

AR-1

Accountability Review Findings

Dates of Review: June 1, 2020 – June 5, 2020

Office Reviewed: All District Offices

Review Period: April 1, 2019 – March 31, 2020

Standard:	Category 1: Payment Processing Element 1: Form EN-20 and AOP Receipt Date
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Number of Cases Reviewed:	200
Acceptable Rating:	90%
Rating for Review:	99%

Describe Findings:

The Payment Processing category identifies a random sampling of compensation payments processed within the review period and evaluates whether the district offices processed those payments in accordance with established policy and procedures.

Overall, a review of the sampled payments revealed that both the quantity and quality of the work was outstanding. In some cases, involving multiple payments to survivors, the amount of documentation in OIS, and data entries in ECS, was substantial and yet completed flawlessly. One notable case, involving 10 payments under Parts B and E, was documented perfectly despite the overwhelming number of data entries and OIS documents.

The minimal findings identified in this category are random in nature and do not represent any trend or pattern. All four of the district offices processed the selected payments with little to no errors. All payments were made to the correct payee account and in the amount specified in the final decision and the Form EN-20.

REVIEWER(s):	DATE:
David Evans, Amy Derocher, Amrene Smith, Steven Smith, Carrie Heavrin, William Pridy, Daniel Divittorio, Paula Heidel, Raymond Murphy, Katina Johnson, Elvin Santiago, Lisa Rasmussen, Darius Radvila, Traci Murphy	June 5, 2020

AR-1
Accountability Review Findings

Dates of Review: June 1, 2020 – June 5, 2020

Office Reviewed: All DEEOIC District Offices

Review Period: April 1, 2019 – March 31, 2020

Standard:	Category 2: Part B Recommended Decisions Element 1: Outcome and Written Quality
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Number of Cases Reviewed	181
Rating for Element 1:	96%
Acceptable Rating:	90%
Overall Category Rating:	96%

Summarize Category (or Element) Findings:
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This category reviews the outcome and written quality of a sample of Part B recommended decisions (RDs) issued within the review period by all Division of Energy Employee Occupational Illness Compensation (DEEOIC) District Offices.

Several trends were identified throughout the RDs reviewed throughout all district offices. These included RDs including the incorrect address and RDs which failed to mention the date on which a claim was filed. With regard to the Statement of the Case (SOC) portion of the decisions, errors were noted in multiple cases where the development actions taken in adjudication of the claim were not sufficiently discussed. Concerning the Explanation of Findings (EOF) section, the review team noted several cases which lacked sufficient discussion regarding programmatic criteria required for the acceptance of a claim.

Overall, each district office exceeded the acceptability rating of 90% for this category.

AR TEAM REVIEWER(s):	DATE:
Amy Derocher, Amrene Smith, Steven Smith, Carrie Heavrin, William Pridy, Daniel Divittorio, Paula Heidel, Raymond Murphy, Katina Johnson, Elvin Santiago, Lisa Rasmussen, Darius Radvila, Traci Murphy	June 5, 2020

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Accountability Review Findings

Dates of Review: June 1, 2020 – June 5, 2020

Office Reviewed: All District Offices

Review Period: April 1, 2019 – March 31, 2020



Standard:	Category 3: Part E Causation Claims Element 1: Development and Causation Assessment Element 2: Outcome and Written Quality
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Number of Cases Reviewed	168
Rating for Element 1:	90%
Rating for Element 2:	93%
Acceptable Rating:	90%
Overall Category Rating:	93%

Summarize Category (or Element) Findings:

This category focuses on the policy and procedures DEEOIC staff use to make findings regarding toxic substance exposure and causation that a Part E employee encounters during the course of employment at a DOE facility or during qualifying RECA employment. Element 1 analyzes the medical and employment development as well as the causation assessment during the claim adjudication process; specifically, reviewing whether the claims examiner developed the case appropriately using causation presumptions and available program resources. Element 2 analyzes the outcome and written quality of Part E recommended decisions to ensure the information provided in decisions correctly describes the relevant case history, the evidence used to arrive at various factual findings, and whether there the author of the decision provided sufficient justification supporting the decision outcome.

There were several trends identified in both elements, among all of the District Offices. For Element 1, these trends included claims that were found to be underdeveloped, such as CEs not properly developing all claimed conditions, or not requesting all necessary evidence; cases in which a Site Exposure Matrices (SEM) search was either not performed or performed incorrectly; cases where the CE should have referred the claim to an Industrial Hygienist (IH), but did not; and cases in which the CE did not seek clarification of speculative medical opinion that lacked sufficient rationale when necessary.

For Element 2, one recurring deficiency noted by the team pertained to problems within cover letters. Specifically, the team noted several instances where the information in the cover letter did not match the information provided in the RD. However, it is noted that DEEOIC has done away with the requirement that RDs include a cover letter, and the errors noted within the this review, as well as past accountability reviews, played a part in that decision. As such, there is no corrective action needed with regard to any findings that pertain to errors within cover letters.

Further trends within Element 2 pertaining to the Statement of the Case (SOC) included the lack of discussion of relevant development actions taken by the CE, and missing filing or medical benefits eligibility dates. As for trends identified concerning the Explanation of findings, the team noted several instances where the RD did not communicate information in an understandable manner and/or did not provide adequate narration explaining how the CE arrived at factual findings or applied procedure standards in evaluating evidence.

REVIEWER(s):	DATE:
Amy Derocher, Amrene Smith, Steven Smith, Carrie Heavrin, William Pridy, Daniel Divittorio, Paula Heidel, Raymond Murphy, Katina Johnson, Elvin Santiago, Lisa Rasmussen, Darius Radvila, Traci Murphy	June 5, 2020

AR-1
Accountability Review Findings

Dates of Review: June 1, 2020 – June 5, 2020

Office Reviewed: All DEEOIC District Offices

Review Period: April 1, 2019 – March 31, 2020

Standard:	Category 4: OIS Indexing Element 1: Incoming Correspondence Element 2: Outgoing Correspondence
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Number of Cases Reviewed	204
Rating for Element #1	95%
Rating for Element #2	99%
Acceptable Rating:	90%
Overall Category Rating:	96%

Summarize Category (or Element) Findings:

In this category, the reviewer evaluates imaged correspondence received and created by the district office for clarity and appropriate classification based on pre-determined categories and subjects. The reviewer also ensures that the imaged document reviewed is associated with the correct case file. There are 2 elements for this category:

Element #1: Incoming Correspondence: Documents reviewed in this element are placed in OIS via the Energy Document Portal (EDP) and were indexed by district office staff under the category/subject classification “Other/Other Documents.”

Element #2: Outgoing Correspondence: Documents reviewed in this element are directly scanned (bronzed) into OIS by district office staff. Outgoing correspondence are further reviewed to ensure that the author date of the document matches with the appropriate “Sent Date” field entry within the ECS Correspondence screen.

A total of twenty-eight (28) errors were identified in Element #1, with the majority of the errors (24) involving incorrect category/subject classification. The remaining errors involved documents that required additional separation prior to classification (3 errors) and poor image quality (1 error).

Only one error was found within the outgoing correspondence category which was based on incorrect category/subject classification. All outgoing correspondence reviewed were associated with the appropriate case file and author dates for all outgoing correspondence matched with appropriate "Date Sent" field entries within the ECS Correspondence screen.

Summarize Other Significant Findings:
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It was observed in multiple instances for each office that cover letters/sheets were separated from the original document and indexed separately. Staff members should be reminded not to separate cover letters/sheets from their original document, as such information could serve as a receive date for the document.

AR TEAM REVIEWER(s):	DATE:
Curtis Johnson, Angela Eaddy	June 5, 2020

**AR-1
Accountability Review Findings**

Dates of Review: June 15, 2020 - June 19, 2020

Office Reviewed: All DEEOIC District Offices

Review Period: April 1, 2019 — March 31, 2020

Standard:	Category 5: Post Remand/Reopening Adjudication
	Element 1: Post Remand/ Reopening Development
	Element 2: Recommended Decisions – Outcome and Written Quality

Number of cases reviewed	179
Rating for Element 1:	92%
Rating for Element 2:	94%
Acceptable rating:	90%
Overall Category Rating:	94%

Summarize Category (or Element) Findings:

This category assesses whether the claims examiner (CE) conducted appropriate actions following a Remand Order or a Director’s Order that reopened a claim. The team reviewed two elements in this category:

For Element 1 -- Development – The element analyzes whether the CE conducted appropriate development, including whether respondents received letters providing an explanation of what is required to overcome an inadequacy in a claim. Further, this element assesses whether the CE correctly applied program resources in order to obtain necessary evidence.

The most notable trend found in this element was the CE not soliciting an opinion from the treating physician prior to sending a case to a Contract Medical Consultant (CMC) before issuing a recommended decision. Also noted, was the CE not requesting an opinion from the CMC when the treating physician did not provide a response.

Other trends identified included not providing the treating physician with the specialist reports or Site Exposure Matrices (SEM) search results when soliciting an opinion on causation, aggravation, or contribution. The team also found instances where the CE did not perform an updated SEM search prior to issuing a decision, and in two instances utilized the incorrect SEM search results during the development for causation. The review team further noted that in some cases, the CE did not solicit the claimant for an EN-16 and did not verify the tort information by telephone prior to issuing the decision. In one instance, a CE utilized inapplicable regulatory program guidance

to develop the claim after a remand in a wage loss case. Reviewers also determined that some development letters were vague, did not address specific issues under development, and contained some minor typographical errors.

For Element 2 -- Recommended Decision – Outcome and Written Quality – The element assesses the Recommended Decision (RD) following a Remand or Director’s Order and whether the RD clearly explains the CE’s interpretation of the evidence in the file, provides an analysis of the defect described in the remand or reopening order, and whether the RD is written in a logical and chronological manner, understandable to the reader, and differentiates between Parts B and/or E.

Concerning Recommended Decision outcome, the most notable errors seen included a lack of a complete history of development actions taken in the Statement of the Case section, which included not referencing the Remand or Director’s Order. In some instances, the Explanation of Findings did not provide an explanation with respect to how the evidence or additional development resolved the remand. Also noted were instances where the CE did not provide adequate analysis or explanation of the case evidence used to justify the outcome.

As it pertains to quality of the RD, the most notable trends were proofreading errors, such as using an incorrect zip code, or the claimant’s name or authorized representative’s name not matching in ECS. Also noted are instances where there was a denial of Part B and Part E in the cover letter while in the Conclusion of Law makes reference only to a denial under Part E. There was also frequent use of abbreviations with no explanation. In some instances, the reviewer was unable to verify that the CE attached or bronzed the specialist reports into OIS.

Summarize Other Significant Findings:
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There were no other significant findings.

AR TEAM REVIEWER(s):	DATE:
Carrie Turjan, Debra Howard, Valerie Whittaker, Daniel DiVittorio, William Pridy, Bernadette DeHerrera, Betty Gambill, Patricia Padgett, Tammy Evanchik, Dante Silveri, Edith Adekoya, Towanda Tunsil, Angie Wellborn, Susan Kellner, Karoline Anders, Kristina Green	June 19, 2020

AR-1
Accountability Review Findings

Dates of Review: Jun 15, 2020 - June 19, 2020

Office Reviewed: All DEEOIC District Offices

Review Period: April 1, 2019 – March 31, 2020

Standard:	Category 6: ECS Coding Element 1: Recommended Decision Coding Element 2: Accepted Medical Condition Coding Element 3: Causation Path Coding
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Number of cases reviewed	207
Rating for Element 1:	96%
Rating for Element 2:	98%
Rating for Element 3:	88%
Acceptable rating:	90%
Overall Category Rating:	94%

Summarize Category (or Element) Findings:

This category reviews the accuracy of Energy Compensation System (ECS) coding as it relates to Division of Energy Employee Occupational Illness Compensation (DEEOIC) District Office ECS actions. The documents and dates seen in the electronic case file were directly compared to the corresponding ECS entries. We reviewed three elements as part of our review: Recommended Decision (RD) Coding, Accepted Medical Condition Coding and Causation Path Coding.

In Element 1: Recommended Decision Coding, the element analyzes whether (1) decision coding recorded in ECS matched the outcome communicated in the written RD; (2) whether the employment facility, verified start and end dates, and findings in ECS match what was communicated within the content of the written RD; and (3) in cases where a component was denied, whether the correct denial reason code matched the reason communicated in the RD.

For Element 2: Accepted Medical Condition Coding, the element analyzes (1) whether medical conditions were accurately coded in cases when an RD or letter decision was issued awarding medical benefits; (2) whether the conditions associated with the medical benefits had a status of “Yes – Potentially Covered,” as well as the correct International Classification of Disease Code (ICD code), and correct eligibility begin date for medical benefits; and (3) in cases where a letter decision was issued, whether the letter decision checkbox had been checked within the medical

condition screen in ECS.

With regard to Element 3: Causation Path Coding, the element assesses (1) whether, in cases in which an RD accepted a condition based on Part B, a positive Part B causation path was recorded on the causation tab in ECS for each condition prior to the RD being built; (2) for each Part B condition being awarded based on a Special Exposure Cohort (SEC) class, was a positive SEC causation path recorded on the causation tab prior to the RD being built, and was the correct SER reason, selected on the causation path; and (3) for each Part E condition where causation related to exposure to a toxic substance at a verified covered worksite was accepted or denied in the RD based on toxic exposure, was a toxic causation path created with the correct positive or negative finding prior to the RD?

Reviewers identified several trends throughout the RDs reviewed in all district offices. These trends included employment entries as coded in ECS not matching employment dates in the written RD. The reviewers also noticed employment end dates in ECS not matching employment end dates in the written RDs. For instance, reviewers noted that periods of intermittent employment in the recommended decisions listed as a single one period of employment rather than intermittent but entered as intermittent in ECS or noted as intermittent in the decision and entered as a whole period in ECS. However, the breaks in employment were not noted in the recommended decisions.

The reviewers also found that not all cancers selected in ECS were included in the written RDs. The most notable trends was using incorrect eligibility dates for medical conditions, as well as written RDs reflecting deferred conditions but not coded as such in ECS.

Concerning the causation-path coding, the review team noted several cases where the causation path was either missing or was coded incorrectly. The most notable trend is ECS contains only a National Institute for Occupational Safety and Health (NIOSH) causation path, although the RD denied the cancer claim under Part E based on negative probability of causation but no exposure, a negative toxic causation path under Part E was created. SEM search is mentioned in the explanation of findings as part of the basis for acceptance but SEM search box not checked on toxic causation path and there is no SEM search date entered. Part E toxic exposure causation path is not created for accepted illness but was included in the written RD based on toxic exposure; and the Part E condition in the RD is accepted based on the B acceptance, but a "Part E Based on B" causation path is not created in ECS. The causation paths in ECS were incomplete, especially the Evidence Source Section of the Causation Development Component. Some other notable trends include the CE selecting Part B for a Part E causation or Part E for Part B causation or not having a causation path at all for a specific condition. The reviewers also noted that the CE was selecting the incorrect path such as a positive causation path for Part E instead of using E based on B as noted in the recommended decision.

Overall, however, each district office exceeded the acceptability rating of 90% for this category.

Summarize Other Significant Findings:
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None identified.

AR TEAM REVIEWER(s):	DATE:
Karoline Anders, Kristina Green, Susan Kellner, Angie Wellborn, Bernadette DeHerrara, Daniel Divittorio, William Pridy, Tammy Evanchik, Betty Gambill, Patricia Padgett, Dante Silveri, Edith Adekoya, Towanda Tunsil,	June 19, 2020

AR-1
Accountability Review Findings

Dates of Review: June 15, 2020 - June 19, 2020

Office Reviewed: All DEEOIC District Offices

Review Period: April 1, 2019 — March 31, 2020

Standard:	Category 7: Consequential Illness Acceptances Element 1: Development Element 2: Consequential Illness Letter/RD – Outcome and Written Quality
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Number of cases reviewed	169
Rating for Element 1:	95%
Rating for Element 2:	93%
Acceptable rating:	90
Overall Category Rating:	94%

Summarize Category (or Element) Findings:

This category reviews the development undertaken and the outcome and written quality of decisions issued with respect to medical conditions claimed to be as a result of a previously accepted condition. The team reviewed two elements in this category:

Element 1 -- Development – This element analyzes whether the Claims Examiner obtained the appropriate claim form associated with the consequential illness before issuing a decision; whether the Claims Examiners obtained a convincing and well-rationalized physician’s opinion linking the consequential condition to a previously accepted illness; and whether, in the absence of a convincing and well-rationalized physician’s opinion on the consequential illness, the Claims Examiner undertook appropriate development steps to notify the claimant or the claimant’s physician of the need for more substantive information or refer the claim to a Contract Medical Consultant (CMC) for a qualified opinion.

For Element 2 -- Consequential Illness Letter/Recommended Decision, Outcome and Written Quality – This element assesses letter decisions to determine if they were supported by sufficient medical evidence to justify the decision outcome and to determine whether the letter decision was written in a manner understandable to the reader and free of substantial grammatical or typographical errors.

Overall, the district offices performed well in this category. Each office exceeded the overall goal of 90%. In addition, only one office fell short of 90% in any individual element (Cleveland scored 89% in the second element).

The two most common trends that the team found within this category include acceptances based on poorly rationalized medical reports and missing signatures and/or missing signature blocks within the letter decision.

Of the 169 cases that we review for this category, eight contained letter acceptances that relied on poorly rationalized medical opinions. In eight other cases, a letter acceptance included only one signature block and/or did not include a manager's signature.

Another trend identified by the reviewers is rooted in poor proofreading. While no single type of error abounded, our reviewers found six cases containing mistakes such as misspelling a name, inserting the wrong medical condition in a particular sentence, or using the wrong ICD code.

Summarize Other Significant Findings:
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The reviewers identified two cases, in which the district office adjudicated a claim based on an improper medical condition. In one case, the district office accepted a surgical procedure. In the other case, the district office accepted a symptom. In each case, the error was failing to identify and adjudicate the underlying medical condition. While two cases alone do not constitute a trend, but this may be worth noting, in the event that other categories reveal similar errors.

AR TEAM REVIEWER(s):	DATE:
Carrie Turjan, Debra Howard, Valerie Whittaker, Daniel DiVittorio, William Pridy, Bernadette DeHerrera, Betty Gambill, Patricia Padgett, Tammy Evanchik, Dante Silveri, Edith Adekoya, Towanda Tunsil, Angie Wellborn, Susan Kellner, Karoline Anders, Kristina Green	June 19, 2020