



# UI Automation

## A TPA Perspective

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Partner | Personnel Planners

Employer/TPA Vice Chair | SIDES Operations Committee

Chair | AUTO SIDES Committee

# Outline

1

State Employer  
Portals

2

SIDES Exchanges

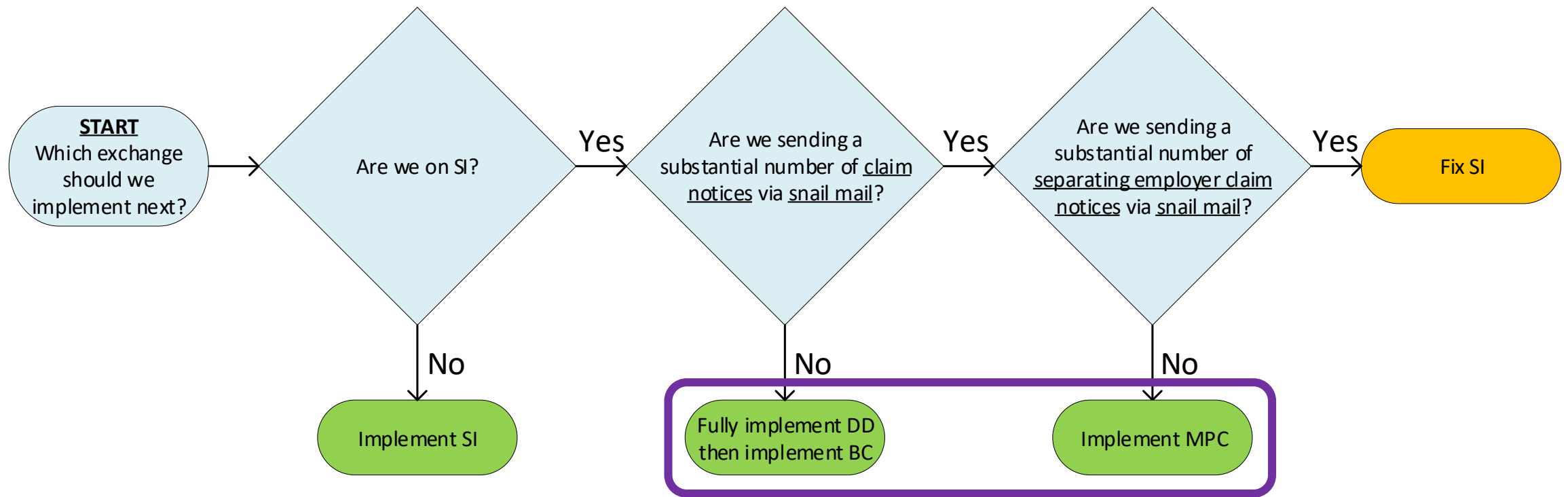
3

Wishes for the  
Future

# State Employer Portals

- Electronic POA Submission by TPA
- TPA Employer List
- Contribution Rates (with history)

- No TPA Portal
- Employer Assignment of POA
  - Requirement to log in to Portal to receive notices (TPA Inbox, Charge Statements, etc.)



As a state, which exchange  
should we implement next?

# MPC Exchange

- MPC = Monetary & Potential Charges
- Paper Analogues:
  - Notice of Wages Used for Unemployment Insurance Claim (CA)
  - Notice of Maximum Potential Chargeback (TX)
  - Request for Relief from Charges (PA)
  - Notice of Unemployment Claim, Wages Reported, & Potential Charges (NC)
  - Monetary Determination (MI)
  - Benefit Charging Notice (WA)
  - Notice to Base Period Employer of Claim Filed for Unemployment Benefits (MO)

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM (BASED ON STANDARD BASE PERIOD)				
FOR INFORMATION REGARDING BASE PERIOD, SEE ENCLOSED INSTRUCTIONS				
03-31-17	06-30-17	09-30-17	12-31-17	TOTAL WAGES REPORTED BY YOU
\$ .00	\$ .00	\$ .00	\$ 5959.27	\$ 5,959.27

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM ..... \$ 16,836.28

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR RESERVE ACCOUNT IS ..... 35.395 %

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$242 TO A MAXIMUM BENEFIT AMOUNT OF ..... \$ 6292

LAST DATE FOR TAMMELY REQUEST		FOR CO ONLY						
02-06-18		02-06-18						
DATE OF APPLICATION		DATE OF TERMINATION						
01-07-18		01-05-19						
DATE OF BASE PERIOD		DATE OF BASE PERIOD						
01-07-18		01-05-19						
SERVICE CENTER	TYPE OF CLAIM	WEEKS IN YOUR EMPLOY	WEEKLY WAGES	TOTAL WAGES	CREDIT WAGES	TOTAL OF ALL EMPLOYERS WAGES	NEW OTH. WAGES	PERCENT CHARGE
UC	1-17	2-17	4-16	25,346.84	30,048.81	38	12,856	84
BLOCKS FOR CO USE ONLY								
SEQUENCE NUMBER				EMPLOYMENT COMPENSATION				
505				26 13130 0 0 0 1				

NOTE: LACK OF WORK separations DO NOT QUALIFY for relief. DO NOT RETURN THIS FORM-Read and retain for your records.

FOR SEPARATIONS OTHER THAN LACK OF WORK, FAILURE TO COMPLETE THIS COULD RESULT IN UNNECESSARY CHARGES TO YOUR UNEMPLOYMENT COMPENSATION ACCOUNT.

Fill in the circle of the applicable work separation reason below. If the correct separation reason is not listed, darken circle 10, furnish a brief explanation and mail this form to the address shown in the upper left-hand corner or fax this side of the form to (612) 305-9687.

<input type="radio"/> 1 Lack of Work or Reduction in Force	<input type="radio"/> 6 Quit for personal reasons
<input type="radio"/> 2 Temporary Layoff or Individual works as needed	<input type="radio"/> 7 Fired for work-related misconduct
<input type="radio"/> 3 Failed to report for further assignment after completing temporary work, as specified in the hiring	<input type="radio"/> 8 Separation from work caused by explosion, fire, flood, or other natural disaster
<input type="radio"/> 4 Quit due to personal medically verifiable illness or medically verifiable illness of minor child	<input type="radio"/> 9 Fired for inability to perform work due to a disability
<input type="radio"/> 5 Still working, no change in hiring agreement	<input type="radio"/> 10 Other (Explain Below)

10 Other Separation Information: \_\_\_\_\_

FILED	BASE YEAR START/END	WEEKLY	MAXIMUM
5-21-17	01-01-16 TO 12-31-16	590	15340

INITIAL CHARGES	EXPIRES	CONTROL	MAILED
\$15,340.00	05-19-18		06-06-17

100 WORKER'S LAST DAY OF WORK: \_\_\_\_\_

REASON FOR SEPARATION OR TERMINATION: \_\_\_\_\_

1. TO REQUEST RELIEF, PLEASE CHECK THIS BOX. ☐

2. TO REQUEST PART TIME RELIEF, CHECK THIS BOX. ☐

Information is true and accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

TO THE EMPLOYMENT DEPARTMENT. EO: 990

- Functionality

- Recent Data Format Update

- Fewer conditional fields
- Merging of redundant fields
- Important fields now required
- Addition of “Request Relief of Charges” checkbox (controlled by states)
- Separation Information
  - No restrictions on employer/TPA response
  - Added Discharge and Voluntary Leave reasons -> Gross Misconduct in base period

										<b>LAST DATE FOR TIMELY REQUEST</b> 02-06-18		<b>FOR USE BY THE STATE</b> 02-06-18											
<b>DATE OF APPLICATION</b> 01-07-18				<b>SENIORITY YEAR</b> 01-05-19		<b>BASE-LEAF PERIOD</b> 10-01-16		<b>FINANCIAL DIVISION MAILING DATE</b> 09-30-17															
<b>40-HOUR YEAR WAGES AND CREDIT WAGES</b>																							
<b>SERVICE CENTER</b>	<b>TYPE OF CLAIM</b>	<b>WAGE IN YOUR EMPLOY:</b>			<b>EMPLOYMENT WAGES</b>			<b>TOTAL WAGES</b>		<b>CREDIT WAGES</b>		<b>TOTAL OF ALL EMPLOYERS WAGES</b>		<b>YOUR CREDIT WAGES</b>		<b>YOUR PERCENT CHARGE</b>							
		1-17	2-17	4-16																			
UC		4,752.00	7,738.84	12,856.00				25,346.84				30,048.81	38	12,856	84								
<b>WAGES FOR USE ONLY</b>																							
												<b>SEQUENCE NUMBER</b>		<b>WAGE X 100 = WAGE X 100 TRAIL BASE BASE</b>		<b>BASE X 100 = BASE X 100 TRAIL BASE BASE</b>		<b>BASE X 100 = BASE X 100 TRAIL BASE BASE</b>		<b>BASE X 100 = BASE X 100 TRAIL BASE BASE</b>			
												505		26		13130		0		0		1	

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 AND remain for your records.

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TO THE EMPLOYMENT DEPARTMENT. EO: 990

# ADF Exchange

ADF = Additional Fact Finding

Must be connected to an SI/MPC/EV request

Can only be generated after an initial response was received or after the due date of the SI/MPC/EV request

Only one attachment allowed on the request and it must be non-actionable and claimant specific (evidence)

Up to ten questions per request and only one request at a time

“Refuse to Provide” checkbox option for each question with BTQ statement baked in



SIDES POA Exchange



Harmony between SIDES SI and BTQ



More State Implementations of MPC and DD

Wishes for the Future...