

## Advisory Board Questions

**1. What are the reasons why the Department of Labor (DOL) would refer a claimant for a home health care evaluation/in-office assessment of the claimant? And then what are the qualifications for the doctor that you are looking for the referral? What prompted the change in distance to 200 miles?**

The assigned Division of Energy Employees Occupational Illness Compensation (DEEOIC) Medical Benefit Examiner (MBE) reviews medical evidence submitted with home health care (HHC) requests to determine if there is sufficient medical rationale provided by the treating doctor to support the care requested. The MBE may consult with a DEEOIC nurse consultant to ascertain the sufficiency of medical evidence supporting a HHC request. In the absence of probative medical evidence, the MBE requests the treating physician provide clarification. If, after appropriate development, the medical evidence is insufficient to support the care requested, the MBE has the option of referring the case to a second-opinion (SECOP) physician for review.

A third-party agency, contracted by DOL, selects the physician to perform the SECOP medical examinations. The terms of the contract stipulate that the assigned physician is to be located within 200 miles of the claimant's residence, and that distance has not changed since DOL instituted the SECOP exam process. Participating physicians, who perform SECOP examinations, must meet the following qualifications:

- a. Possess a M.D. degree or a D.O. degree;
- b. Hold an unrestricted license to practice medicine in the state in which they will perform examinations or otherwise practice under this contract.
- c. Be board certified in their respective specialties by one of the medical specialty boards recognized by the American Board of Medical Specialties, or by the American Osteopathic Association.
- d. Be engaged in an active medical practice with a minimum of 240 hours of direct patient care over the previous twelve months.

**2. The last tab on the latest disc was a series of two-page documents/letters. What request is this information in response to? (T. page 45; 75-77) Dr. Sokas thought what they had asked for was what the CMCs get and what they send back.**

It is not clear to what disc or reference this relates. Clarification is necessary.

**3. Has family history been deleted from the OHQ latest version?**

Yes, the staff working on the revision to Occupational History Questionnaire (OHQ) deleted that section. It seemed duplicative of medical information provided separately as part of case development.

**4. When there is a new SEC, what is the procedure to evaluate old cases to see whether they were affected? Mr. Griffin may have a case he thinks should have been reevaluated for SEC when a new one was passed. He may send the particulars of the case to check.**

For a newly designated Special Exposure Cohort (SEC) class, DEEOIC generates a list of cases that include all previously denied cases identified as having employment at the SEC designated facility and that involve a claimed “specified” cancer. DEEOIC also does comparative analysis with a separate National Institute for Occupational Safety and Health (NIOSH) generated list of cases pending dose reconstruction that NIOSH assess as potentially affected by the new SEC class. DEEOIC aggregates those cases into the comprehensive list of cases requiring review for the new SEC class. DEEOIC distributes a preliminary list prior to the effective date of the new SEC class for field staff to begin preemptive work on identifying and queuing potentially affected cases. DEEOIC issues a final list on the date of the SEC class circular publication. Upon review of cases identified on the list, as included in the SEC class, DEEOIC takes action on behalf of a claimant to reopen his or her claim for a new decision. A claimant may also request that DEEOIC review his or her previously denied claim for SEC inclusion via a request for reopening. If any member of the Advisory Board identifies a previously denied case that they now feel may be included in an SEC, forward that information and the Case ID to the attention of the DEEOIC Director.

**5. With the addition of the IH contractor, how is the use of IHs changing? What information goes to the IH - what are they relying upon? How may the IH report have changed since the addition of the contractor/new IHs?**

With the addition of Industrial Hygienist (IH) contractors, DEEOIC has reorganized the inventory of cases requiring expert exposure analysis to ensure more timely response rates to referrals. Improved tracking and inventory management has resulted in a significant reduction in backlogged IH referrals. Updated process guidance, including standardization of referral forms and IH referral submission guidance has helped the contractor categorize referrals more efficiently (including different variables such as facility, health effect, toxin or work process). The assigned Claims Examiner (CE) submits his or her IH referral package by email to a centralized distribution point where National Office Medical and Health Science Unit staff inventory referrals for assignment to the contractor or an internal IH. Referral packages include a factual finding (Statement of Accepted Facts) from the CE reporting information such as the employee work and medical history; an OHQ responded to by the employee or a family member; relevant Site Exposure Matrix (SEM) outputs, and any relevant employment data including

descriptions of work processes and any occupational safety and health monitoring data. The IH's rely on their good understanding of relevant facility operations; expert knowledge and experience in the field of industrial hygiene; and examination of relevant case material. IH contractor submittals undergo a multi-tier quality control examination by certified IHs, including the DEEOIC Lead IH. The function of this quality control review is to ensure response consistency, application of sound principles of industrial hygiene within the context of achieving reasonably maximized exposure outcomes, and proper consideration of case-specific data (including factual findings of the CE, OHQ data, employment data, SEM outputs, etc.).

- 6. With the addition of the IH contractor, are there plans for a quality review of the outcomes? (T. at 71: "Are there plans now for the kind of quality assessment that really takes place looking at the medical determination for the IH information, the way it was gathered from an IH or a medical perspective?")**

All contractor IH reports released for publication undergo a three-tier review clearance before publication. The certified IH completing the report has to sign it as complete. A senior official with the contractor reviews all submittals for compliance with operating guidance and signs off on the report's release to DEEOIC. Once received, a Federal Certified IH reviews the report for accuracy and he then certifies the report for publication to the case file.