

AR-1

Accountability Review Findings

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

Office Reviewed: Jacksonville District Office

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

Standard: Category 1: Part B Recommended Decisions

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| Sample Size (total # of indicators in the element that were reviewed): | 288 |
| Number of cases reviewed: | 36 |
| Number of errors in element: | 10 |
| Acceptable rating: | 90% |
| Rating for review: | 97% |

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 type of claim and the decision being made versus what was stated the cover letter’s introduction, introductory paragraph of the RD, and conclusions of law in the RD. 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. Additionally, a few cases did not provide a full discussion on how the examiner determined the covered employment nor a discussion on medical evidence established.

With regard to the deficiencies found in the Jacksonville Office, examples of these errors include: the conclusions of law not identifying exactly what was being denied; the conclusions of law denying a condition on a basis that differs from the recommended decision’s introductory paragraph; the explanation of findings not fully explaining the development taken to determine covered employment and the steps taken to verify the actual covered period; and the statement of case and explanation of findings not detailing the diagnoses established and the dates of diagnoses for the claimed conditions.

Other Significant Findings:

None

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| REVIEWER: | DATE: |
| Gregory Nelson | 6/8/17 |

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Accountability Review Findings

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

Office Reviewed: Jacksonville District Office

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

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| Standard: | Category 2: Part E Causation Claims |
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| Sample Size (total # of indicators in the element that were reviewed): | 481 |
| Number of cases reviewed: | 37 |
| Number of errors in element: | 42 |
| Acceptable rating: | 90% |
| Rating for review: | 91% |

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 Jacksonville District Office exceeded the acceptable rating for Part E Causation Claims. It is noted that the office's development letters continue to be a strong point; letters are typically detailed and specific to the evidence needed to document the claim. However, one (1) deficiency was noted with regard to a poorly written development letter which did not provide an explanation to the claimant regarding a claimed medical condition that was not found in the Site Exposure Matrices (SEM).

One (1) deficiency was found where the claims examiner did not appropriately utilize the program resource of an Industrial Hygienist referral to develop for the nature and extent of asbestos exposure.

Issues noted with RD Outcome and Written Quality: As was true of all the District Offices, Recommended Decisions were sometimes deficient in explanation of the development steps that were taken to document the claim. Also, some Recommended Decisions could benefit from additional explanation of how the CE established exposure and causation.

Other Significant Findings:

| REVIEWER(s): | DATE: |
|---------------------|--------------|
| Tony Schwiefert | June 9, 2017 |
| Towanda Tunsil | June 9, 2017 |

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Accountability Review Findings

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

Office Reviewed: Jacksonville District Office

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

Standard: Category 3: Payment Processing

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| Sample Size (total # of indicators in the element that were reviewed): | 371 |
| Number of cases reviewed: | 53 |
| Number of errors in element: | 2 |
| 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 found in the Jacksonville cases include one EN-20 with no documentation that the routing number was confirmed through the FRB website. Another deficiency was found in the same case with two EN-20s labeled as final payment documents, but only one should be labeled as such. Also, one of these EN-20s was identified as duplicate when it was actually received on a different date and contained different account information.

Other Significant Findings:

N/A

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| REVIEWER(s): | DATE: |
| Carrie Turjan, David Evans | 6/08/17 |

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Accountability Review Findings

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

Office Reviewed: Jacksonville District Office

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

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| Standard: | Category 4: OIS Indexing (Incoming and Outgoing Correspondence) |
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| Sample Size (total # of indicators in the element that were reviewed): | 200 |
| Number of cases reviewed: | 50 |
| Number of errors in element: | 21 |
| Acceptable rating: | 90% |
| Rating for review: | 90% |

Describe Findings:

For the cases reviewed under Incoming Correspondence, only three (3) errors were found. All 3 errors involved incorrect subject classification for documents.

For the cases reviewed under Outgoing Correspondence, fourteen (14) errors were found. Seven of the fourteen errors involved incorrect category/subject classifications for outgoing development letters, which included an attached EE/EN form. In such instances, the entire package is to be indexed under the category/subject of "Other Documents/Development Letters." However, these documents were indexed under the category of "Forms," based on the specific EE/EN Form that was attached with the development letter.

An additional three (3) errors involved incorrect category/subject classification for the impairment referral letter sent to the claimant-appointed treating physician. In all instances, the document was incorrectly indexed under the category/subject "Forms/Impairment Claims" and should have been indexed as "Medical/Impairment/Wage Loss."

One (1) error involved failure to update the ECS Correspondence Summary history to reflect that an outgoing correspondence was released.

Other Significant Findings:

No other significant findings were noted

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

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Jacksonville District Office

Reviewing Office: Policy, Regulations and Procedures Unit

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

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| 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): | 2548 |
| Number of errors in element #1: | 10 |
| Rating for element #1 | 93% |
| Number of errors in element #2: | 12 |
| Rating for Element #2 | 97% |
| Acceptable rating: | 90% |
| Rating for review: | 96% |

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 Jacksonville office, a variety of errors in Element 1 (Development of Medical Evidence, Physician Selection, and Wage-Loss Calculations) were found, but with one commonality among them, three claims in which the CE failed to provide a record of the worksheet used for wage-loss determinations.

In Element 2 (RD – outcome and Written Quality), the only indicator reviewed with more than one or two errors identified was indicator 3, regarding the sufficiency of the Statement of the Case’s description of development steps taken by the District Office.

| REVIEWER(s): | DATE: |
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| Mary Austin | July 27, 2017 |

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Jacksonville District Office

Reviewing Office: Policy, Regulations and Procedures Unit

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

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| 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): | 1092 |
| Number of errors in element #1: | 3 |
| Rating for element #1 | 94% |
| Number of errors in element #2: | 7 |
| Rating for Element #2 | 94% |
| 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. The Jacksonville District Office did not fit the trends in this category. The majority of their errors were attributed to one case in which asthma was accepted as a consequential condition of beryllium sensitivity based upon medical evidence in which the doctor said that there is a correlation between the two and also that the employee had occupational asthma. This case should have been developed for occupational asthma utilizing the doctor who provided the letter. This same case accepted tinnitus as a consequence of hearing loss, which would normally be almost routine, except in this case the medical evidence prominently noted that the complaint of tinnitus predated the diagnosis of hearing loss, thus the case needed further development on this as well. Jacksonville also had a few incorrect ICD codes, a wrong date and two instances in which the consequential was noted as having been accepted under both Parts B and E.

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| REVIEWER(s): | DATE: |
| Danny Hemphil | 7/27/17 |

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Dates of Review: July 24 – 28, 2017

Office Reviewed: District Office - Jacksonville

Reviewing Office: Policy, Regulations and Procedures Unit

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

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| Standard: | Category #7 - ECS Coding Element #1 - Recommended Decisions (RD) 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): | 2002 |
| Number of errors in element #1: | 3 |
| Rating for element #1 | 97% |
| Number of errors in element #2: | 1 |
| Rating for Element #2 | 99% |
| Number of Errors in element #3 | 1 |
| Rating for element #3 | 99% |
| Acceptable rating: | 90% |
| Rating for review: | 98% |

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.

The Jacksonville District Office, it should be noted that the District Office performed with 98% accuracy in this category, which reflected a mere five errors identified in this category.

In terms of the deficiencies, three of the errors were linked to the decision coding recorded in ECS did not match the written recommended decision; one error was for an incorrect Eligibility Begin date; and one error was an incorrect causation path created for Part E which shows a denial for skin cancers, but should reflect "Part E based on Part B" based on a positive NIOSH under Part B.

| REVIEWER(s): | DATE: |
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| Darius Radvila | 07/27/2017 |

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Reviewing Office: Policy, Regulations and Procedures Unit
Review Period: June 1, 2016 – May 31, 2017

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| 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 Request |
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| Sample Size (total # of indicators for element that were reviewed): | 1092 |
| Number of errors in element #1: | 7 |
| Rating for element #1 | 97% |
| Acceptable rating: | 90% |
| Rating for review: | 97% |

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 two cases identified with errors. In the first case, there was one deficiency found in which the Director's Order being sent to the claimant, but not to the authorized representative associated with the claimant's case. The claimant had in fact withdrew and assigned a new authorized representative prior to the issuance of the Director's Order.

The deficiencies associated with the second case were associated with the failure to place of copy of the Director's Order issued in response to the claimant's reopening request in OIS. As such, the sufficiency of the Director's Order in question could not be reviewed.

| REVIEWER(s): | DATE: |
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| Will Owens | 7/27/17 |