



U.S. DEPARTMENT OF LABOR

Office of Workers' Compensation Programs (OWCP)

# Overview of EEOICPA Claims Processes

**Division of Energy Employees Occupational Illness Compensation**

JOTG Webinar Series

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# Presenter Introduction

Division of Energy Employees Occupational Illness Compensation



## National Field Operations

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# Objectives

- Explain the Initial Claim Process/Timelines in the District Office
  - What happens after a claim is filed?
  - Overview of evidence needed to establish entitlement
  - Overview of actions that may be involved in an initial claim
  - General Processing Timelines
- Explain Post-Adjudication Actions
  - What may happen after a claim is approved
  - What options are available if a claim is denied



# Initial Claims Process

- Claims filed on [Form EE-1; EE-1A, and EE-2](#)
- Claims can be sent directly from claimants via U.S. mail or by working with a DEEOIC Resource Center. [E-filing](#) option is also available on the Energy Document Portal.
- Claim forms are date stamped, imaged, and uploaded.
- Once the case is created, it is routed to a Claims Examiner for review and development.
- After appropriate development, the Claims Examiner will issue a Recommended Decision.
- The Recommended Decision is sent to the Final Adjudication Branch (FAB) for independent review and issuance of a Final Decision.



# Claims Adjudication Timeframes



**FILE CLAIM**



**Complete Occupational  
Health Questionnaire**



**Provide additional  
evidence**



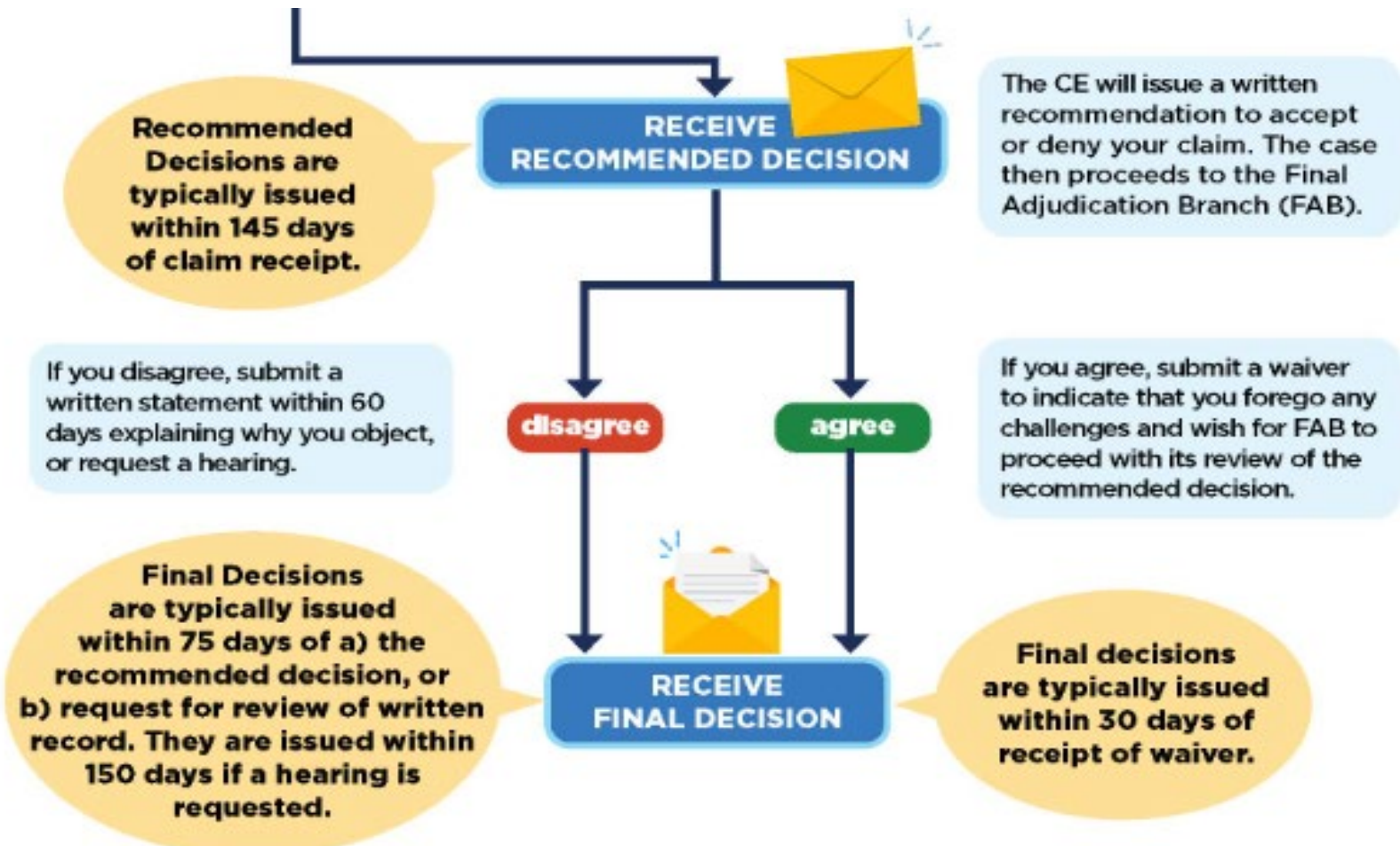
Once you file a claim (through a Resource Center or directly to a district office), the district office will assign you a claim number and a Claims Examiner (CE).

The Resource Center will then interview you to ask questions about the employee's occupational history (Occupational History Questionnaire (OHQ), part E filing only).

During the review process, the CE may write to you asking for information regarding the employee's work, medical documentation, or other information. You will be given 30 days from the date of these letters to submit this information.



# Office of Workers' Compensation Programs (OWCP)





# Case Development

## Employment Evidence

is needed to confirm your employment at a covered facility.

### Examples include:

- EE-5
- Document Acquisition Request
- SSA Records
- EE-4 (DOL requests proof of employment from DOE/SSA)

## Medical Evidence

is needed to confirm the diagnosis of your claimed condition.

- Physician statement
- Medical documentation confirming diagnosis

## Causation Evidence

is needed to confirm toxic exposure at a covered facility caused, contributed to, or aggravated your condition.

- Part B – Dose Reconstruction, Special Exposure Cohorts, Statutory criteria
- Part E - Occupational History Interview, Site Exposure Matrices, Expert Medical and Industrial Hygienist review, DEEOIC Exposure & Causation Presumptions

## Survivorship Evidence

is needed in the case of survivor claims to confirm your relationship to the covered employee.

- Death Certificate
- Birth Certificate
- Marriage Certificate



# Claims Examiner Review: Evidence

## **Employment History:**

- Are the claimed periods covered, and is there evidence to support employment at a covered facility?

## **Medical Condition:**

- Is there sufficient medical information to support the claimed condition?

## **Survivorship:**

- Is the correct documentation submitted to support a claim (birth certificate, death certification, marriage certificate)?







# Recommended Decision

- A Recommended Decision is a written recommendation made by the Claims Examiner regarding the eligibility of a claimant to receive benefits available under the EEOICPA.
- As a recommendation, it does not represent the final program determination on claim compensability. It is a preliminary determination made by the Claims Examiner that is subject to challenge by any claimant party to the decision or a remand by the Final Adjudication Branch.
- After Issuance of the Recommended Decision, the case is sent to the Final Adjudication Branch for review.
- Parties to the claim may still submit evidence after the RD is issued. New evidence may result in the case being remanded back to the District Office.
- If claimant agrees with the decision, they can sign and submit a waiver of their objection rights.



# What Happens if a Claim is Accepted?

- For employee claims, [medical benefits](#) are awarded for the accepted condition(s) retroactive to the filing date
- If compensation is awarded, claimant must complete Form EN-20 and submit for payment (Typical payment is processed within 14 days of DEEOIC receipt of completed EN-20)
- If claim is accepted under Part E, the claimant may file a claim for Impairment and/or Wage Loss Compensation





# Additional Program Benefits

1

## Additional Illnesses

Additional medical benefits to cover a separate medical diagnosis that is caused by or related to the occupational toxic exposure.

2

## Consequential Conditions

Additional medical benefits to cover a separate but connected medical diagnosis that occurs as a consequence of a previously approved condition.

Common examples include metastasized cancers, physical side effects of treatment, or worsened pre-existing conditions.

3

## Impairment

Additional financial benefits to compensate for permanent loss of function of a body part or organ, due to a covered illness.

4

## Wage Loss

Additional financial benefits to compensate for lost wages due to a covered illness.



1

# Filing for Additional Illnesses

- If the employee develops additional condition(s) believed to be related to occupational toxic exposure, the employee (or survivor) can file a claim for the additional condition(s).
- Claims for other illnesses can be filed at any time regardless of whether initial claim is accepted or denied.
- Similar process to initial claim but we may be able to use some of the previously collected evidence (i.e., new medical, employment and toxic exposure).





2

# Filing for Consequential Conditions

- If it is determined that an accepted condition caused, contributed to, or aggravated a claimed consequential condition, the consequential condition will be accepted under the same part types as the accepted condition.
  - Must file claim on [Form EE1-A](#).
  - Medical benefits are typically awarded retroactive to the eligibility date of the accepted condition. Some exceptions may apply.
  - Acceptance of a consequential condition may also result in impairment and/or wage loss compensation eligibility under Part E.
  - Consequential conditions are accepted by Letter Decision issued by the District Office, no Final Decision is required.
  - If a consequential condition claim is recommended for denial, a Recommended Decision is issued, and the case is sent to the Final Adjudication Branch for review.



3

# Filing for Impairment

- Impairment compensation under Part E of the EEOICPA for the permanent loss of function of a body part or organ, due to a covered illness under the EEOICPA, as established by medical evidence and measured by percentage points.
- Up to \$250,000 in compensation
- Compensation is awarded based on impairment percentage.
  - \$2,500 per percentage point
  - Example: 10% impairment rating = \$25,000 Award
- Impairment Evaluation may be performed by a Contract Medical Consultant or claimant may choose their own qualified physician
- Two Year waiting period for additional impairment claims.
  - May be waived under certain circumstances



4

## Filing for Wage Loss

- Benefits provided under Part E of the EEOICPA to employees or eligible survivors for lost wages the employee incurred, prior to their normal Social Security Administration (SSA) retirement age, due to a covered illness.
- If eligible, claimant is awarded \$10,000 or \$15,000 per year of established wage loss depending on the percentage of lost wages.
- Maximum payable compensation under Part E, excluding medical benefits, is \$250,000.
- Survivors may also be eligible for wage loss compensation if the employee experienced wage loss prior to death or died prior to reaching retirement age.

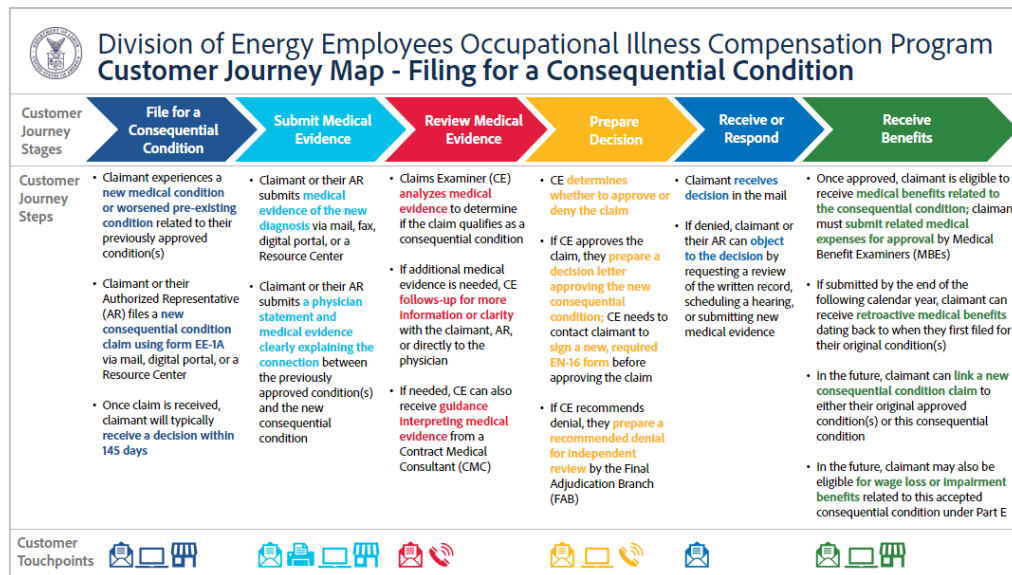


# Additional Resources

A journey map is a simple, step-by-step overview of the process. It uses plain language and a visual format to make it easier to understand what's needed from claimants and what's going on behind the scenes.

In our Public Reading Room, we have 4 journey maps available on our website to help explain the processes for:

- Initial Lump-Sum Compensation
- Medical Benefits
- Impairment and Wage Loss
- Consequential Conditions







# What options are available if a claim is denied?

## Reconsideration Requests

- Must be submitted within 30 days of Final Decision
- The Final Adjudication Branch (FAB) will assign your reconsideration request to a different Hearing Representative
- Any new evidence received within 30 days of a Final Decision will be processed as a reconsideration request if evidence is related to the Final Decision

## Reopening Requests

- May be submitted anytime
- Requests are initially reviewed by the District Office, then further reviewed by the District Director or assigned to the National Office for DEEOIC Director review
- After review, a Director's Order vacating the Final Decision, or a Denial of Reopening Request will be issued
- There must be sufficient justification provided to warrant vacating a Final Decision including the presentation of new compelling information or evidence



# Reopening Requests

## Examples of reasons the DEEOIC may reopen a claim

- Evidence of additional periods of covered employment.
- Newly obtained diagnostic or clinical evidence establishing a diagnosis for a condition previously denied due to insufficient medical evidence.
- Addition of newly diagnosed primary cancer(s) that may affect the Probability of Causation (PoC) for a claim that DEEOIC referred to the National Institute for Occupational Safety and Health (NIOSH) for a radiation dose reconstruction.
- Documentation clarifying a survivor's relationship to the employee
- New data relating to toxic substances encountered by the employee at work that resulted in a claimed illness(es) including updates to information reported in DEEOIC's Site Exposure Matrix (SEM).
- Presentation of a new medical opinion that links a claimed illness to an occupational toxic substance exposure
- Change in Law, Regulations, or Policies.



# Questions



Questions can also be submitted to [DEEOIC-Outreach@dol.gov](mailto:DEEOIC-Outreach@dol.gov)

Thank you very much for attending the DEEOIC Webinar