

Here are the answers to the subcommittee's questions (see an inquiry in #2):

1. Subcommittee members should look at the spreadsheet of data and see what summary information and/or additional fields of data they think would be useful, and send it to Dr. Dement in the next week. We are looking at Dr. Dement's follow-up request. We will add columns for whether there was a CMC or IH, but the Board needs to keep in mind that for CMC's, just because there was one who worked on the case, does not mean it was for anything related to the original acceptance or denial (it could've been for impairment). We cannot provide job titles as that is not captured in the system. We will add a column for denial and reasons for denial.
2. Request a set of claims for background exploratory review of (research into) the process: the RD and FD, and the CMC report if there was one, for: For the below, we can provide the board with a CMC report but only if there is one. The Board needs to understand that we do rely on other medical evidence in the case file when we issue decisions, and that we therefore do not go to a CMC at all in many cases. *Question: what is the purpose of requesting the RD, since it is not a final document in a case file? We will provide if needed, but are asking for clarification.*
 - 20 CBD cases (at least 10 denied) We can randomly identify 10 cases that had CBD as an approved condition within a period of time (36 months). We can also randomly identify 10 cases that had CBD listed as a claimed condition which was subsequently denied within a period of time.
 - 20 beryllium sensitivity cases (at least 10 denied) We can randomly identify 10 cases that had beryllium sensitivity as an approved condition within a period of time (36 months). We can also randomly identify 10 cases that had beryllium sensitivity listed as a claimed condition which was subsequently denied within a period of time.
 - 10 silicosis cases (some accepted some denied) We can randomly identify 5 cases that had silicosis as an approved condition within a period of time (36 months). We can also randomly identify 5 cases that had silicosis listed as a claimed condition which was subsequently denied within a period of time.
3. How many CMCs are in the system that review part B lung cases or most of them? There is no way to identify in the system whether CMCs review Part B lung cases or any other type of case. We will provide the reasons for referral to CMC, but we cannot distinguish between Part B and Part E as they are not captured that way.
4. What is the vetting process used by QTC to add CMCs that review part B lung cases to the list? What do they need to show to establish qualification in a specialty? What training on the Part B lung program do they get? Please have the Board refer to the SOW provided, as this is a contractual question.
5. What is the percentage of (cases decided) claims submitted under the pre-1993 criteria as opposed to the post-1993 criteria in the past 3 years? How is this

usually decided? There is no way to differentiate in the system between whether a decision in a case was predicated on pre or post 1993 criteria. The Procedure Manual (and the regulations) includes guidance for when a pre or post 1993 criteria is to be applied. It generally depends on when the employee was tested for, diagnosed with, and/or treated for a chronic respiratory disorder. Please see Chapter 2-1000, Eligibility Criteria for Non-Cancerous Conditions: https://www.dol.gov/owcp/energy/regs/compliance/PolicyandProcedures/proceduremanualhtml/unifiedpm/Unifiedpm_part2/Chapter2-1000EligibilityCriteria.htm

6. For the last two years: on CBD cases, what are the credentials of the CMCs used? (this may be evident from #2 responses) would combine with 4. Only want CMC info related to Part B. CMCs are required to have appropriate credentials, as required by the contract, please have the Board refer to the SOW for this answer.
7. For sarcoidosis (looking at possible misdiagnoses) under Part E: request the last 15 cases claiming sarcoidosis, at least 10 denied: RD, FD, CMC report (could add to 2 above. (would omit looking at possible misdiagnoses) We will randomly identify 5 cases that had sarcoidosis as an approved condition within a period of time (36 months). We can also randomly identify 10 cases that had sarcoidosis listed as a claimed condition which was subsequently denied within a period of time.
8. Request to see 10 claims for any interstitial lung disease (or pneumoconiosis?) and beryllium sensitivity shown (+BeLPT) (5 accepted and 5 denied if possible): RD, FD, CMC report (could add to 2.) We will randomly identify 5 cases that had pneumoconiosis as an approved condition, and 5 cases as an approved condition within a period of time (36 months). We can also randomly identify 5 cases that had pneumoconiosis and 5 cases that had beryllium sensitivity listed as a claimed condition which was subsequently denied within a period of time (36 months). We cannot pull specific tests from our database.
9. What is the reason for the issue identified by the program about a disparity between diagnostic facilities? The subcommittee understands there are two facilities used, National Jewish and ORISE. Is the program seeing differences in a large number of cases? We don't know of a disparity, as our system doesn't and isn't intended to track results from facilities. The mention of the two facilities was intended to indicate that there are a limited number of facilities that we **regularly** see conducting certain tests. The program will work with ANY facility that is authorized to conduct medical testing and doesn't track the results from any of the facilities, but we would like to see more facilities, in order to better support the geographic constraints of our claimant population and if the Board could assist with that, it would be appreciated.