

AR-1

Accountability Review Findings

Dates of Review: June 24, 2019 – June 28, 2019

Office Reviewed: All District Offices

Review Period: April 1, 2018 – March 31, 2019

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Standard:	Category 1: Payment Processing
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Number of cases reviewed:	202
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 processed during the review period revealed that both the quantity and quality of the work was outstanding. The minimal findings identified in this category are random in nature and do not represent any trend or pattern. All four of the district offices processed the selected payments with little or no errors. All payments were made to the correct payee account and in the amount specified in the final decision and the Form EN-20.

REVIEWER(s)	DATE
Rodney Alston, Kristina Green, Danny Hemphill, Kathryn Jimmerson, William Pridy, Lisa Slattery, Robert Connelly, Sherri Murphy, Patrick Haswell, Frankie Wallace, Deanne Roberts, Andrea deVry, Kimberly Bender, Barry Davidson	June 27, 2019

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<b>Standard:</b>	<b>Category 2: Part E Causation Claims</b>  <b>Element 1: Development and Causation Assessment</b> <b>Element 2: Outcome and Written Quality</b>
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<b>Number of cases reviewed</b>	<b>167</b>
<b>Rating for Element #1</b>	<b>93%</b>
<b>Rating for Element #2</b>	<b>94%</b>
<b>Acceptable rating:</b>	<b>90%</b>
<b>Overall Category Rating:</b>	<b>94%</b>

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

This category focuses on the policy and procedures Division of Energy Employees Occupational Illness Compensation (DEEOIC) staff use to make findings regarding toxic substance exposure and causation that a Part E employee encounters during the course of employment at a Department of Energy (DOE) facility or during qualifying Radiation Exposure Compensation Act (RECA) employment.

Element 1 analyzes the medical and employment development as well as the causation assessment during the claim adjudication process, specifically reviewing whether the claims examiner developed the case appropriately using causation presumptions and available program resources.

Element 2 analyzes the outcome and written quality of Part E recommended decisions to ensure the information provided in decisions correctly describes the relevant case history, the evidence used to arrive at various factual findings, and whether the author of the decision provided sufficient justification to support the decision outcome.

There were deficiencies identified in both elements that spanned through all of the district offices. For Element 1, reviewers identified two trends. The first being development letters containing the incorrect information or lacking detail regarding required evidence. The second trend found by reviewers pertains to inadequate

causation development. Examples of inadequate causation development include not referring the case to a program specialist with the Medical Health Science Unit (MHSU) such as a Health Physicist (HP), Industrial Hygienist (IH), or Toxicologist (Tox), when necessary, and not properly applying the relevant causation presumptions listed in Exhibit 15-4.

For Element 2, reviewers found three deficiencies that spanned throughout all district offices. The first consisted of no discussion of the development actions taken (IH and Contract Medical Consultant (CMC) referrals) in the Statement of the Case. The second includes the reviewers finding grammatical and typographical errors. The third being several cases missing required attachments such as IH and CMC reports.

**Other Significant Findings**

The team identified one case that had excellent development and a well-written recommended decision.

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<b>Standard:</b>	<b>Category 3: Post Remand/Reopening Adjudication</b> <b>Element 1: Post Remand/ Reopening Development</b> <b>Element 2: Recommended Decisions – Outcome and Written Quality</b>
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<b>Number of cases reviewed</b>	<b>185</b>
<b>Rating for Element #1</b>	<b>97%</b>
<b>Rating for Element #2</b>	<b>97%</b>
<b>Acceptable rating:</b>	<b>90%</b>
<b>Overall Category Rating:</b>	<b>97%</b>

**Summarize Category (or Element) Findings**

This Category assesses whether the Claims Examiner (CE) conducted appropriate developmental actions following a Remand Order or a Director's Order.

Element 1 examines whether the CE conducted appropriate development including whether respondents received letters providing an explanation of what is required to overcome a claim inadequacy. Further, this element assesses whether the CE correctly applied program resources in order to obtain necessary evidence.

Element 2 reviews the Recommended Decision (RD) following a Director's Order and whether the RD clearly explains the CE's interpretation of the evidence in the file, provides an analysis of the defect described in the remand or reopening order, and whether the RD is written in a logical and chronological manner, understandable to the reader, and differentiates between Parts B and/or E.

There were deficiencies identified in both elements that spanned throughout all of the district offices. For Element 1, there were deficiencies noted in the district offices' developmental process. In at least two cases, after receiving and IH report, the CE did not contact the treating physician but directed the case to a Contract Medical Consultant (CMC) for an opinion.

For Element 2, reviewers found deficiencies that spanned throughout all district offices. One deficient area involved cases with incorrect factual information to include an incorrect employee name, employee address, authorized representative (AR) information, and case ID.

A number of cases did not include an enclosure to show that an Industrial Hygienist (IH) report or Contract Medical Consultant (CMC) report was included as part of the RD. In other instances, much of the relevant background evidence and development actions were not accurately described in the in the Statement of the Case. This resulted in the Explanation of Findings (EOF) content lacking sufficient written narrative to explain or justify the outcome of the decision. A couple of cases stated incorrect findings throughout the RD. One significant trend noted by reviewers was that 16 cases contained an insufficient explanation of the case evidence necessary to support the conclusion reached in the decision.

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**Accountability Review Findings**

**Dates of Review:** August 12, 2019 – August 16, 2019

**Office Reviewed:** All DEEOIC District Offices

**Review Period:** June 1, 2018 – May 31, 2019

<b>Standard:</b>	<b>Category #4: Part B Recommended Decisions</b>
	<b>Element #1: Outcome and Written Quality</b>

<b>Number of cases reviewed</b>	<b>188</b>
<b>Rating for Element #1</b>	<b>94%</b>
<b>Acceptable rating:</b>	<b>90%</b>
<b>Overall Category Rating:</b>	<b>94%</b>

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

This category reviews the outcome and written quality of recommended decisions (RDs) issued within the review period by all Division of Energy Employee Occupational Illness Compensation (DEEOIC) District Offices.

For the element reviewed, several trends were identified. Deficiencies were noted related to inaccuracies within cover letters, introductory paragraphs and the Conclusion of Law section of the recommended decision. For the most part the errors related to referring to incorrect or unclaimed conditions, failing to list all claimed conditions being addressed in the RD, and failure to specify which Part of the Act the claim was being decided under.

With regard to the Statement of the Case section, errors occurred in multiple cases where the development actions taken in adjudication of the claim were not sufficiently discussed.

Concerning Explanation of Findings section, the review team noted several cases did not include reference to relevant evidence, describe how evidence met or did not meet programmatic criteria, or lacked sufficient discussion regarding programmatic criteria required for the adjudicating the claim.

**Summarize Other Significant Findings:**

None Identified

AR TEAM REVIEWER(s):	DATE:
Amy Zenobi, Jennifer Blair, Richard Smith, Bernadette DeHerrera, Daniel Divittorio, Michelle Taylor, Sharon Richardson, Melissa Baker, Eileen Horton, Traci Murphy, Krista Kozlowski, Kory Johnson, Andrea DeVry	August 16, 2019

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**Accountability Review Findings**

**Dates of Review:** August 12, 2019 – August 16, 2019

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**Review Period:** June 1, 2018 – May 31, 2019

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<b>Standard:</b>	<b>Category #5: ECS Coding</b>  Element #1: Recommended Decision Coding Element #2: Accepted Medical Condition Coding Element #3: Causation Path Coding
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<b>Number of cases reviewed</b>	<b>206</b>
<b>Rating for Element #1</b>	<b>97%</b>
<b>Rating for Element #2</b>	<b>97%</b>
<b>Rating for Element #3</b>	<b>90%</b>
<b>Acceptable rating:</b>	<b>90%</b>
<b>Overall Category Rating:</b>	<b>95%</b>

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

This category reviews the accuracy of Energy Compensation System (ECS) coding as it relates to Division of Energy Employee Occupational Illness Compensation (DEEOIC) District Office ECS actions. The documents and dates seen in the electronic case file were directly compared to the corresponding ECS entries. We reviewed three elements as part of our review: Recommended Decision (RD) Coding, Accepted Medical Condition Coding and Causation Path Coding.

Team members identified two major trends among the deficiencies within the RD Coding element of this category. The first major trend involved ECS Coding reflecting different employment verification dates versus those identified within the written RD. The second major trend involved ECS Coding not matching the outcome communicated in the RD in the areas of survivorship eligibility and causation coding. These trends accounted for 8 out of the 11 total errors within the element.

Team members identified two trends among the deficiencies within the Accepted Medical Condition Coding element of this category, which accounted for all 10 errors found within this element. The first major trend involved incorrect medical benefit eligibility start dates. The second major trend involved improper coding/classification for consequential illness acceptances.

Team members identified two major trends among the deficiencies within the Causation Path Coding element of this category. The first major trend involved causation paths not being updated to reflect SEM searches. The second major trend involved no creation of "Part E Based on B" causation path prior to the RD being built. These two trends accounted for 18 out of the 21 total errors found in this element.

**Summarize Other Significant Findings:**

None identified

AR TEAM REVIEWER(S)	DATE
Amy Zenobi, Jennifer Blair, Richard Smith, Bernadette DeHerrera, Daniel Divittorio, Michelle Taylor, Sharon Richardson, Melissa Baker, Eileen Horton, Traci Murphy, Krista Kozlowski, Kory Johnson, Andrea DeVry, Charles Bogino, Curtis Johnson	August 16, 2019

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Standard:	Category #6: Consequential Illness Acceptances  Element #1: Development Element #2: Consequential Illness Letter/RD – Outcome and Written Quality
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Number of cases reviewed	165
Rating for Element #1	95%
Rating for Element #2	97%
Acceptable rating:	90%
Overall Category Rating:	97%

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

This category reviews the development undertaken and the outcome and written quality of decisions issued with respect to medical conditions claimed to be as a result of a previously accepted condition. The team reviewed two elements in this category:

**Element #1 – Development** – This element identifies whether a claim for a consequential illness was appropriately filed and whether the decision to accept a consequential illness was based on a well rationalized medical opinion from a qualified physician. In the absence of a well rationalized medical opinion, this element also ensures that all appropriate parties are advised of the additional evidence required to support acceptance of a consequential illness claim.

**Element #2 – Consequential Illness Letter/Recommended Decision - Outcome/Written Quality** – This element ensures that consequential illness acceptance letters identify medical rationale supporting the decision outcome and contain appropriate two tier signature authority. This element also ensures that acceptance letters are written in clear and concise language and free of substantial grammatical or typographical errors.

Team members identified two major trends within the Development element of this category. The first major trend involved instances where consequential illness claims

were accepted without the benefit of a well rationalized medical opinion linking the primary illness to the claimed consequential illness. The second major trend involves instances where development actions were necessary to obtain a well rationalized medical opinion from a physician to support acceptance of a consequential illness claim. These two trends accounted for 10 out of the 11 total deficiencies in this element.

Team members identified one major trend within the Outcome/Written Quality element of this category, which accounted for 6 out of the 7 total deficiencies. This trend involved decisions which did not contain appropriate two tier signature authority.

**Summarize Other Significant Findings:**

No other significant findings.

AIR TEAM REVIEWER(s)	DATE
Amy Zenobi, Jennifer Blair, Richard Smith, Bernadette DeHerrera, Daniel Divittorio, Michelle Taylor, Sharon Richardson, Melissa Baker, Eileen Horton, Traci Murphy, Krista Kozlowski, Kory Johnson, Andrea DeVry	August 16, 2019

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<b>Standard:</b>	<b>Category #7: OIS Indexing</b>  Element #1: Incoming Correspondence Element #2: Outgoing Correspondence
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Number of cases reviewed	208
Rating for Element #1	93%
Rating for Element #2	96%
Acceptable rating:	90%
Overall Category Rating:	94%

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

In this category, the reviewer evaluates imaged correspondence received and created by the district office for clarity and appropriate classification based on pre-determined categories and subjects. The reviewer also ensures that the imaged document reviewed is associated with the correct case file. There are 2 elements for this category:

**Incoming Correspondence:** Documents reviewed in this element are placed in the OWCP Imaging System (OIS) via the Energy Document Portal (EDP) and were indexed by district office staff under the category/subject classification "Other/Other Documents."

**Outgoing Correspondence:** Documents reviewed in this element are directly scanned (bronzed) into OIS by district office staff. Outgoing correspondence are further reviewed to ensure that the author date of the document matches with the appropriate "Sent Date" field entry within the ECS Correspondence screen.

The majority of errors were identified within the incoming correspondence element, and were based on incorrect category/subject classification. No common trends were noted amongst the offices. Additional errors within the element were split evenly based on poor image quality and incorrectly separated documents.

All errors found within the outgoing correspondence category were based on incorrect category/subject classification. No specific trends were identified. All outgoing correspondence reviewed were associated with the appropriate case file and author dates for all outgoing correspondence matched with appropriate "Date Sent" field entries within the ECS Correspondence screen.

**Summarize Other Significant Findings:**

A couple of significant findings were identified in connection with cover letters/fax cover sheets submitted with incoming correspondence.

Approximately 10% of the cases reviewed in this category appeared to have cover letters/sheets separated from the original document and indexed separately (e.g. a cover letter noting that a Form EE/EN-16 was being submitted for our review would be identified in a case under Doc ID 100, while the actual form would be identified under Doc ID 101 for the same case). Staff members should be reminded not to separate cover letters/sheets from their original document, as such information could serve as a receive date for the document.

To a smaller extent, the reviewers observed inconsistencies with the placement of the cover letter/sheet within a document. The cover letter was identified as the first page of the document in some instances, and as the last page of the document in other instances. It is unclear as to whether this adjustment within the cover letter originated from the original sender or by DOL staff. Although the cover letter/sheet of the document may be used in determining the receive date for the document, the document serves no purpose regarding category/subject classification. For consistency purposes, it is recommended that the cover letter/fax cover sheet be placed as the first page of an incoming document.

<b>AR TEAM REVIEWER(S):</b>	<b>DATE:</b>
Curtis Johnson, Charles Bogino	August 16, 2019