

AR-1

Accountability Review Findings

Dates of Review: August 15 –19, 2011

Office Reviewed: Cleveland Office

Reviewing Office: Policy, Regulations and Procedures Branch

Review Period: July 12, 2010 through July 11, 2011

Category 1	Case Demographics and Customer Service
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	100
Number of cases with errors:	7
Number of Indicators Reviewed:	1055
Number Indicators with Yes (passed)	920
Number of Indicators with No (errors):	8
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)}$ = weighted average	99%

FINDINGS: Describe Findings.

The Cleveland District Office performed very well in the area of Case Demographics and Customer Service. The Elements that were reviewed are as follows: Case Create, Employee (name, file number, date of birth etc...), Survivor Claimant(s), Authorized Representative and Customer Service. Each Element either met or exceeded 95%, with the Elements of Survivor Claimant(s) and Authorized Representative each rating 100%.

No trends were established; however, there were two cases where medical conditions were not input in ECMS and two cases where telephone numbers were not updated in ECMS.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Rodney Alston	August 19, 2011

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Category 2	Development
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	86
Number of cases with errors:	14
Number of Indicators Reviewed:	1822
Number Indicators with Yes (passed)	898
Number of Indicators with No (errors):	21
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)}$ = weighted average	98%

FINDINGS: Describe Findings.

The Cleveland District Office did an outstanding job in the Category of Development, scoring a rating of 98%; the acceptable rating being 75%. The following elements were reviewed: Employment, Medical, Survivorship, Special Exposure Cohort (SEC), National Institute for Occupational Safety and Health (NIOSH), Causation, Impairment Development and Coding, Wage Loss Development and Coding, and Wage Loss ECMS Calculator.

The Cleveland District Office excelled in the medical, survivorship, SEC, Causation, and Impairment Development and Coding elements, achieving a perfect score in medical development and impairment development and coding. Few errors were noted in the survivorship, SEC, and Causation elements. One specific Indicators in the Wage Loss Development and Coding element appeared to be the only problematic area..

Element #1 (Employment)

There were a total of 6 deficiencies in this element, with the significant trend being that verified employment was not properly recorded in ECMS. Three cases failed to document either the proper start date or the end date in ECMS. Two cases did not properly code the final EE-5 with an ER in ECMS B or E. Finally, in one case the district office requested the DAR from Paducah (employment not previously claimed but mentioned during a Hearing), but did not wait for a response and issued a decision to deny the claim for tongue cancer under Parts B & E based on the NIOSH Probability of Causation being less than 50%. Additionally, the district office did not explain in the Recommended Decision that they had requested DAR records from the Paducah Gaseous Diffusion Plant (PGDP). While the claimant did not submit an EE-3 after two requests, the district office should have waited for a response from the PGDP since they initiated the request.

Element #2 (Medical)

There were no errors in this element.

Element #3 (Survivorship)

There were only 2 deficiencies in this element and no significant trends were noted. In one item, the development letter dated 09/02/2010 does not provide the correct definition of a potentially eligible survivor under Part E. In the other item, the development letter improperly identifies the employee as the widow's father, and is very convoluted with regards to other potential survivors and remaining compensation available to the widow.

Element #4 Special Exposure Cohort (SEC)

There was only 1 deficiency in this element. The district office sent a DAR request regarding potential employment at the PGDP, but did not wait for a response prior to issuing a recommended decision to deny the claim for cancer at the base of the tongue (included as part of they pharynx therefore making it a specified cancer). If employment is verified, this could potentially add enough days to meet the required aggregate of 250 work days (already have approximately 8 months of verified employment at the Portsmouth GDP).

Element #5 (NIOSH)

There were 5 deficiencies in this element; however, no significant trends were noted. In one case, an incorrect ICD-9 code was reported for adenocarcinoma of left colon. In two cases, incorrect employment was reported. Finally, in two cases, Probability of Causation information was not entered or only partially entered in ECMS-B.

Element #6 (Causation)

There were only 2 deficiencies in this element and no significant trends were noted. In one case, the only SEM search was completed on 10/06/09, 1 year/3 months prior to the issuance of the recommended decision. Once the case was returned from NIOSH, an updated SEM search should have been completed and the claimant notified that a link could not be established prior to the issuance of the RD on 01/10/11.

Element #7 (Impairment Development and Coding)

There were no errors in this element.

Element #8 (Wage Loss Development and Coding)

There were 5 deficiencies in this element, with the trend being that either the district office did not conduct survivor wage loss development or they did not conduct wage loss development to determine if the deceased employee experienced wage loss prior to death. In one case, the district office sent 2 development letters requesting SSA earnings to establish wages earned 12 quarters prior to the claimed period wage loss first began – this information was already in the file.

Element #9 (Wage Loss ECMS Calculator)

There were no errors in this element.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

As previously mentioned, the Cleveland District Office did an outstanding job in development. During the review process, it was obvious the district office has a good understanding of the need for proper case development and explanation. In one case, there was good development on both wage loss and impairment, and the district office's decisions were well written. In another case, an excellent medical and employment development letter

was sent to the employee. A third case revealed a well written and easily understood employment development letter that was sent to the claimant.

REVIEWER(s):	DATE:
Patty Padgett	August 19, 2011

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Category 3	Recommended Decisions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	89
Number of cases with errors:	43
Number of Indicators Reviewed:	2464
Number Indicators with Yes (passed)	1824
Number of Indicators with No (errors):	92
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)} = \text{weighted average}$	95%

FINDINGS: Describe Findings.

Overall, the Cleveland District Office scored well in the area of Recommended Decisions (RD). The following elements were reviewed: Decision Correspondence, RD Introduction, and Written Quality and Formatting; Statement of the Case, Findings of Fact, Conclusions of Law, and ECMS Coding. Significant trends were identified throughout this category; with the most notable being cover letters lacking sufficient description of what the Recommended Decision is recommending for acceptance, denial, and deferral; insufficient explanation in regards to the basis or rationale of findings in the Recommended Decisions;

and several comments regarding the complexity of the Conclusions of Law section of the Recommended Decisions.

Element #1: Decision Correspondence; RD Introduction, Written Quality & Formatting

Four (4) cases were identified as having errors pertaining to Indicator 2 - *Is the following information in the cover letter and RD Header accurate: employee name/claimant name, address, file number, and date issued?* These errors included a cover letter and RD with no issuance date, a case where conflicting issuance dates are listed in the decision and ECMS, a cover letter containing an incorrect address, and a cover letter which conflicts with the conclusions reached in the RD.

Twenty-three (23) errors were identified for Indicator 5 – *Did the CE summarize what is being accepted or denied under Parts B and E in the cover letter and Introduction.* These errors included cases in which the information provided in the cover letters either failed to include a sufficient summary of the claims being accepted, denied, and deferred, or contained conflicting information with their corresponding Recommended Decisions.

The review identified three (3) cases in Indicator 6 – *Does the Introduction correspond to the Conclusions of Law,* which contained conflicting information in the Introduction and Conclusion of Law. With regard to Indicator 8 – *Does the RD include the proper waiver form?*, one (1) deficiency was identified.

Eleven (11) cases were identified as containing deficiencies in Indicator 9 – *Is the overall quality of the correspondence and RD written using language that is clearly understood and free of substantial error(s)?* These findings included comments regarding the lack of explanation regarding the Special Exposure Cohort (SEC) and Site Exposure Matrices (SEM); Findings of Fact which did not correspond with the evidence of file; and overly complex and technical Conclusions of Law, containing heavy legal citations but not differentiating between Part B and Part E.

Element #2: Statement of the Case

Six (6) deficiencies were identified with regard to Indicators 2-4. These errors identified cases in which medical, employment and survivorship evidence is not properly or sufficiently addressed by the CE in the Statement of the Case.

An additional seven (7) errors were found for Indicator 5 – *Does the Statement of the Case communicate the actions taken to establish the claim.* The majority of these findings identified cases in which the Statement of the Case contained incorrect dates of development letters, inaccurate claim history or lacked sufficient explanation of actions taken by the Claims Examiner (CE) to assist in establishing eligibility.

Indicators 6-7 contained three (3) cases containing an error. These findings identified two (2) cases in which the decision failed to fully explain how benefits were calculated, and one (1) case in which the decision calculated an offset incorrectly.

Element #3: Findings of Fact

In this Element, for Indicators 1-3, the review identified twelve (12) cases containing an error. These errors included a Recommended Decision in which the Findings of Fact were not listed in a logical sequence, a Recommended Decision in which the Findings of Fact were not limited to those necessary to support the Conclusions of Law, and several cases in which the Findings of Fact did not correlate to the pertinent evidence of file.

Element 4: Conclusions of Law

With regard to Indicator 1, four (4) cases were found to include Conclusions of Law which failed to identify the part of the Act to which the conclusion was referring. Indicators 2-4 contained five (5) deficiencies; including an incorrect offset calculation, an incorrect date of eligibility to medical benefits, and findings that the conclusions were vague or did not correlate to the evidence.

Indicator 5 contained four (4) instances in which the Conclusions of Law failed to state what is being denied and the reason why the claimant is not entitled to benefits. Three (3) cases were found to include an error in Indicator 6 – *Were the conclusions reflective of appropriate use of discretion to arrive at a claimant-oriented outcome*; including two (2) cases in which the conclusions were determined to be incorrect; one using the incorrect citation, and the other accepting a claim in which maximum payable benefits had previously been awarded.

For Indicator 7 – *Is there a reasonable correlation between the references cited and the stated conclusions*, three (3) cases were found to include errors. Specifically, the Conclusions of Law in these three (3) cases contained an incorrect name, contradictory statements regarding what is being accepted and denied; and a case in which the conclusions were cited as overly complex, lengthy and difficult to understand.

Element #5: ECMS Coding

Three (3) cases were marked as containing an ECMS coding error.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

Several Recommended Decisions written during the review period were noted as being exceptionally well-written and descriptive under difficult and confusing circumstances.

REVIEWER(s):	DATE:
Joshua B. Murphy	August 19, 2011

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Category 4	Post RD Objections
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	26
Number of cases with errors:	1
Number of Indicators Reviewed:	291
Number Indicators with Yes (passed)	219
Number of Indicators with No (errors):	2
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{Y+N}$ = weighted average	99%

FINDINGS: Describe Findings.

The Cleveland Final Adjudication Branch (FAB) scored extremely well in this Category with one case showing two errors. The following elements were reviewed: Hearings and ECMS coding. The first element, which consisted of Hearing Pre-Scheduling, pertained only to the National Office FAB; therefore, it was not reviewed. The deficiencies noted consisted of the hearing representative not communicating what takes place after the hearing during the closing statement of the hearing. Specifically, the hearing

representative did not inform the claimant that he/she would receive a copy of the transcript, and did not discuss the time frames that the claimant would have to comment, make changes to the transcript, or submit additional evidence.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Kristina Green	August 19, 2011

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Reviewing Office: Policy, Regulations and Procedures Branch

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Category 5	Final Decisions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	91
Number of cases with errors:	40
Number of Indicators Reviewed:	2999
Number Indicators with Yes (passed)	2019
Number of Indicators with No (errors):	76
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)}$ = weighted average	96%

FINDINGS: Describe Findings.

The Cleveland Final Adjudication Branch (FAC) had very good results in the Category of Final Decisions. In this Category, the following elements were reviewed: (1) Decision Correspondence, FD Introduction, Written Quality & Formatting; (2) Statement of the Case; (3) Claimant Response to the RD; (4) Findings of Fact; (5) Conclusions of Law; (6) Remands; and (7) ECMS Coding. Significant trends in errors were identified in Elements 1, 2, 4, and 5.

Element #1 - Decision Correspondence, FD Introduction, Written Quality & Formatting

In this Element there were 27 errors. The trend included cover letters with incorrect names, addresses, missing or incorrect claimed medical conditions, not being addressed to all parties in the decision, poorly worded letters, insufficient information regarding benefits awarded, and not stating the Part of the Act (B and/or E). In the heading of the decision, the errors included the use of incorrect docket numbers and the use of a full claim number. In the introductory paragraph of the decision, errors included insufficient or incorrect information regarding accepted or denied claims, claimed medical conditions, and the Part of the Act (B and/or E). Errors pertaining to the written quality included apparent cut and paste information not being changed to reflect the correct information. A trend noted in the formatting of the decisions included lengthy descriptive information in the Conclusion of Law (COL) that was previously stated in the Statement of the Case (SOC); information that should have been stated in the Objections section, but instead was stated in the COL; and information in the COL that was not addressed in the SOC.

Element #2 - Statement of the Case

In this Element there were 13 errors. The trend pertained to a lack of an explanation regarding the calculation of benefits for wage loss and impairment. Also, there were several Final Decisions where the SOC did not include adequate information, such as an explanation of why a claim did not qualify for benefits, a discussion regarding other potential survivors, or address previous reopenings of a claim.

Element #3 - Claimant Response to the RD

The FAC did a very good job in this Element with only 2 cases with errors in the Final Decision (FD). The errors pertained to stating an incorrect claimed illness in the Objection, and not stating in the FD that the claimant did not file an objection to the Recommended Decision (RD).

Element #4 - Findings of Fact (FOF)

In this Element there were 17 errors. The trend included several cases where the FOF section did not include findings based on the discussion addressed in the SOC, or it included findings that were not addressed in the SOC. For example, in one case, there is no FOF for accepting the claim based on inclusion in the Special Exposure Cohort (SEC). In another case, there is a finding referring to denying SEC inclusion, but there is no discussion regarding the SEC in the SOC.

Element #5 - Conclusions of Law (COL)

In this Element there were 15 errors. The trend included not stating what benefits were awarded, especially medical benefits; or stating that benefits were awarded by referring

to the citation only and not stating the Part of the Act (B and/or E). In several FDs, the COL contained lengthy descriptions information that was already stated in the SOC or Objections.

Element #6 - Remands

The FAC did a great job in this Element with only 1 error that included a Remand Order that did not include a clear explanation for remanding the case. The Remand Order stated that there was additional medical evidence in the file that the district office should review; however, it did not describe the evidence.

Element #7 - ECMS Coding

The FAC did a very good job in this Element with only 1 error that included an incorrect status effective date for the accepted condition.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

In a final decision dated April 13, 2011, the FAC wrote an outstanding decision on wage loss that summarized the entire case in easy to understand language.

In another well-written final decision, the FAC explained what medical benefits were being accepted and why the claimant would be receiving \$110,000 instead of \$125,000.

REVIEWER(s):	DATE:
Patricia DiLeo	August 19, 2011

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Category 6	Post FD Actions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	25
Number of cases with errors:	0
Number of Indicators Reviewed:	229
Number Indicators with Yes (passed)	131
Number of Indicators with No (errors):	0
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)}$ = weighted average	100%

FINDINGS: Describe Findings.

The Cleveland Final Adjudication Branch (FAC) had an outstanding rating of 100% for the Post Final Decision Actions category. In the Post Final Decision Category, twenty five (25) cases were reviewed for the following three elements – Reconsiderations, Reopening Requests, and ECMS Coding. In each of the claims reviewed for these three elements, the Cleveland District Office and FAC appropriately and timely responded, resolved, and coded the post Final Decision actions.

Reconsiderations: The claimants received acknowledgement letters when their reconsideration requests or new evidence was received, and the cases were properly forwarded to a FAB claims examiner/hearing representative that was not previously affiliated with the Final Decision under contention. In addition, the responses and decisions were clearly explained in the claimant letters. Also, the reopening requests and new evidence received within the 30 days of the Final Decision were appropriately treated as requests for reconsideration of the Final Decision.

Reopening Requests: All reopening requests were correctly identified and processed within the authority of the Cleveland District Office. Each decision provided to the claimants addressed the documentation submitted with the reopening request and the rationale for the outcome of the reopening request.

ECMS Coding: Reconsideration and Reopening Request ECMS screens were completed accurately for each claimant, and coded with the appropriate request dates, status dates, notes, and subsequent decision coding on all cases within the review period.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Janyne Moynihan	August 19, 2011

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Reviewing Office: Policy, Regulations and Procedures Branch

Review Period: July 12, 2010 through July 11, 2011

Category 7	Awards
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	56
Number of cases with errors:	7
Number of Indicators Reviewed:	737
Number Indicators with Yes (passed)	406
Number of Indicators with No (errors):	8
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)): $\frac{Y}{(Y+N)}$ = weighted average	98%

FINDINGS: Describe Findings.

Overall, the findings in this Category reflect very favorably on the work performed by the Cleveland District Office and the Cleveland Final Adjudication Branch. In this Category, the Elements reviewed were: Benefit Procedures, and ECMS Coding.

An examination of the indicator comments for these elements found that a total of 8 errors were noted. The errors involved the use of incorrect medical condition status

effective dates, or no medical status effective dates provided. As a result, 5 cases in total had coding errors which directly affected medical benefits eligibility.

Two other errors were noted because either no medical benefits letter was provided to the claimant, or no explanation of medical benefits being awarded was offered in a decision letter, which involved a partial acceptance and a partial remand. One other case showed that a letter was sent to a claimant regarding correcting his phone number on an EN-20 when in fact Option 1 refers to his address.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

Of particular significance is the fact that no errors were found in the payment information, amounts, or payment documents.

REVIEWER(s):	DATE:
David Evans	August 19, 2011