

ABTSWH – Follow-Up Items from November 5-6, 2021 Meeting
Division of Energy Employee Occupational Illness Compensation Responses

April 20, 2021

- 1. Ms. Hearthway described “an increased focus on individual employee performance through case action sample reviews and the addition of a quality assurance analyst, who will conduct quality reviews on a weekly basis to help guide policy and training management.” What is the status of this effort and of any change in the QA work overall?**

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) Performance Management Branch Quality Assurance Unit (QA) currently assists program management and staff by assessing the accuracy, efficiency, and effectiveness of claims adjudication processes, while validating staff adherence to established policies, procedures, and directives. QA also assists in developing and presenting findings to key leadership, including recommendations for improvement in the adjudication processes and staff training with Program-wide impact. QA’s mission is to enhance the District Office (DO), Final Adjudication Branch (FAB) and Medical Benefit Adjudication Units (MBAU) work product(s) by identifying opportunities for improvement at all levels and ensuring consistency in programmatic outcomes.

Since the spring of 2020, QA has been identifying a recurring biweekly random sample of case files for auditing. QA registers the sampled cases into in an audit-tracking tool called QARTS (Quality Assurance Review Tracking System). Each QA team member is then responsible for evaluating all relevant categories, elements and indicators pertinent to the sampled case files under review. The QA team records its audit findings in QARTS. The objective of the QA process is to measure the appropriateness of the decisional outcomes of the DO, FAB and MBAU given established legal, regulatory and procedural guidance. This review includes all processes utilized and/or procedurally required to arrive at the decision including development, use of available resources and coding. In addition, QA assesses the overall accuracy and written quality of information communicated in correspondence, decisions and other written work products contained in case records.

In Fiscal Year (FY) 2020 QA reviewed 1248 cases; 416 decisions of each type. For FY 2021, the planned review target breakdown:

- DO Recommended Decisions (RDs):
 - A maximum of 2,080 development indicators.
 - A maximum of 3,744 decision accuracy indicators.
 - A maximum of 2,080 decision quality indicators.
- FAB Final Decisions:
 - A maximum of 2,912 development indicators.
 - A maximum of 4,160 decision accuracy indicators.

A maximum of 2,080 decision quality indicators.

- MBAU Letter Decisions/RDs:

A maximum of 2,496 development indicators.

A maximum of 4,160 decision accuracy indicators.

A maximum of 2,080 decision quality indicators.

- 2. Ms. Pond said that the program refers most cases that have at least some information about exposure and conditions. What proportion and how many cases get referred to IH's on new non-impairment claims?**

DEEOIC does not maintain data that can accurately associate the assignment of an Industrial Hygienist (IH) to a new, versus existing, claim. An IH characterization referral can occur for many different reasons throughout the life cycle of a case file, including case files involving numerous claimed illnesses. For the period of October 1, 2020, through March 31, 2021, DEEOIC completed 1,180 contactor IH reviews and 76 internal federal IH reviews.

- 3. Ms. Pond noted that ideally the program would have a research arm to evaluate claims data, but that all current resources are dedicated to adjudication. Is this an idea that the Department is considering?**

42 U.S.C. § 7384d(b) stipulates that the purpose of the program is to provide for timely, uniform, and adequate compensation of covered employees, and where applicable, survivors of such employees, suffering from illnesses incurred by such employees in the performance of duty for the Department of Energy and certain of its contractors and subcontractors. Under this authority, the DEEOIC is responsible for conducting case adjudication functions to provide compensation to eligible beneficiaries. DEEOIC directs appropriated resources to those organizational and personnel costs singularly necessary to fulfil the enumerated requirement of § 7384d(b). For activities that fall outside the scope of its legislatively established mandate, DEEOIC has no authority to allocate public resources.

4. **EEOICP has begun implementing the new OHQ, and between July and November completed over 612 OHQ interviews with the new format. The Program would ask the Resource Centers for feedback. What is the feedback from the Resource Centers, claims examiners, IH’s, and CMC?**

With regard to the new OHQ interview process, the DEEOIC canvassed the Resource Centers, field operational personnel and the Medical Health Science Unit for input. During this engagement, the Resource Centers provided data that they have completed approximately 1,900 OHQ interviews using the new format. From the different responses provided, this is a summation of the responses:

OHQ script is more organized	Easier to work with than previous format
Flow of questions helps RC staff engage with the claimant more freely to discuss work experience	Claimants provide a much more direct and open response because they have to explain themselves
Easier for RC staff to collect specific work data like locations, work duties, PPE use and exposure information	Better than just a lot of checked boxes that suggested that a claimant was exposed to “everything.”
User friendly and provides much more opportunity for detailed information to be obtained	Claimant rarely knows much on exposure data – but work process/duties/locations are very valuable.
Claimants can define exposures that are much more in alignment with work process or location.	Need to make adjustments to make the text/font more readable. Very small text.
Provides data useful in helping shape Industrial Hygiene characterization of exposures or resolve questions about specific substance encounters	Need to encourage claimants to explain labor process data more descriptively
Better organized/concise/useful	Ties toxins to work exposures more clearly

5. **A public commenter requested that the Board “review Dr. Armstrong’s directives, communications, and personal opinions within the claims adjudication process and make recommendations to address issues of undue influence.” Please clarify the roles of the Medical Director and any medical personnel within EEOICP with regard to review of claims. Are their roles entirely described in the Procedure Manual? If not, what is a written description of their roles?**

The DEEOIC Medical Director serves as an expert consultant on matters involving the field of medicine during the claim adjudication process. DEEOIC staff seek out consultative advice

from the Medical Director on questions involving the sufficiency of medical evidence in support of claim outcomes including those relating to diagnostic clarification, anatomy, credentialing, permanent impairment, causation, and the medical necessity of requested services or supplies. The opinion of the Medical Director represents an interpretation of available evidence that DEEOIC staff can weigh in resolving outstanding claims.

The Medical Director and other medical experts within the Office of Workers' Compensation Programs also serve to assist in the administration of medical benefits to employees with work-related illnesses. This assistance encompasses work with the OWCP medical bill processing contactor to ensure effective payment system functionality and maintaining treatment suites for the payment costs associated with the care of accepted work-related illnesses. The Medical Director and other medical experts also work to apply proper medical bill processing coding to OWCP systems including those related to International Classification of Diseases, Tenth Revision (ICD-10) and Current Procedural Terminology (CPT).

6. A public commenter noted that the importance of bystander exposure seems to be minimized in claims evaluations. How does the EEOICP deal with claimants' potential bystander exposures, especially since they may not be included in the SEM?

As is explained in Chapter 15 of the Federal (EEOICPA) Procedure Manual, exposure analysis is dependent on a clear understanding of many different factors, such as labor and work processes, that brought an employee into potential contact with a toxic substance. Moreover, the characterization of any potential toxic substance exposure by an Industrial Hygienist (IH) depends on the availability of employment/exposure monitoring data or the application of the IH's best professional judgment to assign a particular level of exposure. The Procedure Manual does communicate that exposure may occur at an incidental level. It is the role of a qualified physician to determine whether such exposure is a significant factor resulting in a covered illness.