

THE OFFICE OF THE OMBUDSMAN FOR THE EEOICPA

JOINT OUTREACH TASK GROUP

Naperville, IL – July 18, 2024



PRESENTATION OVERVIEW

- **History and Duties of the Ombudsman**
- **How We Can Help**
- **Useful Information**
- **Policy Updates**
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HISTORY OF THE OFFICE OF THE OMBUDSMAN

**October 2004 – Congress
passed legislation creating the
Office of the Ombudsman for
the EEOICPA.**

DUTIES OF THE OFFICE OF THE OMBUDSMAN

- The Office of the Ombudsman is an **INDEPENDENT OFFICE** within the U.S. Department of Labor (DOL).
- The Office of the Ombudsman is **SEPARATE** from the DOL Energy Program that makes decisions on your EEOICPA claims.
- All communication with the Office of the Ombudsman is **CONFIDENTIAL**.

- **Provides information on the benefits available under the EEOICPA.**
- **Provides guidance and assistance to claimants, be it general information about the program or case specific.**

- **Submits an annual report to Congress which includes:**

1) The number and types of complaints, grievances and requests for assistance received during the year.

2) An assessment of the most common difficulties encountered by claimants during the year.

3) Recommendations for the improvement of the EEOICPA program.



THE OMBUDSMAN'S OFFICE DOES NOT:

- **Make decisions on claims.**
- **Serve as an Authorized Representative or advocate.**
- **Ask Congress to change the law.**

HOW WE CAN HELP YOU

- **We assist claimants, attorneys, lay representatives, health care providers, congressional staff and others.**
- **We explain, review, and discuss the EEOICPA claim development and benefit processes.**
- **We answer questions and provide assistance to individuals encountering difficulties with their claims.**

- **We are available to speak to individuals on a one-on-one basis and we communicate with individuals by email.**
- **We participate in outreach efforts to provide information to the public about the program.**
- **We identify and discuss EEOICPA concerns in our annual report to Congress.**

USEFUL INFORMATION

Current and former employees may use the ***Claim for Benefits (Form EE-1)*** for the following reasons:

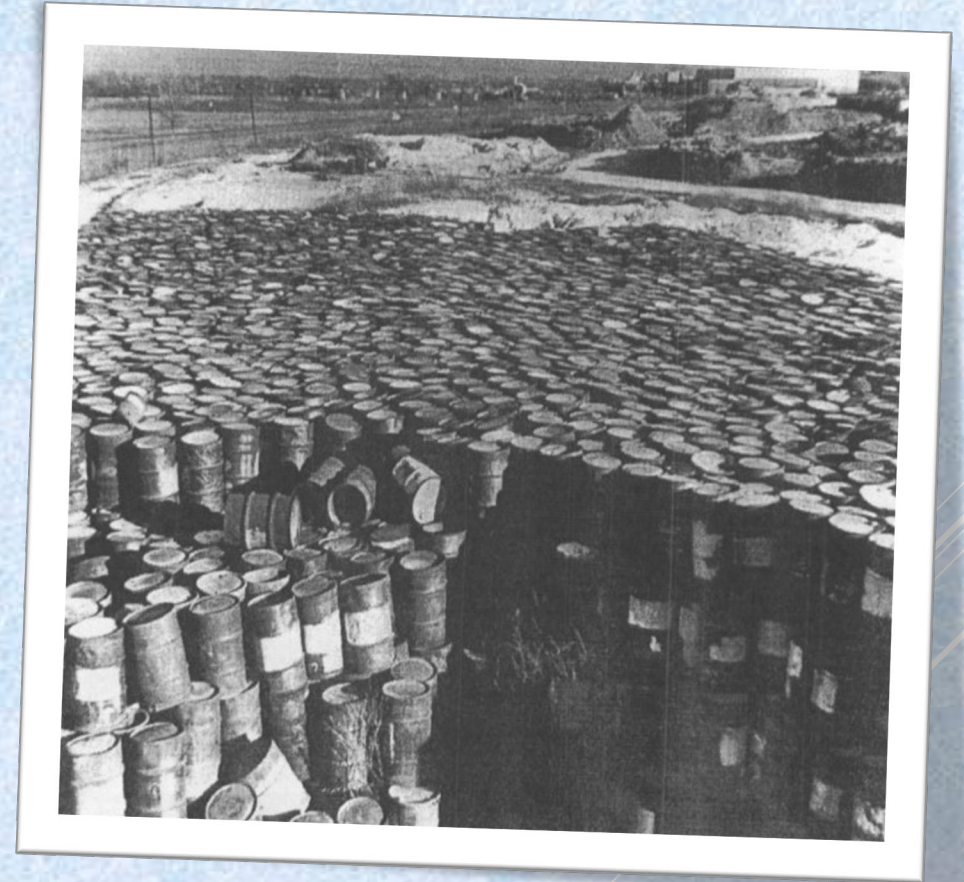
- To file an ***initial claim***.
- To file a ***claim for new illnesses*** as they are diagnosed (e.g., additional cancers, or respiratory issues).

IMPORTANT TO NOTE

The filing date of the EE-1 form is used to establish the date of the entitlement to medical benefits.

- If a claim is accepted for medical benefits, then the EE-1 form can be used to file a claim for a *consequential condition*.
- A consequential condition occurs when a covered illness or treatment for that covered illness, results in a new illness or injury. *You must write “Consequential Condition” on the EE-1 form when filing for the new illness or injury.*

- Make sure you have reported any/all *potentially covered employment* to the Energy Program.
- Review your Occupational History Interview for completeness and accuracy. If you remember additional information, send it in writing to your Claims Examiner.



- If an employee's claim is accepted for medical benefits under Part E of the Act, they can, *using Form EN-11A (Impairment Benefits Response form), file a claim for impairment benefits.*
- A claim for impairment benefits may be *filed every two years, or possibly sooner,* if you have a newly accepted primary or consequential medical condition.

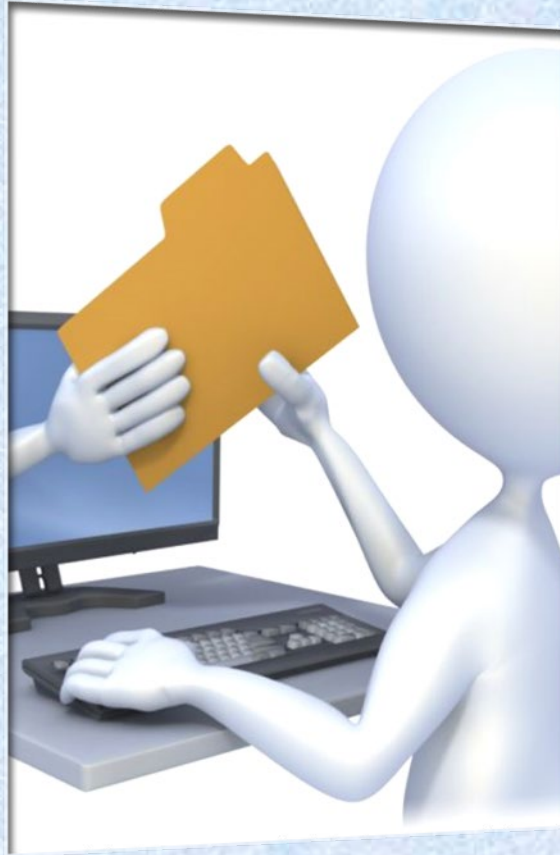
- You may request ***a copy of your entire claim file*** at any time, even before the recommended decision is issued. You may also request a copy of any ***part*** of your claim file such as your employment and exposure records. The request ***must be in writing***.

- DEEOIC pays costs associated with obtaining medical records *regardless of whether it has approved a claim for benefits*. However, this reimbursement is payable only to a hospital, physician's office, or other medical facility that charges a fee to produce records. The maximum allowable reimbursement is **\$100 per request**.

POLICY UPDATES

1. The medical criteria for *acceptance of beryllium sensitivity* has been updated. A claim for beryllium sensitivity will be accepted under Part B based on evidence of *three (3) borderline beryllium blood test results (BeLPT/BeLTT)* over a period of 3 consecutive years.

2. The employment criteria for acceptance of *hearing loss claims* has been modified. An employee with *any ten (10) year period of consecutive employment* is potentially covered as long as they meet the toxic exposure and noise criteria.



Ways to
ELECTRONICALLY
Review your File
and Submit
Documentation

- ***Electronic Document Portal (EDP)***- allows claimants and authorized representatives to submit documents into the case file.
- ***Employees' Compensation Operations & Management Portal (ECOMP)***-allows claimants and authorized representatives to review certain documents in the case file.

- ***Medical Bill Processing Portal*** (for claimants and health care providers)
- ***Pharmacy Bill Processing Portal*** (for claimants and pharmacy providers)

**YOUR OPINION
AND
FEEDBACK MATTERS**

The Department of Labor and Congress are interested in what you have to say.

The Energy program is constantly making program changes and updates. You can ask us questions or seek information from our office at any time.

If you have complaints, grievances, or requests for assistance, as well as complimentary things to say, we want to hear from you!

OFFICE of the OMBUDSMAN TEAM

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