

## AR-1

### Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Denver District Office

Review Period: April 1, 2017 – March 31, 2018

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<b>Standard:</b>	Category 1: Part B Recommended Decisions
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Number of cases reviewed:	43
Acceptable rating:	90%
Rating for review:	96%

#### **Describe Findings:**

The AR review team identified the following general trends or patterns when reviewing the Part B Recommended Decisions category. RD Cover Letters did not address which medical conditions were adjudicated or the types of benefits awarded (ex. monetary award amount). Statement[s] of the Case did not contain information pertaining to key developmental steps critical to the adjudication of the claim. Statement[s] of the Case also contained analyses of the case file evidence including citations of law and DEOIC procedures. Explanation[s] of Findings did not contain a discussion of the underlying program rules and policy germane to the adjudication of the claim. Also, the Explanation[s] of Findings did not contain an analysis of the case file evidence. In the Conclusions of Law section, there was a trend toward the use of confusing or extraneous language and a failure to identify which medical conditions were denied.

For the Denver District Office there were 12 Part B recommended decisions that were shown to have errors:

One of the 12 errors involved the omission of Part B language within the decision. More specifically, the Notice of the Recommended Decision and the introductory paragraph of the RD failed to mention the recommended outcome for the Part B claim.

Seven of those errors consisted of issues with the Statement of the Case (SOC); more specifically, 4 didn't discuss the claimed employment dates or they were incorrect within the SOC. The other 3 cases within the SOC dealt with incorrect filing dates for

medical conditions, didn't explain what medical evidence was submitted in support of the claim, and lastly, included information which should have placed in the Explanation of Findings (EOF) portion of the RD, such as policy guidance.

Two of the 12 errors consisted of issues with the Explanation of Findings (EOF). More specifically, they didn't identify the medical evidence that was used and how they were able to establish eligibility under the SEC.

Two of the 12 errors consisted of issues with the Conclusions of Law (COL). More specifically, they don't identify all the claimed conditions (denied or accepted).

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
William Owens, Stephanie Shelton, Teresa Barrington, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Rodney Alston, Kristina Green	06/28/2018

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### Accountability Review Findings

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<b>Standard:</b>	Category 2: Payment Processing
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Number of cases reviewed:	49
Acceptable rating:	90%
Rating for review:	99%

#### **Describe Findings:**

The Payment Processing category identifies specific payments processed during the review period and evaluates whether compensation was paid in accordance with established policy and procedures. Overall, payments were completed with very few errors. All payments were made to the correct payee account and in the amount specified in the final decision and the Form EN-20. As with past years, the review ratings for the four offices were extremely high.

Denver had two reviewed cases with AOP receipt date errors. In both cases, the AOP receipt date did not match the coding in ECS.

#### **Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
William Owens, Stephanie Shelton, Teresa Barrington, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Kristina Green, Rodney Alston	06/28/2018

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## Accountability Review Findings

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<b>Standard:</b>	Category 3: OIS Indexing (Incoming and Outgoing Correspondence) Element 1: Incoming Correspondence Element 2: Outgoing Correspondence
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Number of cases reviewed	52
Rating for Element #1	87%
Rating for Element #2	98%
Acceptable rating:	90%
Overall Category Rating:	91%

### **Summarize Category (or Element) Findings:**

In this category the reviewer evaluates specific imaged documents, received and indexed by the DO, to ensure that labeling is appropriate based on predetermined categories and subjects. The reviewer also evaluates outgoing correspondence, created by the DO, to verify that documents are associated with the appropriate electronic case file and properly indexed in OIS.

For the Denver District Office the reviewers found 23 total errors across the two indicators. The most common error was the incorrect indexing of Medical Travel Requests, accounting for 11 of the 23 errors. There were 4 errors concerning the indexing of Withdrawal Requests and Words of Claim for Impairment Claims. All of documents found to be indexed incorrectly were indexed using the Other Documents category and subject.

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
Kristina Green, Rodney Alston	06/28/2018

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## Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Denver District Office

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<b>Standard:</b>	Category 4: ECS Coding  Element 1: Recommended Decisions Element 2: Accepted Medical Condition Coding Element 3: Causation Path Coding
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Number of cases reviewed:	52
Rating for Element #1:	93%
Rating for Element #2:	95%
Rating for Element #3:	80%
Acceptable rating:	90%
Overall Category Rating:	91%

### **Summarize Category (or Element) Findings:**

In this category, the reviewer evaluates the accuracy of Energy Compensation System (ECS) coding, for cases at the DO, where both claims were filed and a RD was issued during the AR period. The reviewer evaluates the integrity of the data on critical elements related to case disposition, awarding of monetary and medical benefits, and information that was used as the basis for the RD.

Of the cases reviewed for the Denver District Office, there were a total of 21 errors found. Under the Recommended Decision section, there were 7 errors found. Under the Accepted Medical Condition coding section, there were 5 errors found. In the Causation Path Coding section there were 9 errors found. The most significant trend found was related to employment verification dates. Several of the 21 cases identified above had errors related to employment verification dates where coding didn't match decision dates.

**Other Significant Findings:**

<b>REVIEWER(s):</b>	<b>DATE:</b>
William Owens, Stephanie Shelton, Teresa Barrington, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Kristina Green, Rodney Alston	06/28/2018



## AR-1

### Accountability Review Findings

Dates of Review: August 13 – 17, 2018  
Office Reviewed: Denver District Office  
Review Period: June 1, 2017 – May 31, 2018

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<b>Standard:</b>	Category # 5 – Part E Causation Claims Element #1: Development and Causation Assessment Element #2: Recommended Decision – Outcome and Written Quality
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<b>Number of Cases Reviewed:</b>	41
<b>Rating for Element #1</b>	91%
<b>Rating for Element #2</b>	90%
<b>Acceptable Rating:</b>	90%
<b>Overall Category Rating for Review:</b>	90%

#### **Summarize Category (or Element) Findings:**

This category evaluated the actions taken for a Part E causation claim filed by an employee or survivor (where acceptance is not based on acceptance under Part B); whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept or deny the claim.

Element #1 rates Part E Causation development actions. 14 errors were identified within this element. The errors are varied and don't indicate a trend. Several errors were attributed to a CE sending a development letter requesting causation documentation and specifically stating that the CE was not requesting additional medical evidence, and then the cases were eventually denied for lack of medical evidence. Five separate errors related to instances in which the reviewer thought that an exposure assessment should have been conducted on one or more toxins in the case, but was not conducted. Additional errors included having the wrong facility name in a development letter, and a development letter that asked the spouse what they were exposed to (rather than asking what the employee was exposed to).

Element 2 evaluates Part E Causation recommended decisions (RDs). No errors were identified within Indicator 1 regarding cover letters and introduction portion of the RD. With regard to Indicators 2-4, which pertain the Statement of the Case (SOC) portion of the RD, about half of the errors involved information that was missing, such as the employment, discussion of development actions, medical diagnosis, or acknowledgment of reviewing the Document Acquisition Request (DAR) and Occupational History Questionnaire (OHQ). The other half

involved information that was either irrelevant or in the wrong place, such as the inclusion of analysis pertaining to medical and causation information, neither of which should be included in the SOC.

Indicators 5-6 pertain to the Explanation of Findings (EOF) portion of the RD. At least 5 errors related to missing development actions, including three in which the employee was in an administrative position at a Department of Energy (DOE) facility prior to 1986, and a diagnosis linked to asbestos, but there was no exposure assessment by an Industrial Hygienist (IH). There was also a skin cancer for which the Site Exposure Matrices (SEM) showed possible related toxin, but no IH assessment was performed. A few errors were attributed to lack of explanation how the evidence met the criteria for acceptance, and at least one in which there was no explanation of how the medical was insufficient.

Indicator 7 relates to the Conclusion of Law (COL) section of the RD. Two errors were identified within this indicator resulting from the COL not clearly outlining whether the claim was accepted or denied, and another in the COL did not specifically address the conditions being accepted.

Indicator 8 judges whether the RD came to the appropriate conclusion. There were 4 errors on this indicator, including one was denied based upon causation when it should have been denied for lack of medical, three were recommended denials that should have had more development or had an error in development.

<b>Other Significant Findings:</b>
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During the review, it was noted that there were ECS coding errors, in which ECS was coded as an acceptance based on toxic exposure when, in fact, the case was a Part E acceptance based on a Part B acceptance. These did not fall into the purview of this review and were not counted as errors.

<b>AR TEAM REVIEWER(S):</b>	<b>DATE:</b>
Curtis Johnson, Karoline Anders, Tony Schwiefert, Matthew Buehrle, Barry Davidson, Katy McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018

## AR-1

### Accountability Review Findings

Dates of Review: August 13 – 17, 2018

Office Reviewed: Denver District Office

Review Period: June 1, 2017 – May 31, 2018

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Standard:	Category # 6 – Impairment and Wage-Loss Claims  Element #1: Development of Medical Evidence, Physician Selection and Wage-Loss Calculations Element #2: Recommended Decision – Outcome and Written Quality
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Number of Cases Reviewed:	50
Rating for Element #1:	98%
Rating for Element #2:	96%
Acceptable Rating:	90%
Overall Category Rating for Review:	97%

#### **Summarize Category (or Element) Findings:**

This category evaluates the actions taken for a Part E impairment or wage-loss (WL) claim filed by an employee or survivor, reviewing whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept or deny the claim. It also focuses on the sufficiency of the written content of recommended decisions (RDs).

Only three (3) cases had errors for all indicators in Element #1. In one (1) case, there is no indication that the Claims Examiner (CE) sent the physician the required enclosure, "Required Medical Evidence for Determining Impairment Rating by Specific ICD-9/10 Codes." In another, the CE did not send the appropriate appointment scheduling letter to the claimant. The remaining error was based upon a physician WL statement that did not include any dates for a pneumoconiosis diagnosis, how it related to work stoppage, or any explanation of the timeline

There was only one (1) error within Element #2 related to the Statement of the Case (SOC), and seven (7) cases were identified to include errors in the Explanation of Findings (EOF). These included a lack of discussion of developmental actions taken, no explanation of trigger month in a WL case, lack of explanation of what justified claim acceptance for additional impairment, and lack of explanation regarding use of the AMA Guides.

Three (3) cases had errors in the Conclusions of Law (COL) of Element 2. Two (2) of these included COL that did not reference accepted conditions, and the other didn't clearly mention whether it was an acceptance or denial.

Only one (1) case was found to include an error regarding whether the COL came to the correct conclusion. This specific case was noted above, in which the doctor provided neither a timeline nor explanation in the WL claim. (This claim was later remanded to the district office.)

<b>Other Significant Findings:</b>

<b>AR TEAM REVIEWER(S):</b>	<b>DATE:</b>
Curtis Johnson, Tony Schwiefert, Matthew Buehrle, Barry Davidson, Katy McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018

## AR-1

### Accountability Review Findings

Dates of Review: August 13 – 17, 2018

Office Reviewed: Denver District Office

Review Period: June 1, 2017 – May 31, 2018

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Standard:	Category # 7 – Consequential Illnesses/Acceptances  Element #1: Development Element #2: Letter Decision – Outcome and Written Quality
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Number of Cases Reviewed:	41
Rating for Element #1:	94%
Rating for Element #2:	95%
Acceptable Rating:	90%
Overall Category Rating for Review:	94%

#### **Summarize Category (or Element) Findings:**

This category includes cases where a consequential condition was filed during the Accountability Review (AR) period *and* correspondence accepting that consequential condition was also sent during the AR period. The category evaluates whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept the claim for consequential illness.

With regard to Element #1, no specific trend in deficiencies was identified. One (1) case was found to contain an error based on the fact that the Claims Examiner (CE) sent two development letters requesting medical evidence when the claimant had previously submitted sufficient medical evidence from the treating physician for claim acceptance. Another claim was found to be in error as the CE failed to reach out to the treating physician to allow them the opportunity to provide reasonable medical justification. Another was found to include no medical evidence to establish the initial date of diagnosis.

For Element #2, two (2) cases were identified for errors which did not include an initial date of diagnosis in the letter decision. Four (4) additional case errors were found in letter decisions which did not include an ICD-9/10 code.

#### **Other Significant Findings:**

<b>AR TEAM REVIEWER(S):</b>	<b>DATE:</b>
Curtis Johnson, Tony Schwiefert, Matthew Buehrle, Barry Davidson, Katy McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018