

B N

BORING SCREENING SHEET

(SEE REVERSE SIDE FOR INSTRUCTIONS)

1.	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	BIC <input type="text"/> <input type="text"/>
2.	NAME (First Name, M.I., Last Name)	
3.	SCREENING DATE (Month, Day, Year—Example: August 10, 1993 would be: 08-10-93) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
4.	a. <input type="checkbox"/> MEMBER (J) <input type="checkbox"/> NONMEMBER (F)	b. SCREENOUT CODE <input type="text"/> <input type="text"/> (See item 14)
5.	Did the Clarksburg West Virginia (WV) Disability Determination Section (DDS) deny the claim, during the period January 1, 1986, through June 5, 1990?	<input type="checkbox"/> YES (If YES, Go to 6) <input type="checkbox"/> NO (If NO, Go to 14)
6.	Did the claimant receive an administrative decision (other than a dismissal) by an ALJ which became final?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 7)
7.	Was the claimant's primary diagnosis on the SSA-831 a neoplastic disease?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 8)
8.	Was the claimant's primary and secondary diagnosis on the SSA-831 a mental impairment(s)?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 9)
9.	Does the file contain a Residual Functional Capacity (RFC) assessment form (SSA-4734) signed by J. Keith Pickens, M.D. or Hugh M. Brown, M.D.?	<input type="checkbox"/> YES (If YES, Go to 10) <input type="checkbox"/> NO (If NO, Go to 14)
10.	Does the file contain an SSA-4734 prepared by J. Keith Pickens, M.D. which bears the symbol "R" or "r" next to his signature?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 11)
11.	Did the individual receive a subsequent RFC assessment by a DDS medical consultant other than J. Keith Pickens, M.D. or Hugh M. Brown, M.D.?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 12)
12.	Does the file contain an SSA-4734 completed during the period January 1, 1986, through October 1, 1989 in which the handwriting, and accompanying signature indicates that Hugh M. Brown, M.D. or J. Keith Pickens, M.D. personally reviewed the evidence and assessed the RFC?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, Go to 13)
13.	Does the file contain a white abstract form completed during the period October 1, 1989, through June 5, 1990?	<input type="checkbox"/> YES (If YES, Go to 14) <input type="checkbox"/> NO (If NO, the person is a member, go to 4a and check member.)
SCREENOUT CODES		
14.	Check the nonmember block (F) in item 4a and enter the screenout code in item 4b as follows: Enter 05 if question 5 is answered "NO." Enter 06 if question 6 is answered "YES." Enter 07 if question 7 is answered "YES." Enter 08 if question 8 is answered "YES." Enter 09 if question 9 is answered "NO." Enter 10 if question 10 is answered "YES." Enter 11 if question 11 is answered "YES." Enter 12 if question 12 is answered "YES." Enter 13 if question 13 is answered "YES." (No other screenout code entry is appropriate)	
15.	Reason to use in Notice of Non-Class Membership: a. If screenout code is 05, check reason No. 1. b. If screenout code is either 07, 08, 09, 10, 12, or 13, check reason No. 2. c. If screenout code is 06, check reason No. 3. d. If screenout code is 11, check reason No. 3 or 4.	
16.	Enter Date(s) of Application(s) Screened. _____	
SIGNATURE OF SCREENER		DATE
		DDS CODE (3 digits)

INSTRUCTIONS FOR COMPLETING BORING SCREENING SHEET

Only claims involving RFC assessments processed during the period January 1, 1986, through June 5, 1990, in the Clarksburg, WV DDS by DDS medical consultants J. Keith Pickens, M.D. and/or Hugh M. Brown, M.D. are involved in this class action. Only one screening sheet and one screenout notice should be prepared for each SSN. Answer questions 1-13 in sequence until the case is either screened in or screened out. Be sure the fill-ins are legible.

Questions 1-3: Fill in the identifying information as requested.

Question 4: Complete this information last (i.e., following completion of a "YES," answer to either item 6, 7, 8, 10, 11, 12, and 13 or a "NO," answer to either item 5 or 9). Do not fill in the information in blocks 4a and 4b until the screening process is completed.

Question 5: Review the SSA-831 (item 15, 19, and 22) to determine if the individual's claim was denied by the Clarksburg WV DDS at step 4 or 5 of the sequential evaluation process.

Question 6: Review the file to determine if the individual received a final administrative decision at the ALJ or AC level. The determination may have become final for any of the following reasons: the individual did not seek AC review, the AC declined to review the decision of the ALJ, or the AC issued its own decision of review on the decision of the ALJ.

Question 7: Review the SSA-831 (item 16) to determine if the individual's primary diagnosis is a neoplastic disease.

Question 8: Review the SSA-831 (item 16) to determine if the individual's primary and secondary diagnosis (if there was a secondary diagnosis) is a mental impairment(s).

Question 9: Screen for whether the claim involved an RFC assessment that was signed by either J. Keith Pickens, M.D. or Hugh M. Brown, M.D. See DI32562.095, Exhibit 6 for copies of Dr. Brown and Dr. Pickens signatures.

Question 10: If there is an "r" or "R," next to J. Keith Pickens, M.D. signature and Hugh M. Brown, M.D. did not prepare a subsequent RFC assessment covering the same period, the answer is "YES." If there is no "r" or "R," next to J. Keith Pickens, M.D. signature or Hugh M. Brown, M.D. prepared a subsequent RFC assessment covering the same period, the answer is "NO." (An "r" or "R," next to J. Keith Pickens signature indicated that he reviewed the evidence and assessed the RFC.)

Question 11: Review the file to determine if a DDS medical consultant other than J. Keith Pickens, M.D. or Hugh M. Brown, M.D. made a subsequent RFC assessment, either on reconsideration or on a subsequent claim, covering the same period as the RFC in question 10.

Question 12: If the form was signed by either J. Keith Pickens, M.D. or Hugh M. Brown, M.D. during the period January 1, 1986, through October 1, 1989, check the handwriting of the completed form. If the handwriting on the form is that of either J. Keith Pickens, M.D. or Hugh M. Brown, M.D. (as evidenced by comparison with the sample handwriting in the POMS or based on personal knowledge), check "YES," and indicate claimant is a nonmember. See DI32562.095, Exhibit 6 for copies of Dr. Brown and Dr. Pickens signatures.

Question 13: If the abstract form is white, the answer is "YES." If the abstract form is not white or if there is no abstract form in file, the answer is "NO." The white abstract form indicates that Hugh M. Brown, M.D. or J. Keith Pickens, M.D. personally reviewed the evidence and assessed the RFC.

Instructions for Members

- a. If "YES," to questions 5 and 9 and "NO," to questions 6, 7, 8, 10, 11, 12, and 13, the individual is a "MEMBER." Check the "Member" block (J) in item 4a of the screening sheet.
- b. Retain the original screening sheet in the folder. Send a copy to: ODCP, Litigation Staff, 6401 Security Blvd. Room 3-K-26 Operations Bldg., Baltimore, MD 21235, Attn: Boring Court Case Coordinator.
- c. Follow DI32562.015 for screened in cases.

Instructions for Nonmembers

- a. If "NO," to any question(s) 5 or 9 the individual is a "Nonmember." Check the nonmember block (F) in item 4a of the screening sheet. Fill in the appropriate screenout code in item 4b as directed in item 14 on the screening sheet.
- b. If "YES," to questions 5 and 9 and "YES," to any question in 6, 7, 8, 10, 11, 12 and 13, the individual is a "Nonmember." Check the nonmember block (F) in item 4a of the screening sheet. Fill in the appropriate screenout code in item 4b as directed in item 14 on the screening sheet.
- c. Retain the original screening sheet in the folder. Send a copy to: ODCP, Litigation Staff, 6401 Security Blvd. Room 3-K-26 Operations Bldg., Baltimore, MD 21235, Attn: Boring Court Case Coordinator.
- d. Prepare the **Nonmember Notice**, DI32562.095, Exhibit 4. Retain a copy in the file. Send the original notice to the individual, copies to the individual's representative of record, if known, and to class counsel.
- e. Follow DI32562.010(B)(3) for screened out cases.