

AR-1
Accountability Review Findings

Dates of Review: August 10, 2020 - August 14, 2020

Office Reviewed: Branch of Medical Benefits, Medical Benefits Adjudication Unit

Review Period: June 1, 2019 — May 31, 2020

Standard:	Category 1: Home and Residential Health Care (HRHC) Element 1: Claim Development Element 2: Decisional Outcome
------------------	---

Number of cases reviewed	52
Rating for Element 1:	98%
Rating for Element 2:	95%
Acceptable rating:	90%
Overall Category Rating:	97%

Summarize Category (or Element) Findings:

This category assesses whether the Medical Benefits Examiners (MBE) conducted appropriate actions following a claim for home and residential health care (HRHC). The team reviewed two elements in this category.

Element 1 -- Claim Development – The element analyzes whether the MBE conducted appropriate development on a HRHC claim, including whether the appropriate respondents received letters providing an explanation of what is required to overcome an inadequacy in a claim. Further, this element assesses whether the MBE correctly utilized program resources in order to obtain necessary evidence.

Within this element, the reviewers identified two unrelated deficiencies. One deficiency comment referenced the writing style and grammatical content of a development letter. In particular, the reviewer felt that the tone of the letter was inappropriate for a development letter to a treating physician, as the language used by the MBE to communication information was overly aggressive and assertive. In the other deficiency comment, the reviewer stated that the development letter was unnecessarily long, confusing, and didn't require five pages to develop the need for targeted case management.

Element 2 -- Decisional Outcome – The element assesses the letter decision and whether it clearly explains the MBE's interpretation of the evidence in the file, addresses all necessary

parties, provides an analysis of any defect identified in the medical evidence, and clearly differentiates between the level and frequency of authorized or denied care. Further, this element analyzes the written quality of a letter decision and whether the MBE used appropriate language to clearly communicate information.

Within this element, the reviewers identified eight deficiencies. The first two deficiencies involved the correctness of the HRHC authorization itself, or in the delineation of the care approved in the authorization letter. In the first case, the reviewer found that the MBE made an error in the hours of care authorized, versus the amount requested by the provider. The physician's letter of medical necessity requested six hours of skilled nursing care per week, however, the MBE only authorized three hours without providing an explanation. In the second case, the MBE correctly authorized care; however, the MBE's explanation for being unable to authorize additional targeted case management is very lengthy and confusing.

The remaining six deficiencies identified incorrect correspondence regarding either a denied increase in the level of previously authorized care, or in a denial of requested care in its entirety. In four of these six cases, the MBE wrote a letter decision denying an increase in the amount of previously authorized HRHC care. The letter decisions were correct in their findings, but did not contain any language explaining the claimant's right to request a recommended decision, as explained in EEOICPA Procedure Manual 30.8.a(6)(a).

In the other two cases, the MBE incorrectly issued letter decisions denying care. In accordance with EEOICPA Procedure Manual 30.9(b), the MBE must issue a recommended decision, not a letter decision.

Summarize Other Significant Findings:
--

A review of the Indicator Error Remarks shows that the same individual authored one of the deficient development letters under element one and six of the incorrect letter decisions under element two.

Reviewers reported on numerous cases documenting positive interaction and guidance, provided by the Nurse Consultants, in a collaborative effort to develop medical evidence leading to medically appropriate decisions by the MBEs.

Reviewers reported on a significant number of cases involving development actions conducted by telephone rather than the slower process of sending letters by mail. These development actions led to documented responses allowing the MBEs to promptly proceed with case adjudication avoiding lengthy delays caused by written communication.

AR TEAM REVIEWER(s):	DATE:
David Evans, Susan Kellner, Kristina Green, LaTrice White, Jimmy Ryals, Olubukunola Osinupebi-Alao, Teresa Barrington	August 14, 2020