

AR-1

Accountability Review Findings

Dates of Review: 7/16/15

Office Reviewed: SEA

Reviewing Office: CLE

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

Standard:	Category #: 1	Category Name: Part B Initial Claims
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Sample Size (total # of indicators in the element that were reviewed):	384
Number of cases reviewed:	134
Number of errors in element:	9
Acceptable rating:	85%
Rating for review:	98%

Describe Findings:

The Seattle District Office performed exceptionally well in the Part B Initial Claims RD Outcome and Written Quality at 98%.

In terms of deficiencies, the most number of errors were linked to the Recommended Decision (RD) incorrectly awarding medical benefits retroactive to the date of diagnosis and not the date of filing. In one instance, employment dates for NIOSH reporting purposes were noted to have been off by one year and could have a potential impact on the outcome in the Dose Reconstruction/NIOSH results.

Improvements Since Last Accountability Review:

Other Significant Findings:

REVIEWER(s):	DATE:
Joseph Bohms, Erin Hejduk, Karen Pressler	July 16, 2015

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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

Standard:	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:

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

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Accountability Review Findings

Dates of Review: 7/16/15

Office Reviewed: SEA

Reviewing Office: CLE

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

Standard:	Category #: 3	Category Name: Payment Processing
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Sample Size (total # of indicators in the element that were reviewed):	350
Number of cases reviewed:	134
Number of errors in element:	3
Acceptable rating:	90%
Rating for review:	99%

Describe Findings:

The Seattle District Office had exceptional performance in Payment Processing regarding Form En-20, AOP date and PTF Form.

The only noticeable errors regarded the District Director printed name missing from the PTF.

Improvements Since Last Accountability Review:

Other Significant Findings:

REVIEWER(s):	DATE:
Joseph Bohms, Erin Hejduk, Karen Pressler, Neil Schoenwetter	7/16/15

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Accountability Review Findings

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

Office Reviewed: Seattle District Office

Reviewing Office: 2015 Seattle Accountability Review

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

Standard:	Category #: 4	Category Name: Impairment Claims
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Sample Size (total # of indicators in the element that were reviewed):	149
Number of cases reviewed:	48
Number of errors in element:	35
Acceptable rating:	85%
Rating for review:	93%

Describe Findings:

Overall the Seattle District Office performed satisfactorily in the Impairment Claims category. It should be noted that the District Office performed with 93% accuracy in this categories.

In terms of development deficiencies: two errors involved no follow up; one error resulted from referring the case to the wrong doctor for the rating; one error was due to incorrect solicitation; one error was due to the absence of the medical development letters in OIS.

In terms of decisional deficiencies, the most errors, twelve, were linked to not discussing the EN-16.

Eleven errors were linked to discussing the impairment report in the Statement of the Case instead of the Explanation of Findings

Eight errors resulted in cases in which no explanation about the development steps taken were included in the Statement of the Case.

One error was due to Statement of the Case not stating that the employee selected the physician to complete the impairment.

One error was due to failure to deduct the tort offset from impairment calculation.

Improvements Since Last Accountability Review:

Other Significant Findings:

REVIEWER(s):	DATE:
	09/23/15

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Accountability Review Findings

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

Office Reviewed: Seattle District Office

Reviewing Office: 2015 Seattle Accountability Review

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

Standard:	Category #: 5	Category Name: Wage-Loss Claims
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Sample Size (total # of indicators in the element that were reviewed):	149
Number of cases reviewed:	38
Number of errors in element:	22
Acceptable rating:	85%
Rating for review:	94%

Describe Findings:

Overall the Seattle District Office performed satisfactorily in the Wage Loss Claims category. It should be noted that the District Office performed with 94% accuracy in this categories.

In terms of deficiencies, the most number of errors, nine, were linked to the absence of the wage loss calculator worksheet in OIS.

Four errors resulted in cases in which no explanation about the development steps taken were included in the Statement of the Case.

Two errors resulted from reliance on a physician stating wage loss was appropriate based upon her opinion and experience with Florida Vocational Rehabilitation and another error resulted from the use of incorrect data.

In one case procedures for living employees was referenced, but survivor procedures should have been used.

In terms of decisional writing, four errors were found. One of these was the result of a cover letter regarding wage loss that included some irrelevant language pertaining to tort/swc and two others were the result of lack of discussion of evidence used to come to a decision in the Explanation of the Findings. The fourth was a lack of explanation that an employee had died prior to normal retirement age.

Improvements Since Last Accountability Review:

Other Significant Findings:

REVIEWER(s):	DATE:
	09/23/15

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Accountability Review Findings

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

Office Reviewed: Seattle District Office

Reviewing Office: 2015 Seattle Accountability Review

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

Standard:	Category #: 6	Category Name: Consequential Illnesses/Acceptances
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Sample Size (total # of indicators in the element that were reviewed):	149
Number of cases reviewed:	42
Number of errors in element:	15
Acceptable rating:	85%
Rating for review:	89%

Describe Findings:

In terms of deficiencies, the majority of errors in this category were linked to the acceptance of consequential claims without the benefit of well rationalized medical opinion. In such cases, the physician would provide a general statement which linked the claimed consequential illness to a covered illness without identifying the exact nature of the link between the conditions.

Improvements Since Last Accountability Review:

This is the inaugural review of this category for Accountability Review purposes.

Other Significant Findings:

Several of the cases identified in this category included a Consequential Illness Checklist, which summarizes the guidance provided in the EEOICP Procedure Manual as it relates to the adjudication of consequential illness claims. Several of the team members felt this checklist was a useful guide for appropriate adjudication of consequential illness claims.

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

Office Reviewed: Seattle District Office

Reviewing Office: 2015 Seattle Accountability Review

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

Standard:	Category #: 7	Category Name: Home Health Care (HHC) Requests
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Sample Size (total # of indicators in the element that were reviewed):	153
Number of cases reviewed:	48
Number of errors in element:	10
Acceptable rating:	85%
Rating for review:	93%

Describe Findings:

Overall, the district office performed extremely well in this category. In most instances, the initial action taken by the district office was appropriate and consistent with the evidence of record.

In terms of deficiencies, five the errors noted involved premature approvals. In such instances, further development of the medical evidence was warranted, such as clarification requests to the treating physician or referral to a Contract Medical Consultant (CMC) to determine whether the level of care was appropriate.

Two of the errors involved authorization of HHC services prior to the acceptance of an initial HHC assessment.

Two of the errors involved excessive development as the initial HHC request was sufficient to support the level of care requested.

Improvements Since Last Accountability Review:

Other Significant Findings:

REVIEWER(s):	DATE:
	09/23/15