

Data and information needs – requests from 7/11/16 call

1. *Need data on claims by specific ICD codes, with other columns to include, at a minimum: site, whether claim was accepted or denied, and a reason for denial. We could work either with a code if reason for denial was assigned a code, or with text describing the reason.*

We had wanted to look at claims by specific ICD codes. Stephen and I had a conference call with Doug Pennington and other DOL staff to better understand what they could provide. DOL does not code all incoming claims using an ICD code. Accepted claims all have a code, but claims that are denied might not. Those codes are described in text and often with a category such as PD, for pulmonary disease. This means that DOL cannot directly respond to our request above.

Doug did provide a spreadsheet that focused on COPD claims, and that is the one on the CD we received. You will see that some have an ICD code, some have simply PD. Doug explained to me that

- a. In order to provide you with the “best” case list possible, we provided you all cases filed from 1/1/2014-6/30/2014 that included either the Medical Type of PD or OL. PD is defined as *Pulmonary Disease-COPD/Emphysema* and OL is defined as *Other Lung*. This is a complete list of all PD or OL cases for that time period.
- b. The CMS ICD-9 Code 496 is for COPD and carried a description of CHR AIRWAY OBSTRUCT NEC and since 10/1/2015, the ICD-10 Code J44.9 is the COPD code with the descriptor being Chronic obstructive pulmonary disease, unspecified. No ICD Code or Descriptor could mean a number of things. It can occur because the case had another claimed condition approved, but not COPD, or all conditions denied, or that the case has been withdrawn or administratively closed. Because our system allows for claimants to claim multiple conditions and because of that, Final Decisions may be issued for some conditions and not others, which will “muddy” the data that you can observe in this report.

He can provide similar reports for other disease categories, and once having developed the logic for this one it will be easier to develop others in the future. On the next page I’ve included the decision logic for creating this particular spreadsheet.

For our call next week I’d like you all to look at the spreadsheet so we can discuss and be on the same page with our understanding of what’s being given to us. Then we will decide what other claim information we would like to see

2. *We would like access to the SEM database used by the claims examiners, since we understand that it differs from the database available to the public.*

I don’t believe we resolved this question. The difference between these two databases is (1) the public one may lag behind the one used by the claims examiners by few months (2) the public one does not contain all the supporting documents for SEM data. On our call I’d like us to decide if we want to pursue this particular issue.

- 3. We would like to review the written information and other training materials used to train staff of the resource centers how to assist the worker in completing the OHQ. Is there a script? We would like to understand the QA process for the OHQ - is some subset reviewed to ensure that they are being completed correctly?*

The OHQ is completed at the resource centers and to my understanding there is not written guidance for the staff on how to complete the questionnaire.

- 4. We would like to see all written sources of guidance and procedures for claims examiners, IHS, and CMCs*

We learned that the written guidance for CMC's is proprietary and the contractor will not release it to DOL.

- 5. We understand DOL has a small number of presumptions that are used in claim adjudication. We would like to look at case examples where these presumptions were used.*

We did not get case examples in response to this specific request. On one of the CDs we did receive cases of beryllium sensitivity and CBD; these cases were primarily collected for the lung disease subcommittee, but reviewing some of them will be helpful to our committee. For those of you who have not read through the final determination on claims cases you can get a good sense of that by reviewing three or four of the cases on the CD. I looked at 12005225 CBD case, and think that's a very good example. It has lots of different documents within it, which unfortunately are not labeled by date, but if you take a few minutes you can follow the process of medical determination decision on accepting the claim and then decisions on payments.

- 6. For the October meeting, we would like a report from DOL how they have responded to the IOM report on SEM, and a description of the work plan for implementing the IOM recommendations*

We did receive this response. Carrie sent it in an email and it also which is available on the committee website. Please read this in preparation for the meeting and I would like us to develop specific recommendations for the overall committee about how DLL should implement (or not implement) the IOM recommendations.

- 7. We would like background information from DOL about development of the 1995 memo*

We did not receive anything in response to this request.

I understood from our calls that DOL does not systematically classify all in-coming claims using ICD codes, and that ICD codes are always used for accepted cases. So how is this list derived? In order to provide you with the "best" case list possible, we provided you all cases filed from 1/1/2014-6/30/2014 that included either the Medical Type of PD or OL. PD is defined as *Pulmonary Disease-COPD/Emphysema* and OL is defined as *Other Lung*. Since not all cases in that timeframe would have had decisions on the COPD portion of the case, we didn't want to exclude cases that may have included COPD, but weren't yet coded specifically, so we used the broader PD and OL codes.

I do see there are a number of cases without an ICD code or a descriptor such as CHR AIRWAY OBSTRUCT NEC – The CMS ICD-9 Code 496 is for COPD and carried a description of CHR AIRWAY OBSTRUCT NEC and since 10/1/2015, the ICD-10 Code J44.9 is the COPD code with the descriptor being Chronic obstructive pulmonary disease, unspecified. No ICD Code or Descriptor could mean a number of things. It can occur because the case had another claimed condition approved, but not COPD, or all conditions denied, or that the case has been withdrawn or administratively closed. Because our system allows for claimants to claim multiple conditions and because of that, Final Decisions may be issued for some conditions and not others, which will "muddy" the data that you can observe in this report.

Are we to assume this is an incomplete list of all claims and a complete list of accepted claims? It is a complete list of claims received (or filed) that claimed medical types of PD or OL, as noted previously.

Also, can someone supply us with the abbreviations used in the spread sheet: FDD (Final Decision Denied), FDA (Final Decision Approved), REMAND (Recommended Decision to Deny Remanded by the Final Adjudication Branch back to the District Office to Re-evaluate), PD (Pulmonary Disease-COPD/Emphysema), OL (Other Lung).

Also, the business logic we used in the creation of the aforementioned report is:

1. **Business Overview**

To provide a Case / Medical Condition Level Report of

- Cases with Case Create date between 01/01/2014 and 06/30/2014
- And
- These Cases have at least one claimed COPD Medical Condition*

COPD Medical Condition* is defined as a claimed Medical condition on the Case in Part B/E having either (i) a medical condition type code 'PD' OR (ii) having an ICD Code '496' or 'J44.9'.

The report will contain the following columns:

- Case ID
- Case Create Date
- Medical Condition Type → *Medical condition type associated to the claimed COPD Medical Condition*
- Medical Condition ICD Code → *Medical condition ICD Code associated to the claimed COPD Medical Condition*
- ICD Code Description → *ICD Description associated to the claimed COPD Medical Condition*
- Case Sent To NIOSH → *True If Case was Sent to NIOSH, Else False*
- Part B Medical File Date → *Earliest Part B medical filing date associated to the claimed COPD Medical Condition*

- **Part B Last Determination** → 'FDA' if claimed COPD Medical Condition was used in a Part B FDA Decision and accepted , 'FDD' if claimed COPD Medical Condition was used in a Part B FDA Decision and denied, 'Remand' if claimed COPD Medical Condition was Remanded in a Part B FDA Decision. 'None' if claimed COPD Medical Condition was not used in any Part B FDA Decision (Note: FDA trumps all and FDD trumps between FDD and Remand)
- **Part B Last Determination Date** → The most recent release date associated to **Part B last Determination**
- **Part E Med File Date** → Earliest Part E medical filing date associated to the claimed COPD Medical Condition
- **Part E Last Determination** → 'FDA' if claimed COPD Medical Condition was used in a Part E FDA Decision and accepted , 'FDD' if claimed COPD Medical Condition was used in a Part E FDA Decision and denied, 'Remand' if claimed COPD Medical Condition was Remanded in a Part E FDA Decision. 'None' if claimed COPD Medical Condition was not used in any Part E FDA Decision (Note: FDA trumps all and FDD trumps between FDD and Remand)
- **Part E Last Determination Date** → The most recent release date associated to **Part E last Determination**
- **Case Closed Flag** → TRUE if Case has all claims closed on applicable side(s)

Exclusions: None