

# AR-1

## Accountability Review Findings

Dates of Review: 7/13/2014 – 7/17/2015

Office Reviewed: Jacksonville District Office

Reviewing Office: Cleveland Accountability Review

Review Period: 4/1/2014-3/31/2015

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<b>Standard:</b>	Category #: 1	Category Name: Part B Initial Claims
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Sample Size (total # of indicators in the element that were reviewed):	360
Number of cases reviewed:	45
Number of errors in element:	45
Acceptable rating:	85%
Rating for review:	89%

### **Describe Findings:**

The Jacksonville District Office performed satisfactorily in the Part B Initial Claims Category. It should be noted that the District Office performed well in the development of the claims and appears to be particular with regard to documenting the case files with the appropriate supporting documentation. NIOSH development and processing was meticulous.

In terms of the deficiencies, the most number of errors were linked to medical and employment development not being described in the Statement of the Case. In this area, there were a few instances that the information was completely missing or no discussion of the interpretation. Also, some errors were associated with the introduction of the Recommended Decision and the cover letter, specifically; not including the component, condition, and deferral.

### **Improvements Since Last Accountability Review:**

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
Mandy Thomas, Nona Salisbury	7/16/2015

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<b>Standard:</b>	Category #: 2	Category Name: Part E - Causation Claims
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Sample Size (total # of indicators in the element that were reviewed):	572
Number of cases reviewed:	44
Number of errors in element:	54
Acceptable rating:	85%
Rating for review:	91%

### **Describe Findings:**

The Jacksonville District Office performed well in the Part E Causation Claims Category. It should be noted that the District Office performed well in the development of the claims and appears to be particular with regard to documenting the case files with the appropriate supporting documentation, with meticulous development including SEM searches, IH and CMC development.

In terms of the deficiencies, the most number of errors were linked to medical, employment, and toxic development not being described in the Statement of the Case. In this area, there were a few instances that the information was completely missing or no discussion of the interpretation. Also, some errors were associated with the introduction of the Recommended Decision and the cover letter, specifically; not including the component, condition, and deferral. Further, in the Explanation of Findings, the descriptions of the toxic development, survivorship, and medical were not included.

### **Improvements Since Last Accountability Review:**

**Other Significant Findings:**

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<b>Standard:</b>	Category #: 3	Category Name: Payment Processing
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Sample Size (total # of indicators in the element that were reviewed):	357
Number of cases reviewed:	51
Number of errors in element:	16
Acceptable rating:	90%
Rating for review:	92%

### **Describe Findings:**

In terms of the deficiencies, the only trend noted were EN-20's not being properly scanned and available for in OIS.

### **Improvements Since Last Accountability Review:**

### **Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
Mandy Thomas, Nona Salisbury	7/16/2015

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## Accountability Review Findings

Dates of Review: August 17, 2015 – August 21, 2015

Office Reviewed: Jacksonville District Office

Reviewing Office: 2015 Seattle Accountability Review

Review Period: 4/1/2014 through 3/31/2015

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<b>Standard:</b>	Category #: 4	Category Name: Impairment Claims
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Sample Size (total # of indicators in the element that were reviewed):	146
Number of cases reviewed:	49
Number of errors in element:	14
Acceptable rating:	85%
Rating for review:	97%

### **Describe Findings:**

Overall the Jacksonville District Office performed satisfactorily in the impairment category. It should be noted that the District Office performed with 97% accuracy in these categories.

In terms of deficiencies, the greatest numbers of errors were linked to the CE not seeking clarification from the evaluating physician/CMC with regards to questionable evaluation conclusions and lack of objective findings.

Errors in the Statement of the Case were noted in regards to incorrectly analyzing impairment evaluation findings which should be addressed in the Explanation of Findings; as well as not including applicable development steps undertaken for the claim. In several cases, the Statement of the Case did not include a brief history of the case file or SWC/Tort statement.

The review found errors in development letters for medical conditions not claimed and requesting that the claimant withdraw a medical condition without providing a reason for the request.

One of the cases received accepted a consequential medical condition on the same date as acceptance for impairment by RD. The newly accepted medical condition should have been addressed in the impairment decision as well as the issue was addressed by the CMC.

**Improvements Since Last Accountability Review:**

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
	09/23/15

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Reviewing Office: 2015 Seattle Accountability Review

Review Period: 4/1/2014 through 3/31/2015

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<b>Standard:</b>	Category #: 5	Category Name: Wage Loss
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Sample Size (total # of indicators in the element that were reviewed):	146
Number of cases reviewed:	40
Number of errors in element:	8
Acceptable rating:	85%
Rating for review:	98%

### **Describe Findings:**

Overall the Jacksonville District Office performed satisfactorily in the wage loss category as well as the RD Outcome and Written Quality. It should be noted that the District Office performed with 98% accuracy in these categories.

In terms of deficiencies, the greatest numbers of errors identified was the lack of bronzing of the wage loss calculator report findings from ECS into OIS.

In one case the CE copied and pasted the AAW and calculations worksheet from another RD as the numbers did not match what was bronzed and what was listed in the RD.

In another case, the RD did not identify the amount of the employee's AAW.

### **Improvements Since Last Accountability Review:**

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
	09/23/15

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<b>Standard:</b>	Category #: 6	Category Name: Consequential illnesses/acceptances
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Sample Size (total # of indicators in the element that were reviewed):	146
Number of cases reviewed:	44
Number of errors in element:	43
Acceptable rating:	85%
Rating for review:	75%

### **Describe Findings:**

Overall the Jacksonville District Office did not perform satisfactorily in the consequential illness category. However, it should be noted that the District Office did perform with 75% accuracy in this category.

In terms of deficiencies, there were several instances in which no evidence, causal link or detailed medical rationale was noted in the case file to substantiate the acceptance of the consequential illness claim.

Additionally, no development action was taken by the CE when additional medical development would be warranted to support the claimed consequential illness. This includes requesting documentation to support the contentions, medical rationale and medical condition claimed and the linking evidence to the accepted medical condition; the initial date of diagnosis for the consequential illness or objective findings.

There were several instances in which the consequential acceptance decision letter was not bronzed into OIS.

**Improvements Since Last Accountability Review:**

**Other Significant Findings:**

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<b>Standard:</b>	Category #: 7	Category Name: Home Health Care
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Sample Size (total # of indicators in the element that were reviewed):	146
Number of cases reviewed:	46
Number of errors in element:	34
Acceptable rating:	85%
Rating for review:	77%

### **Describe Findings:**

Overall the Jacksonville District Office did not perform satisfactorily in the home health care. It should be noted that the District Office performed with 77% accuracy in this category.

In terms of deficiencies, the greatest numbers of errors identified were with no action taken on the request home health care. There is no evidence in ECS or OIS to indicate that the HHC request was approved or denied. No bronzing of the letter decision was noted in OIS.

In one instance, the HHC request was closed/denied based on a telephone call with the claimant. No letter was sent to the claim. The CE called the claimant and told them that the HHC request was missing critical information and the claimant asked that the request be withdrawn.

**Improvements Since Last Accountability Review:**

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
	09/23/15