conditions have symptoms that overlap, and one severe asthma condition may be much worse than a combination of several less severe conditions, such as sinusitis or rhinitis. We are looking at the totality of the severity of the conditions, regardless of the number of unique conditions that have been certified.

5. **Regarding the multiple claim number issue, is it possible to add a column in the Multiple Claim Number letter that would indicate the status of each claim so that we know which one is furthest along?**

We appreciate the suggestion and will look into this to see if there is an easy way to add that information to the letter. We will provide an update via email once we have decided if a change to the letter is feasible. As mentioned earlier, we are also considering a template or form for our website for you to use to notify us of the claim your client has selected to move forward for review.

6. **If someone has left the firm, what do you need from us to deactivate the account?**

We simply need an email that has the following:

- The person's name who has left your organization (i.e., Jane Smith)
- Their username for the online system (i.e., jsmith)
- And the request "Please deactivate the account."

7. **What should we do if someone in our firm accidentally created their own online account and is now the "owner" of a claim, when the claim should instead be owned by a different individual in the firm?**

If you need to have the online ownership changed on a claim, please call our Helpline for assistance. As a reminder, each user within a firm must have their **own unique user ID for the system** as outlined in our [VCF Online System Use Policy](#). Our security and compliance team runs periodic audits to ensure compliance with this policy so please be sure your firm is in compliance. If you need assistance creating accounts or changing the ownership or delegation on existing claims, please call our Helpline.