AR-1

Accountability Review Findings

Dates of Review: June 5, 2017 – June 9, 2017

Office Reviewed: Cleveland

Review Period: May 1, 2016 – March 31, 2017

Standard:	Category 1: Part B Recommended Decisions

Sample Size (total # of indicators in the element that were reviewed):	312
Number of cases reviewed:	39
Number of errors in element:	14
Acceptable rating:	90%
Rating for review:	94%

Describe Findings:

Overall, Part B Recommended Decisions (Category 1 – Element 1) were found to have few errors. The team did notice a pattern of inconsistency between the information contained in the cover letter and the recommended decision. Specifically, conditions accepted, denied, and deferred in the cover letter did not match the introductory paragraph and/or conclusions of law of the recommended decision.

With regard to the deficiencies found in the Cleveland office, several recommended decisions did not describe the applicable development steps taken in the statement of the case section. There were also several cases that did not adequately explain how the determination was made on covered employment in the explanation of findings section.

Other Significant Findings:

One case was recognized for having a well written recommended decision.

There were two cases that included unnecessary legal citations in the conclusions of law section.

REVIEWER(s):		DATE:
	William Pridy	06/08/2017

AR-1

Accountability Review Findings

Dates of Review: June 5, 2017 – June 9, 2017

Office Reviewed: Cleveland District Office

Review Period: May 1, 2016 – March 31, 2017

Standard:	Category: 2 Part E - Causation Claims

Sample Size (total # of indicators in the element that were reviewed):	494
Number of cases reviewed:	38
Number of errors in element:	22
Acceptable rating:	90%
Rating for review:	95%

Describe Findings:

Review of Part E Causation Claims showed that each district office continues to demonstrate an understanding of the need to thoroughly investigate the exposures applicable to each case and to tailor development accordingly. Review also indicated that there is room for improvement across all district offices. Specifically, each office showed that additional time and effort is needed in explaining how exposure is established in each case. That may mean additional time refining SEM searches, additional explanation of SEM findings and applicable program guidance regarding extent of exposure when drafting SOAFs for Industrial Hygienist and/or Contract Medical Consultant review, and especially taking care to fully explain how exposure and causation are or are not established in a Recommended Decision.

In terms of office deficiencies with regard to development:
The majority of the deficiencies discovered were based on inadequate toxic exposure analysis based on incomplete SEM searches (incorrect labor category/work location) and improper use of, or failure to use IH/CMC referrals. In one case, a development letter was sent outlining the requirements for employment but did not request the claimant submit any specific evidence.

Regarding decisions, the following were noted:
Deficiencies found related to the Statement of Case: The Statement of Case did not document the development phase of the case. This information was later found in the Explanation of Findings.

Deficiencies found related to the Explanation of Findings: The review noted instances in which the wrong toxin or wrong condition was listed in the Explanation of Findings. In one case, the EN-16 information was not included in the Explanation of Findings. In another case, the claims examiner concentrated on toxic exposure; however, there was no established medical condition or eligible survivor.

Other Significant Findings:

REVIEWER(s):	DATE:
Frank W. Dazey	06/08/2017

AR-1

<u>Accountability Review Findings</u>

<u>Dates of Review:</u>   June 5, 2017 – June 9, 2017

<u>Office Reviewed:</u>   Cleveland

<u>Review Period:</u>   May 1, 2016 – March 31, 2017

Standard:	Category 3: Payment Processing

Sample Size (total # of indicators in the element that were reviewed):	350
Number of cases reviewed:	50
Number of errors in element:	0
Acceptable rating:	90%
Rating for review:	100%

Describe Findings:

Overall, payments were completed with very few errors. All payments were made to the correct accounts and in the amounts specified in the final decisions and the Form EN-20s. As with past years, the review ratings for the four offices were extremely high.

One shortcoming was noted in a Cleveland case, which involved a payee who listed a different name on the Account Holder line than their own, and the payee name was not listed as an account holder. There was no payment memo in the case record to explain this anomaly. The reviewer felt this was worthy of mention, but it did not rise to the level of a deficiency.

Other Significant Findings:

N/A

REVIEWER(s):	DATE:
David Evans	June 8, 2017
Carrie Turjan	June 8, 2017

AR-1

Accountability Review Findings

Dates of Review: June 5, 2017 – June 9, 2017

Office Reviewed: Cleveland District Office

Review Period: May 1, 2016 – March 31, 2017

Standard:	Category 4: OIS Indexing (Incoming Correspondence and Outgoing Correspondence)

Sample Size (total # of indicators in the element that were reviewed):	208
Number of cases reviewed:	52
Number of errors in element:	7
Acceptable rating:	90%
Rating for review:	97%

Describe Findings:

This category reviews imaged correspondence received and created by the district office for proper category/subject classification. It also ensures that outgoing correspondence created by the district office is imaged and associated with the appropriate electronic case file and properly annotated in ECS Correspondence Summary history. The Accountability Review team member will review imaged documents in OIS to ensure indexing is appropriate based on pre-determined categories and subjects. The Cleveland district office exceeded this Category with a rating of 97%.

Of the 26 cases reviewed under Incoming Correspondence, only one error was found. One document was indexed under the incorrect Subject. The document was indexed under Survivorship Eligibility when it should have been indexed under Other Documents.

Of the 26 cases reviewed under Outgoing Correspondence, six errors were found. Two documents were indexed under the incorrect Category. (One document was indexed under Fiscal Records when it should have been Post Adjudication Documents; one document was indexed under Medical when it should have been indexed as Post Adjudication Documents.) Four documents were indexed under the incorrect Subject. (One document was indexed under Other when it should have been indexed under NIOSH Documents; one document was indexed under Medical Bill Processing when it should have been indexed under Letter Decisions, one document

was indexed under NIOSH Documents when it should have been indexed under Development Letters and one document was indexed under ACS when it should have been indexed under Letter Decisions.)

Other Significant Findings:

Resource Center documents (cover letter, Resource Center Claim Check List) are scanned with EE-1/EE-2/EE-3 Forms. These documents should be scanned separately from claims forms.

REVIEWER(s):	DATE:
Angela Eaddy, Curtis Johnson	June 9, 2017

AR-1

Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Cleveland District Office

Reviewing Office: Policy, Regulations and Procedures Unit

Review Period: June 1, 2016 – May 31, 2017

Standard:	Category #5 - Impairment & Wage-Loss
	Element #1 - Development of Medical Evidence, Physician Selection and Wage-Loss Calculations
	Element #2 – RD – Outcome & Written Quality

Sample Size (total # of indicators for element that were reviewed):	2534
Number of errors in element #1:	7
Rating for element #1	94%
Number of errors in element #2:	31
Rating for Element #2	91%
Acceptable rating:	90%
Rating for review:	92%

Describe Findings:

Review of Part E Impairment & Wage-Loss Claims showed that each district office continues to demonstrate an understanding of the need to thoroughly review the medical evidence needed to establish an impairment and/or wage-loss claim, and the importance of physician selection for impairment claims. The review also identified a few deficiencies with regard to the writing of recommended decisions across all district offices.

In regard to the Cleveland District Office, the majority of the deficiencies that were identified involved the Statement of Case not adequately describing the steps that were taken by the CE in developing evidence. For example, cases were noted in which the decision included no

discussion of the development actions that were taken; outcome of development actions, such as evidence that may or may not have been provided as requested; as well as other pertinent information as it relates to evidence contained in the case record.

Other deficiencies found range from the omission of relevant wage-loss information to including historical information in previous final decisions that were irrelevant to the current claim.

REVIEWER(s):	DATE:
Patricia B. Williams	July 27, 2017

AR-1

Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Cleveland District Office

Reviewing Office: Policy, Regulations and Procedures Unit

Review Period: June 1, 2016 – May 31, 2017

Standard:	Category 6 - Consequential Illness Element #1 - Development Element #2 – Outcome & Written Quality

Sample Size (total # of indicators for element that were reviewed):	1086
Number of errors in element #1:	1
Rating for element #1	99%
Number of errors in element #2:	10
Rating for Element #2	92%
Acceptable rating:	90%
Rating for review:	94%

Describe Findings:

Overall, the district offices exceeded the acceptable rating for this category. The reviews looked at development actions and the written quality and outcome of the acceptance letters. Nationally, the district offices development actions were an area of strength. However, it was noted that the majority of errors in this category related to claims examiners doing unnecessary development because the physicians' letters were sufficient to accept the claim without any additional development. The majority of errors in this category fell under element 2; the written quality & outcome of the consequential illness acceptance letters. Under this category the errors predominately fell into one of two categories. The acceptance letters failed to sufficiently give the medical rationale used by the physician to support the acceptance of the consequential condition as it related to the accepted primary condition. Another trend that was noted during the AR in this category was a failure of the ICD codes in the acceptance letters matching the ICD codes in ECS.

it related to the accepted primary condition. Another trend that was noted during the AR in this category was a failure of the ICD codes in the acceptance letters matching the ICD codes in ECS. The Cleveland District Office was consistent with the national trend in that most of the errors related to the letter decision not including a discussion of the medical rationale used to support the acceptance of the claimed consequential condition. There was also one letter that had a typo in the ICD code. One case, counted as an error for lack of explanation, was actually an acceptance of symptoms, namely fatigue and weight loss in a case, so this also was an instance of unnecessary development, as these symptoms should have been treated under already approved treatment suites.

REVIEWER(s):	DATE:
Karoline Anders	7/27/17

AR-1

Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Cleveland District Office

Reviewing Office: Policy, Regulations and Procedures Unit

Review Period: June 1, 2016 – May 31, 2017

Standard:	Category # 7- ECS Coding Element #1 - Recommended Decision Coding Element #2 – Medical Condition Coding Element #3- Causation Path Coding

Sample Size (total # of indicators for element that were reviewed):	2534
Number of errors in element #1:	7
Rating for element #1	92%
Number of errors in element #2:	0
Rating for Element #2	100%
Number of Errors in element #3	13
Rating for element #3	82%
Acceptable rating:	90%
Rating for review:	91%

Describe Findings:

This category reviews the accuracy of ECS coding input for cases at the District Office that were filed and received a Recommended Decision during the accountability review period. It also evaluates the data integrity of critical information shared with claimants on issues related to case disposition and disbursement of monetary and medical benefits, as well as information that was used as the basis of the recommended decision. All district offices received an acceptable rating in this category, with two district offices scoring extremely high. In terms of deficiencies, across

all offices, most of the ECS coding errors/issues were related to causation path coding. The main trend noted was that for a case where the Part E claim was being accepted on the basis of the Part B acceptance, either the causation path was missing or was accepted on the improper basis (i.e. toxic causation vs. Part E based on Part B). A second trend noted across the offices was the sources used to determine toxic cause were not always indicated in the causation tab (i.e. DAR, CMC report, SEM search, etc.). In particular the SEM search date was missing in some instances.

As it relates specifically to the Cleveland District Office, they performed well in the ECS Coding category. It should be noted that the District Office performed with 91% accuracy in this category, which reflected only 11 cases needing improvement (<85%).

In terms of the deficiencies, the trends for inaccuracies were noted mainly in the recommended decision coding; which included identification of errors tied to inaccurate causation path coding. One case with a positive and a negative causation result; one case with a path created on an ineligible survivor claim; four cases with erroneous use of a Part E NIOSH causation path (these cases should have had a "Part E based on Part B" causation path created); three cases with no causation path coding created; one case with an incorrect SER reason code on an SEC acceptance; and one case which was a symptoms only condition with an erroneous created causation path.

REVIEWER(s):	DATE:
Quanah Jackson	07/27/17

AR-1

Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Cleveland District Office

Reviewing Office: Policy, Regulations and Procedures Unit

Review Period: June 1, 2016 – May 31, 2017

Standard:	Category 8 : Reopening Requests and Director's Orders
	Element #1 - Reopening Req. – Appropriate outcome, and Quality of Director's Order or Denial of Reopening Request

Sample Size (total # of indicators for element that were reviewed):	1086
Number of errors in element #1:	0
Rating for element #1	100%
Acceptable rating:	90%
Rating for review:	100%

Describe Findings:

This category reviewed the actions taken by the District Office regarding reopening requests received in the district office. Each office did well. Three offices received a 100% in this category, while another received a 97% rating. With these extremely high scores there weren't any patterns or trends to note.

There were no deficiencies noted in this category for the Cleveland District Office.

REVIEWER(s):	DATE:
Michelle Taylor	7/26/17