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Accountability Review Findings

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

Office Reviewed: Denver District Office

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):	328
Number of cases reviewed:	40
Number of errors in element:	8
Acceptable rating:	90%
Rating for review:	98%

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 of the recommended decision.

With regard to the deficiencies found in the Denver office, In one case, the cover letter did not include the fact the claim was being denied in Part B, the recommended decision covered both Parts B and E. In another case, the statement of the case did not indicate the medical evidence that was received with the claim.

Other Significant Findings:

None

REVIEWER(s):	DATE:
Tim Henthorn	6/8/2017

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Accountability Review Findings

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

Office Reviewed: Denver District Office

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

Standard:	Category: 2 Part E- Causation Claims
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Sample Size (total # of indicators in the element that were reviewed):	520
Number of cases reviewed:	40
Number of errors in element:	9
Acceptable rating:	90%
Rating for review:	92%

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.

The Denver District Office's results exceeded the acceptable rating for Part E-Causation. Overall, the AR showed this office performed well in the development of claims, particularly establishing the diagnosis and the verification of covered employment.

In terms of the office's deficiencies for Part E causation development, the majority of errors were due to claims not being referred to the IH when a potential match was identified in SEM and failure to utilize the IH to obtain toxic exposure analysis prior to a CMC referral.

The recommended decisions summarize what claims are accepted, denied or deferred and correspond to the conclusion. Noted deficiencies for Part E recommended decisions were related to the Statement of Case outlining that the medical evidence did not establish a diagnosis and the Explanation of Findings and Conclusions of Law indicating the case was denied for negative causation.

Other Significant Findings:

REVIEWER(s):	DATE:
Stephanie Sanders	06/08/2017

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Accountability Review Findings

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

Office Reviewed: Denver District Office

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

Standard: Category 3: Payment Processing

Sample Size (total # of indicators in the element that were reviewed):	343
Number of cases reviewed:	49
Number of errors in element:	4
Acceptable rating:	90%
Rating for review:	99%

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.

The deficiencies from the Denver District Office include one case where there is no FRB confirmation of the bank routing number. There is a note regarding a call to the bank but no information with respect to what information might have been verified in that call. In another case, two EN-20s were received and one was marked as a duplicate, however the two EN-20s actually contained different information. These two EN-20s were also mislabeled in OIS. In a third case, two different EN-20s were received from the same payee, and the EN-20 used to process the payment contained a name discrepancy that was not explained in a memo to file.

Other Significant Findings:

N/A

REVIEWER(s):	DATE:
Carrie Turjan, David Evans	06/08/17

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Accountability Review Findings

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

Office Reviewed: Denver District Office

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

Standard:	Category 4: OIS Indexing (Incoming Correspondence and Outgoing Correspondence)
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Sample Size (total # of indicators in the element that were reviewed):	208
Number of cases reviewed:	52
Number of errors in element:	13
Acceptable rating:	90%
Rating for review:	94%

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 Denver district office exceeded this Category with a rating of 94%.

Of the 26 cases reviewed under Incoming Correspondence, three errors were found. Two documents were indexed under the incorrect Subject. (One document (an obituary) was indexed under Survivorship Eligibility when it should have been indexed under Death Records. One document (Activities of Daily Living form) was indexed under Other Document when it should have been indexed under Impairment/Wage Loss. This same document was indexed under the incorrect Category. It was indexed under Other Document when it should have been indexed under Medical.)

Of the 26 cases reviewed under Outgoing Correspondence, ten errors were found. One document was indexed under the incorrect Subject. (The document was indexed under Other Documents when it should have been indexed under Medical.)

Three documents were indexed under the incorrect Category. (One document was indexed under Development Letters when it should have been indexed under Impairment/Wage Loss; one document was indexed under Development Letters when it should have been indexed under Other; and one document was indexed under Other when it should have been indexed under Impairment/Wage Loss.

Two errors were found in one document. The document was indexed under the Category/Subject Post Adjudication Documents/Letter Decision when the document contained billing information and ACS generated data.

Four errors were found in documents where the author date of the correspondence did not match with the date the correspondence was created, based on the ECS Correspondence Case Summary screen.

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:
Curtis Johnson, Angela Eaddy	June 9, 2017

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Denver 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
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Sample Size (total # of indicators for element that were reviewed):	2562
Number of errors in element #1:	2
Rating for element #1	98%
Number of errors in element #2:	9
Rating for Element #2	97%
Acceptable rating:	90%
Rating for review:	98%

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.

With regard to the deficiencies found in the Denver office, no trends were noted. Six (6) cases were noted to have deficiencies. The deficiencies included insufficient development letters, unclear cover

letters, incomplete medical reports, and the written quality of recommended decisions. Overall, the Denver District Office did a great job in this category.

REVIEWER(s):	DATE:
Patty Padgett	July 27, 2017

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Denver 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
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Sample Size (total # of indicators for element that were reviewed):	1098
Number of errors in element #1:	8
Rating for element #1	88%
Number of errors in element #2:	12
Rating for Element #2	90%
Acceptable rating:	90%
Rating for review:	90%

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. The Denver District Office results were consistent with national results in that most of the errors were because the letter decisions did not include a discussion of the medical rationale used to support the acceptance of the claimed consequential conditions. There were also instances of unnecessary development, including one in which Martinez law firm provided everything needed for acceptance with the claim package, but the CE followed up with a standard development letter. One letter decision was not bronzed into OIS and one was found to have the wrong outcome, but this was rectified in subsequent case action, so while a deficiency under the AR is not something that needs further action to rectify.

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

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Denver 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
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Sample Size (total # of indicators for element that were reviewed):	1991
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:	94%

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 E 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 Denver District Office, they performed well in the ECS Coding category. It should be noted that the District Office performed with 94% accuracy in this category. Only nine cases were identified as needing improvement.

In terms of the deficiencies, the trends for inaccuracies were noted mainly in the recommended decision coding; which included the identification of errors tied to inaccurate causation path coding. On RECA claims, the Part E acceptance should be based on the Part B acceptance and was missing the causation path under Part E or did not use the "Part E based on Part B" path. The other main issue was the lack of SEM search listed as an evidence source in the causation tab. Even when the SEM search was included, in some instances the date of the SEM search is missing from this tab. In two instances for Part E claims, the RD denial reason given was "medical condition not covered," when it should have been a no causation denial reason. "Medical condition not covered" is only a valid reason for Part B claims.

REVIEWER(s):	DATE:
Matt Buehrle	7/27/2017

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Denver 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 Requests – Appropriate Outcome, and Quality of Director's Order or Denial of Reopening Requests
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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 errors identified with regard to reopening requests within the Denver District Office.

REVIEWER(s):	DATE:
Will Owens	7/26/17