AR-1

Accountability Review Findings

Dates of Review: July 21, 2014 to July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 through March 31, 2014

Standard:	Category 1: Part B Initial Claims

Sample Size (Universe):	260
Number of cases reviewed:	44
Number of cases with errors:	17
Acceptable Rating:	85%
Rating for Review:	92%

FINDINGS:

This category evaluates development actions taken by the district office in Part B claims and whether these actions led to an appropriate outcome to accept or deny the claim. In conjunction with development actions, the content of the Part B recommended decisions within the rating period were also reviewed for sufficiency.

Overall, the results for this category were very positive. No major issues were identified with regard to claim outcomes. However, a few trends were identified, with the majority pertaining to how information was conveyed in recommended decisions.

- Several cover letters were noted in which the conditions listed did not correspond with the conditions being addressed in the recommended decision.

- Multiple recommended decisions were noted to contain irrelevant information within the Statement of the Case (SoC). For instance, decisions were identified in which the Special Exposure Cohort (SEC) was unnecessarily discussed when the basis of the acceptance/denial was a National Institute for Occupational Safety and Health (NIOSH) radiation dose reconstruction result.

- The majority of the deficiencies identified under this category pertained to the information being included in the SoC which was deemed more appropriate for inclusion as part of the Explanation of Findings (EoF). For example, several cases were noted to provide procedural standards and evidence analysis within the SoC, with very little explanation within the EoF.

AR-1: ACCOUNTABILITY REVIEW FINDINGS (cont.)

OTHER SIGNIFICANT FINDINGS:

N/A

REVIEWER(s):	DATE:
Rodney Alston	07/24/2014

AR-1

Accountability Review Findings

Dates of Review: July 21, 2014 to July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 through March 31, 2014

Standard:	Category 2: Part E Causation Claims

Sample Size (Universe):	260
Number of cases reviewed:	41
Number of cases with errors:	20
Acceptable Rating:	85%
Rating for Review:	86%

FINDINGS:

This category evaluated development actions taken by the district office for Part E causation claims within the rating period, including development and evaluation of whether the CE arrived at an accurate outcome to accept or deny the claim. Additionally, as a component of the review, Part E recommended decisions were reviewed for sufficiency.

The Denver District Office performed satisfactorily in this category, with no instances noted that the program arrived at an incorrect conclusion on any of the cases reviewed. However, minor deficiencies were identified, including a few trends, which are outlined below.

A few cases were found to include development letters which failed to acknowledge receipt of evidence previously submitted, as well as development letters noted to be unclear as to the totality of evidence required to substantiate the claim.

In terms of deficiencies, the majority of errors identified by the review team were linked to Industrial Hygienist (IH) referrals. There were several instances in which claims were not referred for an IH assessment when one was necessary. Additionally, several claims referred to a Contract Medical Consultant (CMC) referenced extent and duration of potential toxic exposures which were not addressed in the corresponding Statement of Accepted Facts (SOAF); therefore the CMC opined on exposure.

AR-1: ACCOUNTABILITY REVIEW FINDINGS (cont.)

In the sampling of recommended decisions, several decisions were found to include irrelevant information in the Statement of the Case (SoC). For example, the SoC would go into detail describing toxic substance exposure for the condition of chronic obstructive pulmonary disease (COPD) when the claim was being denied for insufficient medical evidence to establish a diagnosed illness.

The review also identified deficiencies within the Explanation of Findings (EoF) section of several decisions reviewed within the rating period, finding that the decisions failed to adequately address all evidence used in making finding. Further, several decisions were identified in which the EoF referenced a review of "all available evidence" but included no further details as to what this "evidence" was. In other instances, the explanation provided was unclear as to what program policy was used as the basis for the determination, and therefore there was a lack of proper analysis of the evidence.

OTHER SIGNIFICANT FINDINGS:

N/A

REVIEWER(s):	DATE:
Jessica Lanier, Yvette Warinner and Jenifer Blair	07/24/2014

AR-1

Accountability Review Findings

Dates of Review: July 21, 2014 to July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 through March 31, 2014

Standard:	Category 3: Part E Impairment Claims

Sample Size (Universe):	260
Number of cases reviewed:	49
Number of cases with errors:	11
Acceptable Rating:	85%
Rating for Review:	95%

FINDINGS:

This category evaluates development actions taken by the district office in impairment claims. The category evaluates whether claims were developed appropriately, resulted in the production of probative and reliable evidence to resolve the claim, and whether the claims examiner (CE) arrived at an accurate outcome to accept or deny the claim.

In summary, the Denver District Office showed extremely good performance with regard to development and decision writing. There were 13 cases with errors, some cases contained multiple errors. Lack of follow up and misplacing information in recommended decisions, which causes confusion, were the two major trends the team identified.

080189363

- ECS shows IC date of 6/3/2013, however there is no evidence in the file to support the date the employee filed for impairment benefits.
- Development letters were not prepared to determine if the employee elected the CMC or his own qualified physician to conduct his impairment rating.
- The CE submitted an amended SOAF and asked the CMC if the terminal employee is at MMI. MMI is not required for terminal an employee.

AR-1: ACCOUNTABILITY REVIEW FINDINGS (cont.)

[redacted]

- On April 11, 2013 an EN 11 was sent for increased impairment; however, the EEOICPA Federal Procedure Manual 1300 (12) states that an increased in impairment must be on an EN-10 Claim for Additional Benefits.
- On November 5, 2013, the EN-10 was sent this letter also asked whether the claimant wanted a CMC or his own physician to perform the Imp rating (on July 2, 2013 the claimant elected to have [redacted] perform the impairment rating).

[redacted]

- The Statement of the Case (SoC) did not mention the development letter that was sent to Dr. Mayer on June 8, 2013.
- The conclusion of a 2% impairment rating for BeS was based on future medical appointments where an evasive medical procedure may be performed. BeS does not qualify for an AMA Guides to Permanent Impairment.
- Impairment Report dated July 13, 2013, signed by [redacted] gives 2% impairment for BeS based on future medical visits and possible evasive testing. BeS does not qualify for an AMA Guides to Permanent Impairment.

[redacted]

- Physician was asked to rate sinus cancer, skin cancers, and 4 lung conditions. He only rated the lung. No follow up, no development letter was sent to the physician.
- The AR was verbally asked to request an addendum from the physician or case would be sent to a CMC for the whole body impairment. No addendum was received and no CMC referral was made.
- RD silent on why the rating on only one condition was accepted as complete. The prior impairment award was cited, but it was for a different condition and this wasn't noted.
- The AMAs are cited; however no explanation regarding lack of whole-body impairment rating or that the prior rating was for a different condition.
- The EoF cites the CFR regarding additional impairment benefit claims must be based on an increase that is the result of the covered illness the prior rating was based on. This rating in this RD is for lung conditions. The prior 5% rating was discussed, but not the fact that it was based on sinus cancer.
- Should have been a whole-body impairment based on multiple accepted conditions, with a combined rating calculation from the doctor.

[redacted]

- In the cover letter and intro paragraph of this November 19, 2013 recommended impairment denial, the CE implied that this claim was both accepted and denied.
- Additionally, the CE referenced Part B on a Part E claim in the intro paragraph.

[redacted]

- Statement of Case (SoC) included historical information not relevant to the current claim for increased impairment.
- This "increased impairment" case is being based on an additional accepted condition occurring prior to the 2 year anniversary of the last IMP claim but is not indicated in the EoF

(Explanation of Findings); and, the issue of needing a physician's report based on program requirements was not explained.

- Explanation about the lack of a physician's IMP report was not provided; explanation that the claimant is responsible to provide said report was not addressed.

[redacted] - Physician's impairment report puts employee at class III, EoF notes he is in class 4.

[redacted] SoC notes IM claim made via phone call. EoF notes that EE10 must be submitted and cites relevant PM passage, and notes and EE10 was received; however none is in the file.

[redacted] The SoC section of the RD of 7/1/2013, the CE uses a quote from the rating physician describing the section and table of the AMA Guides used to formulate her opinion. This belongs in the EoF section of RD.

[redacted] The RD 3/21/14, discussed the findings of the CMC before acknowledging the referral to or the necessity for the CMC review

OTHER SIGNIFICANT FINDINGS:

N/A

REVIEWER(s):	DATE:
Tina Bynum	07/24/2014

AR-1

Accountability Review Findings

Dates of Review: July 21-July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 to March 31, 2014

Standard:	Category 4: Wage-Loss Claims

Sample Size (Universe):	260
Number of cases reviewed:	34
Number of cases with errors:	15
Acceptable Rating:	85%
Rating for Review:	90%

FINDINGS: Describe Findings and include case file number

This category evaluated actions taken by the district office for a Part E wage-loss claim, including development and whether the claims examiner arrived at an accurate outcome to accept or deny the claim. The review also encompassed the content of the Recommended Decisions (RD).Overall, the results of the review were positive.

In developing wage-loss claims, development letters were thorough and explained information needed to support the wage-loss claim, and clearly explained deficiencies. Follow-up development letters were noted to be tailored to each case.

The Denver District Office does an excellent job of describing the applicable development steps taken to obtain the evidence used to reach their decisions in the statement of the case section of Wage-Loss decisions, and effectively communicated the information in a logical and chronological manner. We found no errors in the cases sampled in these areas.

The Denver Office provided clear, concise, and correct conclusions in all but two cases.

Although the recommended decisions were well organized, we found that they contained irrelevant case evidence or missing information in 5 of the sampled cases. For example, including Part B information in a wage-loss decision; not mentioning the medical evidence used to establish the wage loss claim; and not putting in the accepted conditions.

AR-1: ACCOUNTABILITY REVIEW FINDINGS (cont.)

The biggest areas for improvement in the wage-loss decisions are in the areas of describing the evidence used and including sufficient narrative to clearly and accurately communicate and support their findings in the Explanation of Findings. In one case, the information was included in the Conclusions of Law section. The mathematical calculations used to establish AAW were not always included in the decisions, specifically noted in three cases. One case included extensive information from the procedure manual that did not pertain to the evidence or case outcome.

REVIEWER(S):	DATE:
Jennifer Madrid, Kelly Mockli, Jill Mortimer	July 24, 2014

AR-1

Accountability Review Findings

Dates of Review: July 21, 2014 to July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 through March 31, 2014

Standard:	Category 5: Payment Processing

Sample Size (Universe):	260
Number of cases reviewed:	51
Number of cases with errors:	1
Acceptable Rating:	90%
Rating for Review:	99%

FINDINGS:

This category evaluated the processing of payments and whether compensation was made in accordance with established policies and procedures. The review also evaluated acceptance of payments (AOP) procedures and the completed payment transaction form (PTF).

The Denver District performed outstandingly, with only one minor error identified and an overall rating of 99%

- The one error noted in this category occurred in case [redacted], where no record of bank verification was found within the case file. However, the Energy Compensation System (ECS) did show the CE verified the bank information for a prior payment.

OTHER SIGNIFICANT FINDINGS:

N/A

REVIEWER(s):	DATE:
Paul Castillo, Aubrey Baker and Mathew Gile	July 24, 2014

AR-1

Accountability Review Findings

Dates of Review: July 21, 2014 to July 25, 2014

Office Reviewed: Denver District Office

Reviewing Office: DEEOIC National Office

Review Period: April 1, 2013 through March 31, 2014

Standard:	Category 6: In-Home Health Care (HHC)

Sample Size (Universe):	260
Number of cases reviewed:	52
Number of cases with errors:	5
Acceptable Rating:	85%
Rating for Review:	95%

FINDINGS:

This category reviewed the actions taken by the district office in the processing of in-home health care (HHC) requests. It evaluated whether requests were authorized or denied in accordance with Energy Employees Occupational Illness Compensation Program Act (EEOICPA) policies and procedures.

Missing documents, including approval letters and letters of medical necessity accounted for most of the errors within this category. These include the following cases:

- [redacted]

Three cases were identified which contained two errors:

- [redacted] – Letter of medical necessity for authorization for dates of service from 11/16/13 onward is missing; therefore, more development was necessary for the approved request.

AR-1: ACCOUNTABILITY REVIEW FINDINGS (cont.)

- [redacted] – There was no rationale for level of care being requested as the physician only lists duration per week/day/month, but does not specify what services are to be provided by nursing staff or relate care to accepted condition. Consequently, additional development was necessary.

- [redacted] – Approval Letter for 10/23/13 approval is missing. Also, the 10/23/13 thread approved HHA/CAN for 8 hours a week when medical justification was 8 hours a day.

The remaining case containing an error, [redacted], pertained to lack of rationale for denial of HHC. The 12/26/13 letter did not provide any reason or rational as to why the request was denied, and included typo stating "The DEEOIC has denied the above authorization request for the following reasons: Your requested a change of provider and is approved."

OTHER SIGNIFICANT FINDINGS:

N/A

REVIEWER(s):	DATE:
Tina Bynum	July 24, 2014