AR-1

Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Cleveland District Office

Review Period: April 1, 2017 – March 31, 2018

Standard:	Category 1: Part B Recommended Decisions

Number of cases reviewed:	47
Acceptable rating:	90%
Rating for review:	86%

Describe Findings:

The AR review team identified the following general trends or patterns when reviewing the Part B Recommended Decisions category: RD Cover Letters did not address which medical conditions were adjudicated or the types of benefits awarded (ex. monetary award amount). Statement[s] of the Case did not contain information pertaining to key developmental steps critical to the adjudication of the claim. Statement[s] of the Case also contained analyses of the case file evidence including citations of law and DEEOIC procedures. Explanation[s] of Findings did not contain a discussion of the underlying program rules and policy germane to the adjudication of the claim. Explanation[s] of Findings did not contain an analysis of the case file evidence. In the Conclusions of Law section, there was a trend toward the use of confusing or extraneous language and a failure to identify which medical conditions were denied.

For the Cleveland District Office, the Accountability Review Team found a total of 62 errors when reviewing 47 cases and 376 indicators. There were 11 errors found in the RD cover letters. These errors included not identifying what conditions were adjudicated and what benefits were awarded. There were 16 errors identified in the statement of the case section, mostly involving not listing developmental steps important to the adjudication of the claim. There were 14 errors identified in the Explanation of Findings section, mostly involving inadequate explanation of how the evidence did or did not meet program requirements. Finally, there were 13 errors

identified in the Conclusions of Law section, mostly involving confusing language and missing information about the medical conditions and part types that were adjudicated.

Other Significant Findings:

REVIEWER(s):	**DATE:**
William Pridy, Eric Christeson, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Rodney Alston, Kristina Green	06/28/2018

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Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Cleveland District Office

Review Period: April 1, 2017 – March 31, 2018

Standard:	Category 2: Payment Processing

Number of cases reviewed:	50
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 were completed with very few errors. All payments were made to the correct payee account and in the amount specified in the final decision and the Form EN-20. As with past years, the review ratings for the four offices were extremely high.

For the Cleveland District Office the reviewer found one case with an AOP receipt date error. The AOP receipt date did not match the coding in ECS.

Other Significant Findings:

REVIEWER(s):	DATE:
William Pridy, Eric Christeson, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Kristina Green, Rodney Alston	06/28/2018

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Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Cleveland District Office

Review Period: April 1, 2017 – March 31, 2018

Standard:	Category 3: OIS Indexing (Incoming and Outgoing Correspondence) Element 1: Incoming Correspondence Element 2: Outgoing Correspondence

Number of cases reviewed	51
Rating for Element #1	90%
Rating for Element #2	100%
Acceptable rating:	90%
Overall Category Rating:	93%

Summarize Category (or Element) Findings:

In this category, the reviewer evaluates specific imaged documents received and indexed by the DO, to ensure that labeling is appropriate based on predetermined categories and subjects. The reviewer also evaluates outgoing correspondence created by the DO, to verify that documents are associated with the appropriate electronic case file and properly indexed in OIS.

Of the Cleveland cases reviewed, 18 cases contained OIS indexing errors. The majority of the errors pertained to medical evidence submitted and indexed incorrectly. The other indicator errors consisted of a withdrawal request, impairments claims, and reopening requests.

Other Significant Findings:

REVIEWER(s):	DATE:
Kristina Green, Rodney Alston	06/28/2018

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Accountability Review Findings

Dates of Review: June 25, 2018 – June 29, 2018

Office Reviewed: Cleveland District Office

Review Period: April 1, 2017 – March 31, 2018

Standard:	Category 4: ECS Coding Element 1: Recommended Decisions Element 2: Accepted Medical Condition Coding Element 3: Causation Path Coding

Number of cases reviewed:	52
Rating for Element #1:	93%
Rating for Element #2:	89%
Rating for Element #3:	88%
Acceptable rating:	90%
Overall Category Rating:	90%

Summarize Category (or Element) Findings:

In this category, the reviewer evaluates the accuracy of Energy Compensation System (ECS) coding for cases at the DO where both claims were filed and a RD was issued during the AR period. The reviewer evaluates the integrity of the data on critical elements related to case disposition, awarding of monetary and medical benefits, and information that was used as the basis for the RD.

Of the Cleveland cases reviewed, 27 cases contained ECS coding errors related to recommended and letter decisions. Almost one-quarter of these errors were due to using an incorrect eligibility begin date for consequential illnesses. Otherwise, there were errors noted in each indicator assessed, without any specific trends being evident.

Other Significant Findings:

REVIEWER(S):	DATE:
William Pridy, Eric Christeson, Tanya Freeman, Kimberly Wilson, Yolanda Banks, Andrew Peters, Krista Kozlowski, Kristina Green, Rodney Alston	06/28/2018

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Accountability Review Findings

Dates of Review: August 13 – 17, 2018

Office Reviewed: Cleveland District Office

Review Period: June 1, 2017 – May 31, 2018

Standard:	Category # 5 – Part E Causation Claims Element #1: Development and Causation Assessment Element #2: Recommended Decision – Outcome and Written Quality

Number of Cases Reviewed:	41
Rating for Element #1:	96%
Rating for Element #2:	95%
Acceptable Rating:	90%
Overall Category Rating for Review:	95%

Summarize Category (or Element) Findings:

This category evaluated the actions taken for a Part E causation claim filed by an employee or survivor (where acceptance is not based on acceptance under Part B); whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept or deny the claim.

With regard to Element #1, a total of 6 errors were identified. Development errors found in this element were based on the failure to request toxic substance information. Causation errors found within this element were based on the acceptance of an inadequate medical opinion from the claimant's physician regarding toxic causation.

In Element #2, a total of 17 errors were identified. The most noticeable trends involved Recommended Decisions (RDs) which did not identify development actions taken to adjudicate claims within the Statement of Case ((SOC) portion of the RD, and failure to provide rationale for referring claims to a Division of Energy Employees Occupational Illness Compensation (DEEOIC) specialist [e.g. Industrial Hygienist (IH) and/or Contract Medical Consultant (CMC)] in the Explanation of Findings (EOF) portion of the RD.

In spite of the errors noted in this category, there is no reason to believe that the overall conclusion reached would have been impacted.

Other Significant Findings:

During the review, it was noted that there were Energy Compensation System (ECS) coding errors, in which ECS was coded as an acceptance based on toxic exposure when, in fact, the case was a Part E acceptance based on a Part B acceptance. These cases did not fall into the purview of this review and were not counted as errors.

AR TEAM REVIEWER(S):	DATE:
Curtis Johnson, Karoline Anders, Daniel Divittorio, Bernadette DeHerrera, Michelle Taylor, Kathryn McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018

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Accountability Review Findings

Dates of Review: August 13 – 17, 2018

Office Reviewed: Cleveland District Office

Review Period: June 1, 2017 – May 31, 2018

Standard:	Category # 6 – Impairment and Wage-Loss Claims Element #1: Development of Medical Evidence, Physician Selection and Wage-Loss Calculations Element #2: Recommended Decision – Outcome and Written Quality

Number of Cases Reviewed:	47
Rating for Element #1:	92%
Rating for Element #2:	91%
Acceptable Rating:	90%
Overall Category Rating for Review:	91%

Summarize Category (or Element) Findings:

This category evaluates the actions taken for a Part E impairment or wage-loss (WL) claim filed by an employee or survivor, reviewing whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept or deny the claim. It also focuses on the sufficiency of the written content of recommended decisions (RDs).

For Element #1, three (3) cases did not have a copy of the wage-loss calculator in OIS. Two (2) cases did not provide an option for the employee to choose their own physician to perform the impairment rating; and in another case, letters were issued that didn't include the Activities of Daily Living (ADL) questionnaire (it was also found that these letters were not necessary at the time they were sent) because the Claims Examiner (CE) had not yet determined whether the employee wanted to use his own physician or a Contract Medical Consultant (CMC).

Also for Element #1, there were two (2) cases in which a CE relied on outdated evidence to accept a claim for WL. There was also one (1) development letter addressed to the employee but for which the content indicated it was meant for a physician. This same letter also lacked language regarding timeliness requirements for impairment ratings. In one impairment case it was not clear whether the conditions were rated correctly (although this could be an error on the

part of the physician), the CE should have checked to make sure that all conditions were accurately rated.

Turning next to Element #2, one (1) error was found in a cover letter, which stated WL was deferred, when actually impairment was deferred.

In reviewing the Statement of the Case (SOC) as part of Element #2, a total of nineteen (19) errors were attributed to the SOC. Virtually all of these errors, spread over several indicators, can be attributed to the SOC written in such a way that did not mention significant actions. Specific examples include previous actions upon which the decision was based (such as a previous acceptances), development actions taken, the impairment rating received, what evidence was missing, evidence related to WL, and another instance in which the SOC only contained one sentence, namely that the claimant is requesting impairment by a physician of his choice.

In conjunction with reviewing the Conclusions of Law (COL) in Element #2, six (6) errors were identified. Three (3) of these were instances in which the reviewer thought the COL should be more concise. In one (1) case, the COL were missing entirely, and one (1) impairment COL didn't mention the diagnosis that was denied for impairment. Finally, one (1) COL included extraneous information about prior acceptances.

No cases were found to have an incorrect outcome.

Other Significant Findings:

N/A

AR TEAM REVIEWER(S):	DATE:
Curtis Johnson, Daniel Divittorio, Bernadette DeHerrera, Michelle Taylor, Katy McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018

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Accountability Review Findings

Dates of Review: August 13 – 17, 2018

Office Reviewed: Cleveland District Office

Review Period: June 1, 2017 – May 31, 2018

Standard:	Category # 7 – Consequential Illnesses/Acceptances Element #1: Development Element #2: Letter Decision – Outcome and Written Quality

Number of Cases Reviewed:	41
Rating for Element #1:	95%
Rating for Element #2:	97%
Acceptable Rating:	90%
Overall Category Rating for Review:	96%

Summarize Category (or Element) Findings:

This category includes cases where a consequential condition was filed during the Accountability Review (AR) period *and* correspondence accepting that consequential condition was also sent during the AR period. The category evaluates whether claims were developed appropriately; resulted in the production of probative and reliable evidence to resolve the claim; and arrived at an accurate outcome to accept the claim for consequential illness.

Element #1 of this category measures development actions taken. There were three (3) cases which had errors, including one (1) case with two (2) errors based upon no follow-up on a medical opinion that was not well rationalized, one (1) in which the doctor said tinnitus was a result of occupational exposure (rather than as a consequence of hearing loss) and no follow-up was conducted, and another in which a clarification was requested from the treating physician and never received, but the condition was then accepted.

Element # 2 measures the outcome and quality of letter decisions. Only four (4) cases were found to include errors. One (1) case in which there was no medical diagnosis of the consequential condition; another, in the case previously mentioned with tinnitus, had a second error in this category; a consequential letter did not include the ICD code; and the fourth was an acceptance in which the doctor offered no explanation as to why he though the condition was a consequential, only stating, "it is my medical opinion that patient's abdominal and hiatal hernia is related to her ovarian cancer."

Other Significant Findings:

N/A

AR TEAM REVIEWER(S):	DATE:
Curtis Johnson, Daniel Divittorio, Bernadette DeHerrera, Michelle Taylor, Katy McIntyre, Lavera Robinson, Shannon Green, Patrick Omatsu	August 17, 2018