

# AR-1

## Accountability Review Findings

Dates of Review: June 20, 2016 – June 24, 2016

Office Reviewed: Cleveland District Office

Review Period: May 1, 2015 – April 30, 2016

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<b>Standard:</b>	Category 1: Part B Initial Claims
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Sample Size (total # of indicators in the element that were reviewed):	1528
Number of cases reviewed:	48
Number of errors in element:	26
Acceptable rating:	90%
Rating for review:	93%

### **Describe Findings:**

The Cleveland District Office performed satisfactorily in the Part B Initial Claims Category. Overall, the recommended decision outcome and written quality was excellent. Development and processing of the Part B claims was excellent.

In terms of the deficiencies found, most of the errors were linked to the cover letters and introductory paragraph of the Recommended Decisions, which did not contain the part type, or indicate an acceptance or denial. Also, some Conclusions of Law which did not identify the medical conditions.

### **Other Significant Findings:**

Several cases did not include or discuss that the case was referred to NIOSH in the Statement of the Case.

<b>REVIEWER(s):</b>	<b>DATE:</b>
Joel M. Geran, Darius Radvila	June 23, 2016

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<b>Standard:</b>	Category: 2 Part E- Causation Claims
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Sample Size (total # of indicators in the element that were reviewed):	2483
Number of cases reviewed:	41
Number of errors in element:	35
Acceptable rating:	90%
Rating for review:	93%

### **Describe Findings:**

The Cleveland District Office's results exceeded the acceptable rating for Part E – Causation. Under this category, Development & Causation was a strong point for this office. The results of the AR showed this office performed well in the development of the claims, particularly in regard to documenting the case files with the appropriate supporting evidence. There was evidence of meticulous development including SEM searches, IH and CMC development.

In terms of the office's deficiencies for Part E recommended decisions, the majority of errors were linked to a lack of clear communication in the Statement of the Case, especially with respect to the claim history and development steps taken. The review also noted instances in which decisions issued did not effectively explain the analysis of the evidence, or how conclusions were reached to accept or deny the claims.

<b>REVIEWER(s):</b>	<b>DATE:</b>
Don Davis, Michelle Taylor, Susan Prothero	06/23/16

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<b>Standard:</b>	<b>Category: 3</b>	<b>Category Name: Payment Processing</b>
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Sample Size (total # of indicators in the element that were reviewed):	1337
Number of cases reviewed:	50
Number of errors in element:	2
Acceptable rating:	90%
Rating for review:	99%

### **Describe Findings:**

Cleveland District Office exceeded the acceptability rating in the Payment Processing Category, with an overall rating of 99%. Only two of the fifty cases reviewed for the Cleveland District Office contained deficiencies.

These deficiencies included one case in which an ECS phone note showed that the DO staff member took action to verify the bank routing number and the account number but did not record any verification of the account type. In this case, the payment was transmitted successfully to the bank. The other error found, pertained to final payment documents for three out of five separate claimants that were not scanned into OIS. Three of the payees' payments were processed on the same day while the other two were processed on separate days. The error showed that the three payees processed on the same day did not get their final payment documents scanned into OIS.

<b>REVIEWER(s):</b>	<b>DATE:</b>
Amy Zenobi	06/23/16
Gregory Nelson	

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<b>Standard:</b>	Category: ECS Coding
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Sample Size (total # of indicators in the element that were reviewed):	795
Number of cases reviewed:	52
Number of errors in element:	5
Acceptable rating:	90%
Rating for review:	94%

### **Describe Findings:**

This category reviews the accuracy of ECS coding for recommended decisions issued by the district office.

The Cleveland district office exceeded the acceptable rating for this category with a 94% rating. The most common trends in this category involved erroneous ECS coding for cases in which the NIOSH probability of causation was greater than 50% but ECS reflected denial, and instances in which the basis of denial in the recommended decision differed from the denial code in ECS.

<b>REVIEWER(s):</b>	<b>DATE:</b>
Curtis Johnson, Katina Johnson	06/23/16

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## Accountability Review Findings

Dates of Review: July 11, 2016 – July 15, 2016

Office Reviewed: Cleveland District Office

Review Period: May 1, 2015 – April 30, 2016

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<b>Standard:</b>	Category # 5: Wage-Loss Claims
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Sample Size (total # of indicators in the element that were reviewed):	300
Number of cases reviewed:	25
Number of errors in element:	20
Acceptable rating:	90%
Rating for review:	92%

### **Describe Findings:**

Overall the Cleveland District Office performed satisfactorily in the Wage-Loss Claims category. The District Office performed with 92% accuracy in this category.

In terms of decisional writing, fifteen errors were found. They focused on omission of key facts, relying on outdated evidence and/or lack of development for medical evidence in the Statement of Case and Explanation of Findings. Six additional errors were noted involving missing or incorrect development actions and/or missing wage-loss calculator results in OIS.

### **Other Significant Findings:**

None

<b>REVIEWER(s):</b>	<b>DATE:</b>
Shannon Green Krista Kozlowski Andrew Peters	July 15, 2016

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<b>Standard:</b>	Category # 6: Consequential Illnesses/Acceptances
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Sample Size (total # of indicators in the element that were reviewed):	205
Number of cases reviewed:	41
Number of errors in element:	9
Acceptable rating:	90%
Rating for review:	94%

### **Describe Findings:**

Overall, the Cleveland District Office performed well in this category, exceeding the acceptability rating for this category with a score of 94%.

Two primary deficiency trends were noted. First, several instances showed cases which lacked sufficient medical development. Additionally, a few cases were found which contained a physician's opinion linking the consequential illness to a claimed condition, however the opinions were found to be not well-rationalized and insufficient for acceptance of the claim.

### **Other Significant Findings:**

None

<b>REVIEWER(s):</b>	<b>DATE:</b>
Theresa Apple, Catherine Carter	July 15, 2016

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<b>Standard:</b>	Category 7 # : Home Health Care (HHC) Requests
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Sample Size (total # of indicators in the element that were reviewed):	204
Number of cases reviewed:	156
Number of errors in element:	9
Acceptable rating:	90%
Rating for review:	94%

### **Describe Findings:**

Overall, the Cleveland District Office performed well in this Category, exceeding the acceptability standard with a 94% rating.

In most cases, the errors noted the lack of development by the CEs for medical justification for the level of care being requested. Additionally, the errors noted that the documentation used to adjudicate the claim and decision letters were not found in OIS. There was one error, in which services were retroactively authorized for dates of service beyond the employee's death.

### **Other Significant Findings:**

None

<b>REVIEWER(s):</b>	<b>DATE:</b>
LaTrice L. White	July 15, 2016

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<b>Standard:</b>	Category #8 : Reopening Requests
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Sample Size (total # of indicators in the element that were reviewed):	234
Number of cases reviewed:	39
Number of errors in element:	1
Acceptable rating:	90%
Rating for review:	99%

### **Describe Findings:**

Overall the Cleveland District Office performed exceptionally in this category. It should be noted that the District Office performed with 99% accuracy in this category, which reflected a single error noted in this element.

In terms of the deficiency, the reopening was denied without properly addressing the newly submitted medical evidence provided. A referral to a CMC was in order due to the newly submitted medical evidence.

### **Other Significant Findings:**

None

<b>REVIEWER(s):</b>	<b>DATE:</b>
Matt Buehrle	July 15, 2016