

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation
Washington, DC 20210



EEOICPA CIRCULAR NO. 21-02

DATE: August 4, 2021

SUBJECT: Reimbursement Letter to Government Entities or Insurance Carriers

The purpose of this Circular is to rescind and replace Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Circular No. 14-01, Carrier Reimbursement Letter, and to provide new guidance for all Division of Energy Employees Occupational Illness Compensation (DEEOIC) Medical Bill Processing Unit (MBPU) staff in responding to information provided by claimants or inquiries from government entities or insurance carriers that have provided written correspondence to the DEEOIC regarding the collection of primary payer information to identify and recover medical benefit payments as a part of their coordination of benefits.

Upon receiving correspondence from a claimant, government entity or insurance carrier notifying of, or attempting to coordinate benefits for a condition previously accepted under the EEOICPA, the Payment Systems Manager is to respond using the appropriate accompanying Coordination of Benefits Response Letter. The Coordination of Benefits Response Letter instructs the government entity or insurance carrier to submit all reimbursable charges, including a copy of the original bill and proof of payment, to the bill-processing contractor. The Coordination of Benefits Response Letter for government entities is [Attachment 1](#). The Coordination of Benefits Response Letter for insurance carriers is [Attachment 2](#).

Prior to mailing the Coordination of Benefits Response Letter, the Payment Systems Manager must complete the applicable fields, which include the name and address of the recipient, claimant name and case ID number, ICD code, and the status effective date(s).

RACHEL D. POND
Director, Division of Energy Employees
Occupational Illness Compensation

[DATE]

AGENCY NAME]

[ADDRESS]

RE: [CLAIMANT'S NAME]

Case #: XXX-XX-XXX

Dear [NAME FROM LETTER],

We have received information that the Department of Labor's Office of Workers' Compensation Programs (OWCP), Division of Energy Employees Occupational Illness Compensation (DEEOIC) may be the responsible payer for costs incurred by [AGENCY NAME] on behalf of [CLAIMANT'S NAME].

The Privacy Act covers Department of Labor records concerning claims filed under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). We are authorized to release information to medical insurance or health welfare plans for the purpose of coordinating benefits. As this matter relates to the coordination of benefits, we are able to inform you of the medical conditions for which we are the responsible payer.

[CLAIMANT'S NAME] has filed a claim under the EEOICPA, which has been accepted. The Department of Labor is responsible for reimbursement and/or payment of authorized medical expenses incurred for the following covered medical conditions and associated ICD codes:

ICD Code: [ENTER ONE OR MORE APPROVED MEDICAL CONDITION]

Status Effective Date: [ENTER STATUS EFFECTIVE DATE FOR EACH]

To request reimbursement for medical expenses associated with the covered medical conditions, you must be an enrolled provider with OWCP or enter into an Intra-Governmental Payment and Collection (IPAC) with OWCP. You may obtain enrollment information by contacting our medical bill payment contractor at 1-866-272-2682 or visiting <https://owcpmed.dol.gov/>. If you are interested in IPAC, you may contact me at the phone number.

Once enrollment is complete, and you have been assigned a provider number, or established an IPAC, all reimbursable charges, including a copy of the original bill and proof of payment, may be submitted to the address below:

U.S. Dept. of Labor
OWCP/DEEOIC
P.O. Box 8304
London, KY 40742-8304

Reimbursement may only be sought for treatment costs relating to a condition that has been accepted under the EEOICPA. Costs relating to the care of any other medical condition are not the responsibility of OWCP.

If you have any questions regarding the contents of this letter, please contact me at [NATIONAL OFFICE PHONE #].

Sincerely,

Payment Systems Manager
DEEOIC Medical Bill Processing Unit

[DATE]

[COMPANY NAME]

[ADDRESS]

RE: [CLAIMANT'S NAME]
Case #: XXX-XX-XXX

Dear [NAME FROM LETTER],

We have received information that the Department of Labor's Office of Workers' Compensation Programs (OWCP), Division of Energy Employees Occupational Illness Compensation (DEEOIC) may be the responsible payer for costs incurred by [COMPANY NAME] on behalf of [CLAIMANT'S NAME].

The Privacy Act covers Department of Labor records concerning claims filed under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). We are authorized to release information to medical insurance or health welfare plans for the purpose of coordinating benefits. As this matter relates to the coordination of benefits, we are able to inform you of the medical conditions for which we are the responsible payer.

[CLAIMANT'S NAME] has filed a claim under the EEOICPA, which has been accepted. The Department of Labor is responsible for reimbursement and/or payment of authorized medical expenses incurred for the following covered medical conditions and associated ICD codes:

ICD Code: [ENTER ONE OR MORE APPROVED MEDICAL CONDITION]

Status Effective Date: [ENTER STATUS EFFECTIVE DATE FOR EACH]

To request reimbursement for medical expenses associated with the covered medical conditions, you must be an enrolled provider with OWCP or enter into an Intra-Governmental Payment and Collection (IPAC) with OWCP. You may obtain enrollment information by contacting our medical bill payment contractor at 1-866-272-2682 or visiting <https://owcpmed.dol.gov/>.

Once enrollment is complete, and you have been assigned a provider number, all reimbursable charges, including a copy of the original bill and proof of payment, may be submitted to the address below:

U.S. Dept. of Labor
OWCP/DEEOIC
P.O. Box 8304
London, KY 40742-8304

Reimbursement may only be sought for treatment costs relating to a condition that has been accepted under the EEOICPA. Costs relating to the care of any other medical condition are not the responsibility of OWCP.

If you have any questions regarding the contents of this letter, please contact me at [NATIONAL OFFICE PHONE #].

Sincerely,

Payment Systems Manager
DEEOIC Medical Bill Processing Unit