

AR-1

Accountability Review Findings

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

Office Reviewed: Seattle 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):	336
Number of cases reviewed:	42
Number of errors in element:	21
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 Seattle office, in terms of deficiencies, several recommended decisions do not reflect the appropriate use of procedures as the basis of the acceptance or denial. A number of recommended decisions discussed work processes that are irrelevant to Part B cases (ex. SEM results). A specific recommended decision did not explain the program requirements for acceptance of chronic beryllium disease or how the medical evidence received failed to satisfy the program requirements.

Other Significant Findings:

None

REVIEWER(s):	DATE:
Jennifer K. Blair	06/08/2017

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Accountability Review Findings

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

Office Reviewed: Seattle 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):	468
Number of cases reviewed:	36
Number of errors in element:	8
Acceptable rating:	90%
Rating for review:	93%

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.

Results for the Seattle District Office were very good for Category 2 – Part E Causation Claims. Overall the Recommended Decision quality was fantastic.

In terms of deficiencies, the majority of development errors were related to inadequate toxic exposure analysis based on incomplete SEM searches (incorrect labor category/work location), and failure to utilize Industrial Hygienist referrals.

Regarding Recommended Decisions, in particular, failure to reference and use the appropriate policy guidance regarding assumption of exposure levels, such as Bulletins and Circulars that were used to evaluate and adjudicate the claim.

Other Significant Findings:

REVIEWER(s):	DATE:
Suzanne Prothero	06/08/2017

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Accountability Review Findings

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

Office Reviewed: Seattle 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):	364
Number of cases reviewed:	52
Number of errors in element:	3
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 specific deficiencies found in the Seattle cases include one EN-20 date stamped 5/17/16, but with an AOP received date of 6/01/16. Another deficiency was found in a case with two EN-20s date stamped 12/09/16 and 10/11/16 with AOP received dates 12/14/16 and 10/17/16, respectively. A third deficiency was found in an EN-20 that was not labeled as the final payment document.

Other Significant Findings:

N/A

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: Seattle District Office

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

Standard:	Category 4: OIS Indexing (Incoming 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:	19
Acceptable rating:	90%
Rating for review:	85%

Describe Findings:

Of the 26 cases reviewed under Incoming Correspondence, seven (7) errors were found. 3 of the 7 errors involved incorrect category classification for documents where a claimed condition was withdrawn. An additional 2 errors involved incorrect category and/or subject classification for SSA forms. The remaining 2 errors involved incorrect subject classification for records identifying a terminal illness and survivorship eligibility.

Of the 26 cases reviewed under Outgoing Correspondence, twelve (12) errors were found. 7 of the 12 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 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."

The remaining 2 errors involved one case where the ECS Correspondence Summary history was not updated to reflect that an outgoing correspondence was released and another case with an incorrect category/subject classification due to an improperly separated document.

Other Significant Findings:

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

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017
Office Reviewed: Seattle 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):	2534
Number of errors in element #1:	2
Rating for element #1	98%
Number of errors in element #2:	4
Rating for Element #2	99%
Acceptable rating:	90%
Rating for review:	99%

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 Seattle office, no trends were noted. Only two (2) cases were identified to have deficiencies. These included insufficient evidence documenting maximum medical improvement (MMI); Explanation of Findings were either incorrect/insufficient or failed to

explain deficiencies associated with the claim; and there was an incorrect conclusion based on insufficient evidence (lack of proof of MMI).

Overall, the Seattle 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: Seattle 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):	1086
Number of errors in element #1:	3
Rating for element #1	94%
Number of errors in element #2:	6
Rating for Element #2	95%
Acceptable rating:	90%
Rating for review:	95%

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 Seattle District Office exceeded the standard in this category. Of the 43 claims reviewed by the AR team only five claims were found to need improvement. Following the national trend, Seattle's errors in category one related to asking for additional medical evidence when the submitted medical evidence was sufficient to accept the claimed consequential illness. The majority of Seattle errors related to the written quality of their acceptance letters. As stated above, their acceptance letters failed to sufficiently state the medical rationale used by the physician to support the acceptance of the consequential condition as it related to the accepted primary condition or the ICD codes in the acceptance letters did not match the ICD codes in ECS.

REVIEWER(s):	DATE:
Don Davis	7/27/17

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017

Office Reviewed: Seattle 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:	6
Rating for element #1	93%
Number of errors in element #2:	1
Rating for Element #2	99%
Number of Errors in element #3	11
Rating for element #3	89%
Acceptable rating:	90%
Rating for review:	93%

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 Seattle District Office, it should be noted that the District Office performed with 91% accuracy in this category, which reflected only 11 cases 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. Seven cases with erroneous use of a Part E NIOSH causation path, these cases should have had a Part E based on B causation path created; one case with an ineligible survivor in which case the causation path should not have been created and the medical condition should have been stopped; one case missing a positive SEC causation path and SER reason; one case with a NIOSH still pending, no finding made after the case was denied for a negative NIOSH causation result; one case accepted under the SEC, however, the NIOSH causation path was not withdrawn at the time of the SEC acceptance; and one case with a missing causation path in its entirety.

REVIEWER(s):	DATE:
Quanah Jackson	7/27/2017

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Accountability Review Findings

Dates of Review: July 24 – 28, 2017
Office Reviewed: Seattle 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
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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 discovered with regard to reopening requests within the Seattle District Office.

REVIEWER(s):	DATE:
Kristina Green	7/27/17