

## Division of Energy Employees Occupational Illness Compensation Program Customer Journey Map - Filing for a Consequential Condition

Customer Journey Stages File for a Consequential Condition

Submit Medical Evidence

Review Medical Evidence

Prepare Decision

Receive or Respond

Receive Benefits

#### Customer Journey Steps

- Claimant experiences a new medical condition or worsened pre-existing condition related to their previously approved condition(s)
- Claimant or their Authorized Representative (AR) files a new consequential condition claim using form EE-1A via mail, digital portal, or a Resource Center
- Once claim is received, claimant will typically receive a decision within 145 days

- Claimant or their AR submits medical evidence of the new diagnosis via mail, fax, digital portal, or a Resource Center
- Claimant or their AR submits a physician statement and medical evidence clearly explaining the connection between the previously approved condition(s) and the new consequential condition
- Claims Examiner (CE)
   analyzes medical
   evidence to determine if
   the claim qualifies as a
   consequential condition
- If additional medical evidence is needed, CE follows-up for more information or clarity with the claimant, AR, or directly to the physician
- If needed, CE can also receive guidance interpreting medical evidence from a Contract Medical Consultant (CMC)

- CE determines whether to approve or deny the claim
- If CE approves the claim, they prepare a decision letter approving the new consequential condition; CE needs to contact claimant to sign a new, required EN-16 form before approving the claim
- If CE recommends denial, they prepare a recommended denial for independent review by the Final Adjudication Branch (FAB)

- Claimant receives decision in the mail
- If denied, claimant or their AR can object to the decision by requesting a review of the written record, scheduling a hearing, or submitting new medical evidence
- Once approved, claimant is eligible to receive medical benefits related to the consequential condition; claimant must submit related medical expenses for approval by Medical Benefit Examiners (MBEs)
- If submitted by the end of the following calendar year, claimant can receive retroactive medical benefits dating back to when they first filed for their original condition(s)
- In the future, claimant can link a new consequential condition claim to either their original approved condition(s) or this consequential condition
- In the future, claimant may also be eligible for wage loss or impairment benefits related to this accepted consequential condition under Part E



























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# What is a CONSEQUENTIAL CONDITION?



A consequential condition is a separate, but connected medical diagnosis that occurs as a result or consequence of a previously approved condition.

Common examples include metastasized cancers, worsened pre-existing conditions, physical or psychological side effects of treatment, or accidents connected to medical treatment.

What is a
CUSTOMER
JOURNEY MAP?



A simple, step-by-step overview of the process to file a claim for a consequential condition.

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. Where can I LEARN MORE OR FILE A CLAIM?



The DEEOIC is here to help.

To learn more about consequential condition benefits, eligibility, or to start a claim, contact the DEEOIC at (866) 888 – 3322 or find the phone number for one of our Resource Centers on our website.

#### How can I CONTACT THE PROGRAM?



Through a secure digital portal



By mailing or receiving a letter



By sending information via fax



In-person at a Resource Center



Calling a Resource Center or Claim Examiner