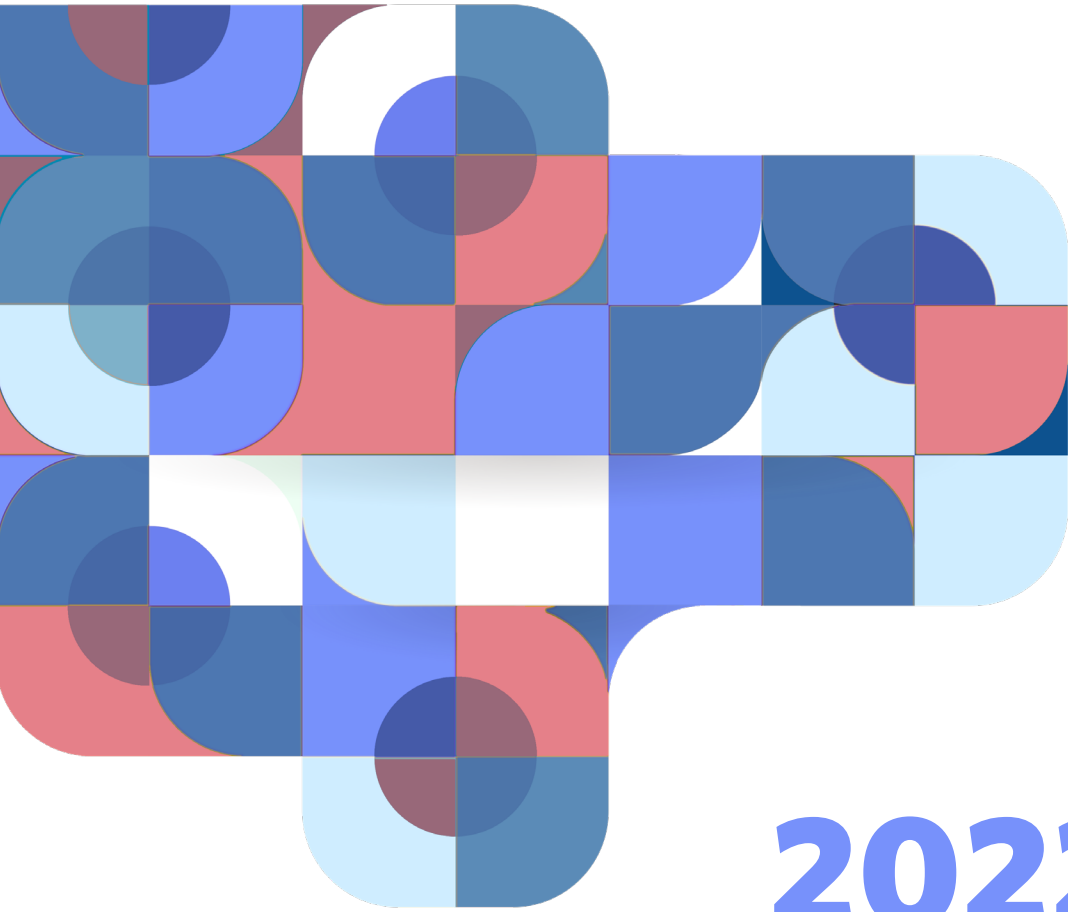


OFFICE OF WORKERS'
COMPENSATION PROGRAMS



2022
ANNUAL
REPORT TO
CONGRESS
SUBMITTED TO CONGRESS 2024



OFFICE OF THE WORKERS' COMPENSATION PROGRAMS
UNITED STATES DEPARTMENT OF LABOR

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THE HONORABLE PRESIDENT OF THE SENATE

THE HONORABLE SPEAKER OF THE HOUSE OF REPRESENTATIVES

I have enclosed the Department of Labor's Annual Report to Congress on the fiscal year 2022 operations of the Office of Workers' Compensation Programs. The report covers administration of the Federal Employees' Compensation Act as required by Section 8152 of that Act, the Black Lung Benefits Act as required by Section 426(b) of that Act, the Longshore and Harbor Workers' Compensation Act as required by Section 42 of that Act, and the Energy Employees Occupational Illness Compensation Program Act, for the period October 1, 2021, through September 30, 2022.

The information in this report is available to Congress and the public in near real-time from the OWCP website.

- Federal Employees' Compensation Act Program: <https://www.dol.gov/agencies/owcp/dfec>
- Black Lung Program: <https://www.dol.gov/agencies/owcp/dcmwc>
- Energy Program: <https://www.dol.gov/agencies/owcp/energy>
- Longshore Program: <https://www.dol.gov/agencies/owcp/dlhwc>

Separate enclosures contain the annual audit reports for the fiscal year 2022 financial statements of the Longshore and Harbor Workers' Compensation Act Special Fund and the District of Columbia Workmen's Compensation Act Special Fund accounts (as required by Sections 42 and 44(j)).

This report both fulfills the requirements of the respective laws and provides a comprehensive source of information on the administration and operation of federal workers' compensation programs.

A handwritten signature in blue ink, appearing to read "CJG".

Christopher J. Godfrey
Director, Office of Workers' Compensation Programs

Enclosures

DIRECTOR'S MESSAGE

I am pleased to submit the Office of Workers' Compensation Programs (OWCP) Annual Report to Congress for fiscal year 2022. This report provides an overview of activities and performance in each of OWCP's programs - the Federal Employees' Compensation (FECA), Longshore and Harbor Workers' Compensation (Longshore), Coal Mine Workers' Compensation (Black Lung) and Energy Employees Occupational Illness Compensation (Energy) programs.

I am very proud of what OWCP accomplished during my first, full fiscal year serving as Director of the Office of Workers' Compensation Programs in the administration of President Joe Biden. Last year, OWCP maintained exceptional performance across the agency, improved customer experience and service delivery for workers injured or sickened in the workplace, and strengthened the health and well-being of the OWCP workforce, all while managing a workforce in the post-Coronavirus Disease 2019 (COVID-19) pandemic environment.

The Federal Black Lung program exceeded all four timeliness performance measures and provided \$183.6 million in disability compensation and medical benefits while servicing 28,628 coal miners with black lung disease and their families. The Black Lung program also took many strides forward to strengthen customer experience and service delivery for miners with black lung, including beginning the process of simplifying the forms miners use to file for benefits and completing the program's first ever customer experience feedback survey.

Critically, in fiscal year 2022, President Biden signed the Inflation Reduction Act, which permanently extended the excise tax on underground and surface-mined coal, which is the primary source of revenue for the Black Lung Disability Trust Fund. The Black Lung program also worked diligently to complete a Notice of Proposed Rulemaking (NPRM) to address issues involving self-insured coal miner operators. The NPRM was ultimately published in January 2023, and I look forward to providing additional updates on this rulemaking effort next year.

In fiscal year 2022, the FECA program provided over \$2.923 billion in total compensation and benefit payments to 178,583 beneficiaries, while meeting or exceeding seven of nine performance measures. These benefits include processing of over 100,000 claims from federal workers for COVID-19. The American Rescue Plan Act of 2021, signed into law by President Biden, protected federal employees from the devastating economic impact of the COVID-19 pandemic, allowing them to remain on the frontlines of their critical work for the American public during the pandemic and ensuring a streamlined process to get workers' compensation benefits if they became infected and lost time from work. The law also allowed the FECA program to hire over 250 new Claims Examiners to help manage its workload.

The FECA program also made very impactful policy and process changes with existing funding to streamline claims processing for federal firefighters with certain occupational illnesses and diseases resulting from their exposure to toxic substances at work. I am proud that we were able to simplify this process within our existing authority under the FECA and to utilize a special claims unit to ensure uniform consistency of adjudication on these claims.

Lastly, I want to highlight that the FECA program also implemented a new Pharmacy Benefits Management services vendor that significantly improved patient safety, quality of care for FECA claimants, and reduced drug spending by \$87.9 million in the first year alone. OWCP leadership also implemented long overdue steps to improve the availability of medical providers for FECA claimants seeking medical treatment. Moving forward, we will also work to address the challenges of high workload in the FECA program and the rapidly growing volume of reimbursement claims in the War Hazards Compensation Act program.

The Longshore program met or exceeded all four performance measures while monitoring approximately 545 insurance carriers and self-insured employers that provide workers' compensation protection. To ensure its stakeholders are well informed, the program maintains notices to workers of their rights under the Longshore Act and important webpages in Spanish, as well as certain webpages related to the Defense Base Act in Arabic. The program also launched a new voluntary demographic data submission form and customer experience survey for claimants to help the program better address barriers in the claims process.

Finally, the Energy program paid \$1,817,325,579 in total compensation and benefit payments to 18,585 beneficiaries in fiscal year 2022, while exceeding all five performance measures. Importantly, the Energy program's Resource Centers returned to normal operations in fiscal year 2022 following temporary COVID-19 restrictions. The Energy program also played a leading role in forming an Interagency Collaboration Group Supporting Members of Native American Nations and Tribes to help coordinate information and best practice sharing among federal agencies and departments who provide direct services to Native American claimants and communities.

In closing, I am very proud of the accomplishments of the Coal Mine Workers', Federal Employees', Longshore and Harbor Workers', and Energy Employees Occupational Illness Compensation programs in fiscal year 2022. Not only did we strengthen customer experience and service delivery for injured and ill workers or their families, advance equity for underserved communities, and improve administration of our programs, but we also prioritized the health of our agency workforce. In the 2022 Best Places to Work rankings from the Partnership for Public Service, OWCP's employee engagement and satisfaction score increased 2.4% in 2022 compared to 2021. New Diversity, Equity, Inclusion and Accessibility initiatives and other efforts to advance employee satisfaction and well-being clearly helped to strengthen our agency's organizational health.

Next year, I look forward to providing additional updates on accomplishments in the FECA, Longshore, Black Lung and Energy programs and strengthened service to workers injured or sickened on the job. Please do not hesitate to contact me or my office if you have any questions or concerns regarding the Office of Workers' Compensation Programs.

Thank you,



Christopher J. Godfrey

Director

Office of Workers' Compensation Programs

FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

INTRODUCTION

In 1916, President Woodrow Wilson signed the first comprehensive law protecting federal workers from the effects of work injuries. Amended several times, with the most recent substantive changes made in 1974, the Federal Employees' Compensation Act (FECA) now provides workers' compensation coverage to approximately 2.6 million federal employees.

The Act provides the following benefits:

- Wage-replacement payments at 66 2/3 percent of the employee's salary or 75 percent if there is a qualified dependent.
- Payments for reasonable and necessary medical treatment related to the injury.
- Vocational rehabilitation training and job-placement assistance to help disabled workers return to gainful employment.
- Compensation for permanent impairment of limbs and other parts of the body.
- Compensation for survivors of employees due to a work-related death.

The FECA also provides coverage to Peace Corps and AmeriCorps Volunteers in Service to America; federal petit and grand jurors; volunteer members of the Civil Air Patrol, Reserve Officer Training Corps Cadets, Job Corps, and Youth Conservation Corps enrollees; and non-federal law enforcement officers when injured under certain circumstances involving crimes against the United States.

For over a century, the FECA program has continuously evolved to meet its commitment to federal employees and agencies, while minimizing the human, social, and financial costs of work-related injuries. This report highlights the FECA program's activities and accomplishments in fiscal year 2022.

BENEFITS AND SERVICES

The primary goal of the FECA program is to assist federal employees who have sustained work-related injuries or disease by providing financial and medical benefits, as well as assistance with returning to work. In traumatic injury claims where the evidence establishes disability, the Act requires a Continuation of Pay (COP) of the injured worker's salary for up to 45 days if the disability extends through that period. If the disability continues after 45 days, or where the evidence establishes disability in cases of occupational disease, the injured worker must file a claim for compensation and the FECA program will process that claim. Compensation for wage loss is paid at 66 2/3 percent of the employee's salary if there are no dependents or at 75 percent if there is at least one qualified dependent. The program compensates injured workers for permanent impairment of limbs and other parts of the body, and it provides benefits to survivors in the event of work-related death. FECA benefits also include payment for services and medications that are likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation.

The FECA program is the exclusive remedy by which federal employees may obtain disability, medical, and survivor benefits from the federal government for workplace injuries or illnesses. The program carries out claims adjudication, disability management, and return-to-work support. The claims adjudication process involves receipt and review of the claim, development of the facts including medical documentation where appropriate, and a formal adjudication decision. Individuals who disagree with a formal decision may exercise their appeal rights by requesting:

1. Reconsideration by a Claims Examiner (CE) not previously associated with the case; or
2. An oral hearing or a review of the written record by the Branch of Hearings and Review in the FECA National Office; or
3. Review of final decisions for or against the payment of benefits by the Employees' Compensation Appeals Board, an independent entity in the Department of Labor (DOL).

If a case is accepted and disability is involved, the program auto-assigns a COP Nurse who makes a three-point contact: the nurse communicates with the injured worker, the attending physician, and the employer to determine if the disability will persist. If so, the staff makes a referral to a full-time nurse to assist with medical appointments and facilitate certain treatment.

If it appears that the injured worker will not return to work within a reasonable timeframe or can work in a limited capacity, but the employer cannot accommodate his or her restrictions, the nurse works with the CE to refer the case to vocational rehabilitation. Vocational rehabilitation counselors perform labor skills assessments and assist the worker in finding new positions in the labor market.

For long-term disability cases, the FECA program dedicates resources to thoroughly review the medical evidence and question the physician on the claimant’s wage-earning capacity. As part of that review, the FECA program can arrange for second opinion medical examinations to assess any changes in the injured worker’s medical condition and fitness for work. The goal of the FECA program staff is to return every worker to gainful employment or accurately determine loss of wage-earning capacity.

FUNDING

The Office of Workers’ Compensation Programs (OWCP) pays FECA benefits from the Employees’ Compensation Fund (ECF), which is funded from two sources. One portion of the ECF is a direct appropriation under extensions of FECA for certain groups such as non-Federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers; it also provides funding for War Hazards Compensation Act (WHCA) claims, which are administered by the FECA program. The funding is deposited into and assumes the attributes of the ECF and remains available until expended. The other portion of the ECF is from offsetting collections reimbursed from agencies. OWCP bills agencies each August for benefits paid for their employees from the ECF, and most agencies, other than the U.S. Postal Service (USPS) and other non-appropriated fund agencies, include those chargeback costs in their next annual appropriation request to Congress. Agencies do not make remittances to the ECF until the first month of the subsequent fiscal year (or later, when Congress enacts an agency’s full-year appropriation after the subsequent fiscal year begins).

FECA administrative funding is provided from two sources. One portion of the administrative funding is provided under OWCP’s annual Salaries and Expenses appropriation. The other portion of administrative funding is derived from reimbursements from agencies such as USPS and other corporations or instrumentalities required under 5 U.S.C. 8147(c) to pay an amount for its fair share of the cost of administration.

FECA Table 1 highlights chargeback costs billed in Chargeback Year 2022. FECA Table 2 provides a comparison of OWCP funding allocated for FECA program administration.

FECA TABLE 1 – FECA BENEFITS PAID AND CHARGED TO EMPLOYING AGENCIES, CHARGEBACK YEAR 2022¹

Agency	2022
USPS	\$1.225 billion
Department of Defense	\$405 million
Department of Homeland Security	\$216 million
Department of Veterans Affairs	\$180 million
Department of Justice	\$126 million
Department of Transportation	\$69 million
Department of Agriculture	\$53 million
All Others	\$292 million
Total	\$2.540 billion

¹ The figures in the chart are rounded.

FECA TABLE 2 - OWCP ALLOCATED FUNDING FOR ADMINISTERING/OPERATING THE PROGRAM, FISCAL YEAR 2022¹

Allocated Funding	2022
Number of Employees (Full-time Equivalent (FTE) staffing) ²	774
Salaries and Expenses ³	\$105 million
“Fair Share” (FECA Special Benefits Account) ⁴ - for the development/operation of automated data management and operations support systems, periodic roll case management, and program integrity	\$81 million
American Rescue Plan Act (ARPA) of 2021 ⁵ - to carry out Coronavirus Disease 2019 related worker protection activities	\$19 million
Total Allocated Funding for FECA Program Administration⁶	\$205 million

¹ The dollar amounts in the chart are rounded.

² The FTE totals include FECA Salaries and Expenses, FECA Fair Share, and ARPA.

³ In August 2020 OWCP merged the Division of Federal Employees’ Compensation and the Division of Longshore and Harbor Workers’ Compensation into one Division of Federal Employees’, Longshore and Harbor Workers’ Compensation (DFELHWC). In fiscal year 2022, DFELHWC Salaries & Expenses was appropriated \$117.9 million, of which DOL allocated \$104.9 million to FECA program administration.

⁴ Allocated funding total does not include carryover.

⁵ The ARPA provided a total of \$30,265,074 and 183 FTE to remain available until September 30, 2023. Of this total, \$19.7 million was carried over as an unobligated balance in fiscal year 2022.

⁶ Support costs for legal, investigative, and other kinds of services from the Employees’ Compensation Appeals Board, the Office of the Solicitor, the Office of Inspector General, and the U.S. Treasury are not included.

DOL’s Agency Financial Report provides additional information on the FECA program’s finances:

<https://www.dol.gov/sites/dolgov/files/OPA/reports/2022annualreport.pdf>

ACCOMPLISHMENTS & PERFORMANCE

The FECA program’s key performance measures revolve around four fundamental tenets of workers’ compensation:

1. Learn about the injury as soon as possible;
2. Provide timely access to treatment;
3. Engage with federal agencies to ensure all necessary information is promptly submitted and perform outreach to educate on the importance of agency cooperation; and
4. Return the injured worker to pre-injury status both economically and medically.

Rapid Intake of Forms

Shortening the duration of time between when the injury occurs and when the FECA program learns of it will improve the speed with which the program can authorize benefits when needed. On January 9, 2020, the Office of Management and Budget created the Protecting Employees, Enabling Reemployment (PEER) initiative to create an opportunity for the heads of federal departments and agencies to recommit to a safety- and health-conscious federal workforce. The PEER initiative directed all agencies to use the OWCP Employees’ Compensation Operations and Management Portal (ECOMP) to file claims. Use of ECOMP allows the FECA program to track how long it takes the employer to submit the notice of injury to DOL.

Additionally, ECOMP allows the program to standardize FECA claims processing for everyone and expedite submissions to the program for faster entitlement decisions and benefit payments; allows the elimination of the unnecessary costs of maintaining redundant information technology systems across the federal government in favor of one streamlined platform; allows the program to reduce improper payments of workers’ compensation benefits by requiring all financial data necessary to issue accurate payments; and allows for rapid communications with the injured worker about the status of their medical claims, the dangers of opioids, and other critical information.

Faster Delivery of Benefits

The FECA program’s focus on delivering benefits faster is a critical part of the OWCP mission. That measure must also ensure sufficient time for the claimant to establish their claim prior to an adjudication. To measure performance, the FECA program looks at how promptly staff adjudicates benefit claims. The prompt adjudication of claims filed for wage-loss compensation is of particular importance to help ensure that the worker does not undergo unnecessary financial hardship.

FECA Table 3 presents claims, benefit payment, and medical bill processing totals, including the timeliness of authorization for medical treatment, for 2022.

FECA TABLE 3 - CLAIMS INTAKE, BENEFITS PAID, AND MEDICAL BILL PROCESSING, 2022¹

Claims, Benefits Paid, and Medical Bill Processing		2022
Claims	New claims from injured/ill federal workers or their survivors	182,318 ²
	Initial wage-loss claims received	18,798
Benefits	Number of beneficiaries	178,583
Benefit Payment Outlays	Compensation payments	\$2.050 billion
	Medical and rehabilitation services benefit payments	\$717 million
	Death benefit payments to surviving dependents	\$157 million
	Total compensation and benefit payments	\$2.923 billion
Medical Bill Processing	Number of medical bills processed	2,493,880
	Number of newly active enrolled medical providers	6,554
	Number of total active enrolled medical and pharmacy providers (end of fiscal year)	63,196
	Percent of medical bills processed within 28 days	99.9%

¹ The table presents claims and medical bill processing information by fiscal year and benefit payment outlays by chargeback year. Benefit payment outlays include both payments billed to employing agencies and payments not billed to employing agencies. The dollar amounts are rounded.

² This includes over 100,000 Coronavirus Disease 2019 claims. Please see the “Respond to the Coronavirus Disease 2019 Pandemic” section below for more details.

Return-to-Work

The PEER Initiative outlines seven areas in which federal agencies and the USPS are expected to improve or maintain performance, including increasing the timely filing rate for wage-loss claims, increasing the rate of return-to-work outcomes during the initial 45-day post-injury COP period for traumatic injury cases, and improving the rate at which employees return to work in cases of moderate to severe injury or illness.

FECA Table 4 measures the FECA program’s performance on form intake, timely delivery of compensation benefits, and return-to-work for all agencies.

FECA TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2022

Performance Measures	2022 Target	2022 Result
Percent of traumatic injury cases adjudicated within 45 days	90%	93%
Percent of basic non-traumatic injury cases adjudicated within 90 days	85%	93%
Percent of extended non-traumatic injury cases adjudicated within 180 days	75%	82%
Percent of wage-loss claims adjudicated within 14 days (claims not requiring further development)	92%	93%
Percent of wage-loss claims adjudicated within 90 days (all claims)	95%	98%
Percent of Notices of Initial Injury filed by employer within 10 working days	98%	97%
Percent of wage-loss claims filed by employer within five working days	98%	97%
Percent of federal employees with work-related injuries or illnesses that are employed within two years	93%	93%
Percent increase in the rate of return-to-work outcomes for injured federal workers during the initial 45-day post-injury period for traumatic injuries	69.12%	84.93%

Leverage Information Technology Systems: One Approach for All Federal Employers

ECOMP has become the single portal for filing workers' compensation claims for all federal agencies and has almost 650,000 registered users. ECOMP enabled significant enhancements for both the employing agencies and injured workers. ECOMP provides near real-time communications between the employing agency, the injured worker or their authorized representative, and DOL staff – allowing document submission and tracking of communication to help ensure a timely response and more expedient case actions. ECOMP also provides direct access to images of their entire casefile. The FECA program integrated ECOMP with OWCP's Medical Bill Processor and Pharmacy Payor for a seamless one-stop experience for the injured worker that allows greater transparency – and the program enhanced ECOMP to issue electronic pharmacy cards instantly upon case creation. After signing on to ECOMP, a person who has approved access to the claim can check the status of case actions; view payment history; receive correspondence from the CE; review the full casefile; and check the status of all medical and pharmacy related bills. In fiscal year 2022, ECOMP expanded to provide all these features directly to authorized representatives as well as injured workers. As a result of enhanced two-factor authentication in ECOMP, in fiscal year 2022 the program was able to remove the administratively burdensome requirement that agencies maintain hard copies of initial injury claim forms when filing in ECOMP.

ENGAGEMENT AND OUTREACH ACTIVITIES

Provide an Improved and Consistent Customer Experience and Advance Equity for Injured and Ill Workers

The FECA program has made ongoing changes in recent years to improve the experience for our customers:

1. Implemented a consolidated jurisdiction, which allows claimants to stay with the same CE across all their workers' compensation claims, as well as more frequently remain with the same CE throughout the lifecycle of each claim. Specifically, the program assigns cases in round-robin fashion regardless of physical location of the injured worker or CE, allowing for both equitable distribution of workload and lessening the need to change CE case assignments. Parties benefit from working with a single CE who is familiar with the entire life of a claim.
2. Created a Centralized Phone Queue for callers with no case numbers, to provide case numbers and facilitate immediate redirection and access to CEs. In association with this, OWCP included live call pick up as an element of performance management.
3. Mandated that agencies file claims electronically via ECOMP and enhanced ECOMP to be a one-stop portal for case information, document imaging, and medical/pharmacy information. ECOMP also allows agency injury compensation specialists and authorized representatives to see documents added to the case files, in a dashboard, to allow for quicker response time in service of the injured worker.

These changes were initial steps to drive improvements in customer experience by increasing transparency for the claimant and increasing the responsibility and personal accountability of CEs for their own cases, creating an incentive to make timely and appropriate actions.

The FECA program did not have the necessary demographic information to determine whether all federal workers were participating in the federal workers' compensation system at representative levels. It was also critical that the program identify, among those who had filed, overall satisfaction and potential barriers (demographic-, policy-, or process-related) to filing a claim. This combination of information (i.e., demographic data and barriers identified), is critical to the development of effective outreach strategies and additional supportive measures for claimants, including those from underserved communities, to help ensure the same access and opportunities exist for all federal workers. In fiscal year 2022, the FECA program innovated to utilize ECOMP to create and implement a mechanism to collect voluntary demographic information from claimants, and the program also implemented a complementary customer experience and barriers to access survey. OWCP will analyze the data to identify potential issues and trends to make programmatic improvements that address equity, program access, and better engagement.

PROGRAM MANAGEMENT AND INTEGRITY

Streamline the Claims Process for Federal Firefighters

The FECA program instituted procedural changes that have improved operations and supported some of those most dedicated to putting their lives on the line through their service - federal firefighters.

In collaboration with the Center for Workers' Compensation Studies within the National Institute for Occupational Safety and Health and Dr. Steven Moffatt, a nationally recognized medical expert in the field of firefighter illnesses, the program published FECA Bulletin 22-07, "Special Case Handling in Certain Firefighter FECA Claims Processing and Adjudication,"¹ on April 19, 2022. The procedural changes eased the evidentiary requirements needed to support claims filed by federal employees engaged in fire protection and suppression activities for certain cancers, heart conditions, and lung conditions. The FECA program also placed all new firefighter claims into the Special Claims Unit (who received tailored training on firefighter claim development) to provide uniform consistency in adjudication of these claims. Most importantly, OWCP led comprehensive external outreach to the affected claimant population - creating a website specifically for firefighter FECA claims with the direct contact information for the Special Claims Unit supervisor, as well as presenting at the National Federation of Federal Employees, International Association of Fire Fighters (IAFF), and other relevant union trainings to spread awareness of policy and procedural updates and encourage claimant filing via ECOMP to speed case processing and improve health outcomes.

Respond to the Coronavirus Disease 2019 Pandemic

On March 11, 2021, the President signed the ARPA, which contained language that provided broader coverage for federal workers diagnosed with Coronavirus Disease 2019 (COVID-19) to establish coverage under the FECA and also included a funding provision whereby those claim costs were charged to the ECF, without charging those expenses back to the employing federal agencies. OWCP acted swiftly, developing and publishing consistent programmatic procedures to review cases, and reviewing all non-accepted cases filed prior to passage of the ARPA to ensure maximum coverage under the law. The program updated ECOMP with a claim-filing pathway specific to COVID-19 claims that made providing the information necessary to adjudicate claims quickly, clear, and easy for federal employees. To ensure this new broad coverage was well known to federal workers, the FECA program conducted extensive outreach to federal agencies, employee unions, and advocacy groups.

Of the approximately 120,000 COVID-19 claims received since the beginning of the pandemic in February 2020 through fiscal year 2022, the program received over 100,000 of them in fiscal year 2022. Despite this exponential increase, COVID-19 cases were timely processed; 99% of determinations for new COVID-19 injury claims were issued within 15 days. The program continued communicating the policy guided by ARPA to serve as many federal workers diagnosed with COVID-19 as possible, conducting trainings with the Federal Law Enforcement Officers Association, an inter-agency meeting covering all federal agencies, an IAFF training, and COVID-19 claim specific sessions during the annual Chesapeake Health Education Program Conference. The program continued following the science and listening to interested parties, leading to an updated FECA Bulletin 22-06, "Updates to COVID-19 Claims Processing Guidelines Relating to Reinfections and Home Tests,"² on February 16, 2022. Necessitated by the pandemic's evolution, the Bulletin established updated guidelines related to COP, reinfections, and home tests.

¹ <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECABulletins/FY2020-2024#FECAB2207>

² <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECABulletins/FY2020-2024#FECAB2206>

Aggressive Fraud Detection

The FECA program processes almost \$3 billion in payments annually; reducing fraud and improper payments is a high priority. The FECA program utilizes a robust analytics platform to detect problematic trends and anomalous billing patterns from medical providers and works with Inspectors General government-wide to support prosecution efforts.

In order to keep pace with nefarious providers, the FECA program continues to detect new and emerging fraud schemes and to implement controls to curtail them. In fiscal year 2022, the FECA program fully implemented a Pharmacy Benefits Manager contract, which will both reduce fraud and improve patient safety. In addition to ushering in a new suite of policies regarding pharmaceuticals, the FECA program issued two other Circulars in fiscal year 2022 to ensure appropriate billing. These and other collective policy controls and investments from prior years, have had tremendous success – chargeback levels are at the lowest level in over a decade, despite medical and wage inflation during that same period. The results of these combined efforts are therefore effectively saving taxpayers hundreds of millions of dollars annually compared to prior years.

CHALLENGES

FECA Program Caseload

The current caseload for a FECA program CE is approximately 550 cases per examiner. Outside of OWCP, no standard industry caseload exists, but a reasonable and effective range appears to be anywhere from 100 to 200 cases per examiner. It is critical for the program to move closer to that range to fulfil its mission to provide an acceptable level of customer service and program integrity oversight.

Lack of Medical Providers

The lack of sufficient medical providers willing and available to treat injured federal workers has been a growing challenge for the program. Enrollment forms, and other burdensome administrative protocols such as the requirement for medical providers to keep their active licenses on file with OWCP, together with changes in operations contracts, led to the removal of providers. This resulted in a reduction in the number of medical providers registered to provide treatment and services to injured workers. Injured workers have expressed difficulty in finding medical providers for treatment. This is likely impacting injured and ill workers' ability to select their own medical care providers, as is their right under the Act. OWCP plans to assemble a work group that will develop and implement improvements to expand the availability of medical providers.

War Hazards Compensation Act Reimbursements

Under the WHCA, administered by the FECA program, insurance carriers can file reimbursement claims for workers' compensation benefits paid under the Defense Base Act for injury or death caused by a war-risk hazard as defined in the statute. OWCP issues these payments from the ECF. OWCP received a significant increase in WHCA reimbursement claims after submission of the fiscal year 2023 budget request covering ECF appropriations in July 2021, potentially straining the sufficiency of the ECF to handle this large increase of WHCA disbursements through fiscal year 2023. OWCP subsequently incorporated this increased rate of incoming claims, as well as internal management and process improvements made in response, into the fiscal year 2024 ECF appropriation request, increasing the amount from \$250 million to \$700 million. This increased rate of reimbursement requests claims from private insurance carriers will increase the burden on staff dedicated to WHCA adjudication and processing, which does not specifically request/receive FTE separate from traditional FECA claims implementation. OWCP will continue to monitor and investigate the potential for exponential increases in WHCA reimbursement claims based on past injuries and exposures to contract employees working for the federal government.

FECA/Federal Employees Retirement Offset

Federal employees who are in receipt of ongoing disability benefits under the FECA program and who contributed to their retirement under the Federal Employees Retirement Program are ineligible to obtain the full amount of the FECA benefit if their federal earnings are a part of their retirement benefit amount. This requires that the Social Security Administration (SSA) calculate the amount of an offset necessary to avoid an improper payment. Failure to obtain this offset amount results in the FECA program's inability to pay benefits at the correct rate of compensation, leading to an overpayment. This overpayment creates significant hardship for impacted FECA beneficiaries, results in improper benefit payments impacting the government, and generates significant additional work to calculate and collect all overpayments. OWCP continues to seek partnership with the SSA to automate this process.

Continuing Eligibility Reviews

The DOL Office of Inspector General (OIG) identified deficiencies for the past several years, based upon its testing of controls related to FECA program CEs review of continuing eligibility, accuracy of compensation payments, accuracy of schedule award payments, and accuracy of final payments for terminated claims. The OIG's most recent reporting³ identified insufficient review by claims examiners of continuing eligibility for existing FECA claims. The most recent DOL OIG's Special Report on the FECA Special Benefit Fund, published on November 3, 2022, contains more information about testing the program's controls: <https://www.oig.dol.gov/public/reports/oa/2023/22-23-001-04-431.pdf>.

Reviews of continuing eligibility have historically been a pain point for the program. The result has been a steady population of claimants whose benefits amount to approximately \$2 billion annual cost to taxpayers. Because the FECA program has continued to have limited funding within its budget allocation to address this issue, while still addressing other workload concerns, the program plans to explore new ideas and innovative changes to assist CE review of these important cases.

³ <https://www.oig.dol.gov/public/reports/oa/2023/22-23-005-13-001.pdf>

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LONGSHORE)

INTRODUCTION

Enacted in 1927, the Longshore and Harbor Workers' Compensation Act (LHWCA) provides compensation for lost wages, medical benefits, and rehabilitation services to longshore, harbor, and other maritime workers who are injured during their employment or who contract an occupational disease related to employment. The Act also provides survivor benefits if the work-related injury or disease causes the employee's death. An authorized self-insured employer or an authorized insurance carrier directly pays these benefits in most cases; in particular circumstances, the industry-financed Longshore Special Fund pays these benefits.

The original law, entitled the Longshoremen's and Harbor Workers' Compensation Act, was enacted to provide coverage to certain maritime employees injured while working over navigable waters who had been excluded from state workers' compensation coverage by the Supreme Court (*Southern Pacific Co. v. Jensen*, 244 U.S. 205 (1917)). Over the years, there have been extensions to the Act granting coverage to certain additional employees including:

- The Defense Base Act (DBA) of August 16, 1941, extended benefits to employees working outside the continental United States. This primarily covers all private employment on U.S. military bases overseas, land used for military purposes in U.S. territories and possessions, and U.S. Government contracts overseas.
- The Nonappropriated Fund Instrumentalities Act of June 19, 1952, extended benefits to civilian employees in Armed Forces post exchanges, service clubs, etc.
- The Outer Continental Shelf Lands Act of August 7, 1953, extended benefits to employees of firms working on the outer continental shelf of the United States, such as offshore drilling enterprises engaged in the exploration for and development of natural resources.
- The District of Columbia Workmen's Compensation Act (DCCA), passed by Congress on May 17, 1928, extended coverage to private employment in the District of Columbia. As the District passed its own workers' compensation act effective July 26, 1982, the Office of Workers' Compensation Programs (OWCP) handles claims only for injuries before that date.

BENEFITS AND SERVICES

Except in a small percentage of cases, the Longshore program does not pay benefits directly; rather, self-insured employers and insurance carriers pay compensation and medical benefits. The program is responsible for overseeing the private administration of claims and implementing the policies, regulations, and procedures necessary for the authorization and monitoring of the approximately 545 insurance carriers and self-insured employers that provide workers' compensation protection. This includes oversight of over \$3.7 billion held in security deposits as well as administration of two carrier/ employer-funded funds – the Longshore and District of Columbia Special Funds – that collect approximately \$96 million in annual assessments and disburse payments to approximately 2,600-recurring benefit recipients. Longshore Table 1A highlights lost-time injuries in fiscal year 2022 and the number of those injuries that are covered by the DBA; Longshore Table 1B highlights benefit payments for calendar year 2022.

LONGSHORE TABLE 1A - LOST-TIME, FISCAL YEAR 2022

Lost-Time Injuries	2022
Number of injuries and deaths reported	38,948
Number of injuries and deaths under the DBA	15,605

LONGSHORE TABLE 1B – BENEFIT PAYMENTS, 2022

Benefits Payments	2022
Number of cases with workers and/or survivors in receipt of benefit payments	39,218
Total compensation paid ¹	\$1,196,413,524
Wage-loss and survivor benefits ¹	\$849,538,330
Medical benefits ¹	\$253,831,967
Payments by Sources of Compensation	2022
Insurance companies ¹	\$685,747,885
Self-insured employers ¹	\$417,622,412
LHWCA Special Fund	\$87,941,121
DCCA Special Fund	\$5,102,106

¹ Figures are for calendar year 2022, which does not correspond to federal fiscal years. The compensation amounts are as of April 2023.

Note: For the Longshore Special Fund assessment billing purposes, as required by Section 44 of LHWCA, insurance carriers and self-insured employers report compensation payments made during the calendar year under the Acts to the Department of Labor by June for the previous calendar year. Insurance carriers and self-insured employers also report compensation and medical benefit payments for the DCCA Special Fund on a calendar year basis.

FUNDING

OWCP administers two funds for the Longshore program: the Longshore Special Fund, which was established in the Treasury under Section 44 of the LHWCA; and a separate fund applying only to cases arising under the DCCA. The proceeds of the Longshore Special Fund cover:

- Annual adjustments in compensation for permanent total disability or death that occurred before the effective date of the 1972 amendments (Section 10(h));
- Second injury claims (Section 8(f));
- Cases involving employer insolvency (Section 18(b));
- Rehabilitation assistance (Sections 39(c) and 8(g)); and
- The cost of independent medical examinations (Section 7(e)).

The Longshore Special Fund is financed through a variety of sources:

1. Fines and penalties;
2. \$5,000 payments by employers for each instance in which a covered worker dies and there are no survivors eligible for benefits;
3. Interest payments on Fund investments; and
4. An annual assessment of authorized insurance carriers and self-insurers, which is the largest source.

Longshore Tables 2A and 2B highlight Longshore and DCCA Special Fund Expenditures for fiscal year 2022.

LONGSHORE TABLE 2A – LONGSHORE SPECIAL FUND EXPENDITURES, FISCAL YEAR 2022

Longshore Special Fund	2022
Total benefits paid	\$87,947,121
Second injury claim (section 8(f)) payments	\$78,181,090

LONGSHORE TABLE 2B - DCCA SPECIAL FUND EXPENDITURES, FISCAL YEAR 2022

DCCA Special Fund	2022
Total benefits paid	\$5,102,106
Second injury claim (section 8(f)) payments	\$4,070,791

Longshore Table 3 provides a summary of OWCP allocated funding for Longshore program administration in fiscal year 2022.

LONGSHORE TABLE 3 - OWCP ALLOCATED FUNDING, FISCAL YEAR 2022

Allocated Funding	2022
Number of employees (Full-time equivalent staffing)	66
Longshore General Salaries and Expenses ¹	\$13 million
Longshore Special Fund Salaries and Expenses	\$2.2 million
Total OWCP Allocated Funding for Longshore Program Administration ²	\$15.2 million

¹ In August 2020 OWCP merged the Division of Federal Employees' Compensation and the Division of Longshore and Harbor Workers' Compensation into one Division of Federal Employees', Longshore and Harbor Workers' Compensation, which was appropriated \$117.4 million, of which DOL allocated \$13.0 million to Longshore program administration.

² Support costs for legal, investigative, and other kinds of services from the Office of Administrative Law Judges, Benefits Review Board, the Solicitor's Office, and the Office of Inspector General are not included.

DOL's Agency Financial Report provides additional information on the Longshore program's finances:
<https://www.dol.gov/sites/dolgov/files/OPA/reports/2022annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

The Longshore program continues to improve the efficiency of its processes by leveraging technology to oversee and track compliance with the Act and its extensions, while also improving the speed at which it assists stakeholders in resolving issues that arise in claims.

Oversight and Tracking of First Report of Injury

The Longshore program utilizes a set of measures to help oversee the private administration of claims. The First Report of Injury measure tracks the time from the date of injury or death, or the date of the employer's knowledge of the injury and the onset of the disability, to the date the Longshore program received the written notice of injury. While the Longshore program can influence this measure through outreach and technical assistance, the work associated with the measure is the responsibility of insurance carriers and self-insured employers.

In order to maximize efficiencies with its claims management system, OWCP Workers' Compensation System (OWCS), the Longshore program revised its performance measures and targets in fiscal year 2020. The revisions shorten the timeframes for self-insured employers and insurance carriers to submit key workers' compensation injury documentation (from 30 days to 20 days). Following an initial slight dip in performance while these parties adjusted to the shortened timeframes effective in 2020, the results for the measures are now back up to pre-2020 high of 94%. Longshore Table 4 presents the First Report of Injury targets and results for fiscal year 2022.

LONGSHORE TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2022

Performance Measures	2022 Target	2022 Result
Percent of First Report of Injury filed within 20 days for DBA cases	85%	94%
Percent of First Report of Injury filed within 20 days for non-DBA cases	92.0%	93.5%

Intervention and Dispute Resolution

A principal function of the Longshore program is to intervene in claims to resolve disputes between claimants and self-insured employers or insurance carriers. These interventions resolve issues that delay payment and facilitate compliance with the Act. OWCS' efficient workflow designs streamline and modernize the manner in which the program tracked and processed intervention requests. The Longshore program uses an informal conference process to review the facts in each case, define the disputed issues and the positions of the parties concerning those issues, and encourage voluntary resolution by means of agreement and/or compromise. Following institution of standardized Form LS-7, Request for Intervention, in the latter part of 2020, the number of requests increased from 4,004 in fiscal year 2021 to 5,066 in fiscal year 2022, an increase of over 25%. The program conducted approximately 2,400 informal conferences in fiscal year 2022.

Compliance and Penalty Enforcement

The Longshore program can assess a civil monetary penalty when an employer or insurance carrier fails to timely report a work-related injury or death (33 U.S.C. 930(e)) or fails to timely report its final payment of compensation to a claimant (33 U.S.C. 914(g)). The OWCS claim management system is designed to allow the program to identify untimely filed First Reports of Injury and automatically issue pre-penalty letters to the employers and insurance carriers to notify employers and insurance carriers that they may be subject to assessment of a civil penalty for the late or missing report. The Longshore program provides employers and insurance carriers an opportunity to explain why a penalty is not warranted before a penalty is assessed.

In fiscal year 2022, the program continued to measure the performance of program staff in identifying possible instances of untimely filed First Reports. These measures track the timeliness of Longshore program staff in determining if the self-insured employer or insurance carrier should be assessed a civil penalty for suspected failure to timely submit required documentation of injuries and payments. Longshore Table 5 shows the targets and results for the resolution of penalty determinations to assess if a civil penalty is warranted for First Report of Injury and the Final Payment of Compensation for fiscal year 2022.

LONGSHORE TABLE 5 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2022

Performance Measures	2022 Target	2022 Result
Percent of penalty determinations for First Report of Injury resolved within 90 days	85%	92%
Percent of penalty determinations for Notice of Payment resolved within 90 days	85%	98%

ENGAGEMENT AND OUTREACH ACTIVITIES

The Longshore program continued to expand its outreach activities in the area of compliance assistance. To improve the timeliness of Final Payment of Compensation and First Report of Injury, the Longshore program continued to assign National Office claims examiners to review cases and hold quarterly meetings with industry representatives to identify improvement opportunities. These interested parties received this effort well, as it helped them to understand where gains in performance are possible.

The Longshore program invited major private sector customers, including insurance companies, to meetings throughout the year to discuss and resolve DBA challenges, such as timely payment of benefits to foreign workers and their families in areas with cultural differences, communications obstacles, limited banking and infrastructure, and lack of available medical care. In fiscal year 2022, the program held approximately twenty meetings, seven of which were held with DBA private sector customers. The discussions also focused on timely reporting of injuries, timely payment of benefits, and sharing best practices. The Longshore program staff, at both the national and district office levels, participated in educational programs directed toward customers for purposes of increasing awareness and technical skills across the community.

The program also continued to generate monthly reports to facilitate the review of performance results with industry executives, employers, and insurance carriers. Sharing this information resulted in greater compliance with the performance standards. Performance for submission of First Report of Injury for DBA claims increased from 81% in fiscal year 2020 to 94% in fiscal year 2022; performance for non-DBA claims increased from 90% in fiscal year 2020 to 93.5% in fiscal year 2022.

Improving Customer Experience and Advancing Equity for Injured and Ill Workers

The Longshore program has made consistent efforts over the past few years to listen to customer needs and respond with improvements to service provided to them. In fiscal year 2022, the program enhanced the OWCP Employees' Compensation Operations and Management Portal (ECOMP) functionality to include: designation of representation for claimants and access to case documents for claimants and claimant representatives, allowing them to self-serve when copies of documents in the case file are needed and increase transparency in the program's case work. The program also reopened virtual offices in Chicago, Illinois (closed in 2004) and Philadelphia, Pennsylvania (closed in 2002) as a response to customer concerns regarding appeals jurisdiction of DBA claims.

In fiscal year 2022, forms LS-241/242, which are required to be posted in the worksite to alert workers of their rights and what to do if injured at work, were translated to Spanish, and provided to parties. The program also translated commonly accessed Longshore claimant web pages to Spanish and web pages specific to DBA to Arabic.

Prior to fiscal year 2022, the Longshore program did not collect demographic data from its claimants and as a result created a mechanism to collect voluntary demographic information (via ECOMP). It also implemented a voluntary customer experience and barriers to access survey. This combination of information (i.e., demographic data, and barriers identified), is critical to the development of effective outreach strategies and additional supportive measures for Longshore claimants, including those from underserved communities. Additionally, the Longshore program aims to utilize the process to gather more information about self-filers, claimants who self-file with the program rather than file through their attorneys or have the insurance company file the notice of injury on their behalf. The program will use the information to ensure that the same access and opportunities exist for this critical and important group of customers.

PROGRAM MANAGEMENT AND INTEGRITY

The Longshore program continued to focus on administering Special Fund obligations under the statute, making significant technological improvements for electronic claims and document submission, and making claims easier to file and oversee.

Insurance Authorization, Risk Securitization, and Management of the LHWCA and DCCA Special Funds

The Longshore program authorizes private employers to self-insure and insurance carriers to provide coverage for benefits required under the law while overseeing proper collateralization to ensure the continuing provision of benefits for covered workers in case of insolvency. Further, the Longshore program administers, provides oversight, and protects the solvency and financial strength of the Longshore and DCCA Special Funds through annual industry assessments authorized under the LHWCA.

Management of Claims Following the Coronavirus Disease 2019 Pandemic

The Longshore program expanded its remote operations following the Coronavirus Disease 2019 pandemic by offering permanent remote work to all employees who chose it. By the end of fiscal year 2022, 87% of Longshore program employees were working fully remotely (five days per week) with the remaining 13% working mostly remote (four days per week). This also provided the flexibility to hire throughout the country and recruit from a larger talent pool. Additionally, the program reached parity in workload for all Claims Examiners. The program achieved this in great part due to OWCS' imaging capabilities and functionality, which allowed leadership to assign work virtually. Program staff also continued to issue 100% of the outgoing mail remotely through the Outgoing Correspondence Center and provided its customers with a fully paperless filing system through the Secure Electronic Access Portal, which allowed parties to upload all new claims for injury or documentation for existing claims.

OWCP Workers' Compensation System

During fiscal year 2022, the Longshore program continued to improve OWCS, an integrated case and document system. A major focus of the improvements was within the fiscal portion of the application, which allowed for handling payments from the Longshore Special Fund and resulted in increased efficiency of payment processes at the office level. Also, since the program began to incorporate ECOMP into OWCS to allow relevant parties to view their case data and documents online and to appoint representatives to do the same, over 2,150 Longshore claimants and 58 attorneys/law firms have registered for access to ECOMP. Additional functionality was added to ECOMP in fiscal year 2022 including permission for users to upload documents directly to the case file, ability for a claimant to designate a representative, and access to case files imaged in OWCS.

Electronic Document Submission

The Longshore program continued partnering with its larger customers to reduce the time and cost associated with mailing and processing paper correspondence and forms used in the later life of a claim. For those who already stored their documents in digital format, the program offered to accept documents electronically through a direct network connection. This significantly reduced mail time and eliminated the expense and burden of processing paper documents. The program received 52% of correspondence and forms in digital format in fiscal year 2016. In fiscal year 2021, 89% of correspondence was submitted in digital format and in fiscal year 2022, 91% of correspondence was submitted in digital format. For a major insurance carrier, the program implemented a "global waiver" in which OWCS recognizes claims by this carrier and automatically uploads a form LS-801, Waiver of Service by Registered or Certified Mail for Employers and/or Insurance Carriers, to the file. OWCS also auto-populates email addresses for these files so that electronic service is in place when/if an order is later filed and served by the Longshore program District Director. These improvements eliminate administrative tasks for the Longshore staff and carriers, as well as ensure form completion and reduction of data entry errors. This also guarantees proper service of orders for these claims.

Digitization of Claim Files and Other Records

The program completed several projects to digitize claim files and supporting documentation in fiscal year 2022. The program completed the Back File Conversion project which scanned over nine million pages from paper files. Currently, 100% of the program's paper files are now digital and available to Longshore staff and parties in digital format. Additionally, the program scans and places any record requested from the Federal Records Center in the OWCS file upon receipt. The program also completed a project to scan historic insurance coverage cards previously housed in the District Offices. As a result, 100% of the program's insurance coverage cards are now in digital format.

CHALLENGES

The Longshore program continues to work through the technical issues identified upon the implementation of the program's claims management system, OWCS, which went into production in fiscal year 2020, with operations of the system assumed by the DOL Office of the Chief Information Officer (OCIO) thereafter. The program worked with OCIO to establish a stabilization plan in fiscal year 2021 to address prior vendor deployment issues in alignment with program priorities. Executing the plan throughout fiscal year 2022, the Longshore program and OCIO successfully resolved some of the high-priority issues from the initial implementation. The program expects this stabilization effort to continue throughout fiscal year 2023, pending unforeseen changes. The Longshore program also continues to use the antiquated Longshore Disbursement System to administer the Special Fund. The program and OCIO have prioritized this system for modernization.

BLACK LUNG BENEFITS ACT (BLACK LUNG)

INTRODUCTION

The Office of Workers' Compensation Programs' (OWCP's) Black Lung program has administered Part C of the Black Lung Benefits Act (BLBA) for over 40 years. Part C provides lifetime disability compensation and medical treatment benefits to miners totally disabled due to pneumoconiosis (commonly called black lung disease) arising out of coal mine employment, and compensation to their eligible survivors. Liability for compensation generally rests with the last coal mine employer to employ the miner for a cumulative period of at least one year or their insurance carrier. The Social Security Administration (SSA) administered the initial government-paid program contained in Part B. The BLBA has been amended several times to shift responsibility to the Department of Labor (DOL) and update eligibility requirements and funding mechanisms.

- The BLBA of 1972 simplified eligibility criteria for all claims filed with the SSA under Part B, and transferred the processing of new claims to DOL in 1973 under Part C.
- The Black Lung Benefits Reform Act of 1977 mandated that all pending and denied Part C claims be reopened and reviewed using less stringent interim medical criteria.
- The Black Lung Benefits Revenue Act of 1977 created the Black Lung Disability Trust Fund (Trust Fund), financed by an excise tax on coal mined and sold in the United States. It also permitted miners approved under Part B to apply for medical benefits available under Part C.
- The 1981 Amendments to the Federal Coal Mine Health and Safety Act of 1969 tightened eligibility standards, eliminated certain burden of proof presumptions, and temporarily increased the excise tax on coal to address the problem of mounting insolvency of the Trust Fund.
- The Black Lung Consolidation of Administrative Responsibilities Act of 2002 placed the administration of both Parts B and C with DOL. This made permanent a 1997 memorandum of understanding between SSA and DOL that transferred responsibility for managing Part B claims to DOL.
- The Affordable Care Act of 2010 amended the BLBA by restoring two provisions that the 1981 Amendments had eliminated. It reinstated the provision that dependent survivors are automatically entitled to benefits if the miners were entitled to benefits at the time of their deaths. It also restored a rebuttable presumption that a miner's total disability or death was due to pneumoconiosis upon proof that the miner worked at least 15 years in qualifying coal mine employment and suffered from a totally disabling respiratory or pulmonary impairment.

The Black Lung program now administers both Parts B and C of the BLBA. Part B provides monthly compensation to beneficiaries who filed claims on or before July 1, 1973. Part C covers all other beneficiaries and provides both compensation and medical services.

BENEFITS AND SERVICES

Each year, the Black Lung program receives thousands of applications for benefits from coal mine workers and their survivors. Most applications are either new claims by a miner (the first time the claimant has filed) or subsequent miner claims (the claimant has filed at least once before). In addition, a smaller number of successor claims and survivor entitlement claims (previously called conversions) are submitted each year.⁴

Black Lung program claims, which coal mine operators often contest, are only approved when the evidence establishes that the miner is totally disabled by pneumoconiosis arising out of coal mine employment or, in the case of a successor claim, that the miner's death was attributable to the disease. The approval rate for Black Lung claims was 32% in fiscal year 2022.

⁴ A successor claim is a survivor's claim filed on a miner's record by another person; a survivor entitlement claim or conversion occurs when a dependent survivor is automatically entitled to benefits.

Furthermore, in fiscal year 2022, the number of Part B beneficiaries declined by 15.7% and benefit payments decreased by 13.9% from fiscal year 2021. The number of Part C beneficiaries decreased by 3.4% in fiscal year 2022, while benefit payments decreased by 6.2% from fiscal year 2021.

In calculating benefits, the Black Lung program must consider whether the beneficiary receives other compensation for pneumoconiosis. If a miner receives state workers' compensation for a coal mine dust-related respiratory disability, the federal Black Lung benefit received for that disease is offset or reduced by the amount of the state benefit on a dollar-for-dollar basis. In addition, claims may be offset due to other federal benefits or earnings offsets. Black Lung Table 1 reflects the total number of beneficiaries for Part B and Part C and benefit payment amounts paid out of federal funds. In fiscal year 2022, 896 claims were either partially or wholly offset; 93.8% of these offsets were due to concurrent state benefits.

BLACK LUNG TABLE 1 - BENEFITS, PARTS B AND C, FISCAL YEAR 2022

Benefits	Part B	Part C
	2022	2022
Total number of beneficiaries	4,986	23,642
Benefit payments		
Compensation benefit payments	\$43,541,475.81	\$107,345,221.06
Medical benefit payments ¹	Not Applicable	\$32,758,687.76
Total compensation and medical benefit payments	\$43,541,475.81	\$140,103,908.82

¹ Part C medical benefit payments include payments made for cases accepted under both Part B and Part C.

FUNDING

Black Lung benefits are paid for with general revenues from the U.S. Treasury (Part B claims) or by responsible mine operators (RMOs) or the Trust Fund (Part C claims). Black Lung Table 2 reflects Part B and Part C enacted allocated funding and expenditures.

BLACK LUNG TABLE 2 - ALLOCATED FUNDING AND EXPENDITURES, FISCAL YEAR 2022¹

Allocated Funding and Expenditures			2022
Part B - Special Benefits for Disabled Coal Miners - General Revenue Allocated Funding and Expenditures	OWCP Allocated Funding	Number of Employees (Full-time Equivalent (FTE) staffing)	13
		OWCP Allocated Funding	\$4.7 million
	Benefits - Compensation		\$43.5 million
	Total		\$48.2 million
Part C - Black Lung Disability Trust Fund - Allocated Funding and Expenditures	OWCP Allocated Funding and Expenditures	Number of Employees (FTE staffing)	152
		OWCP Administrative Funding	\$39.1 million
		Other Administrative Expenditures ²	\$36.2 million
		Total	\$75.3 million
	Trust Fund - Payments to the Treasury	1-year obligation payments to Treasury (for advances and interest)	\$2,313.1 million
		Bond payments	\$121.8 million
		Total Payments to the Treasury	\$2,434.9 million
Benefits - Compensation and Medical Benefits ³		\$140.1 million	
Total		\$2,575 million	

¹ Funding totals are post-sequestration and do not include carryover. The dollar amounts in the chart are rounded.

² Other administrative expenses include legal, financial, and investigative support provided by the Office of the Solicitor, the Office of Administrative Law Judges, the Benefits Review Board, the Office of Inspector General, and the Department of the Treasury. These amounts are transferred to the appropriate agencies.

³ Includes only Trust Fund compensation and benefits (excluding collections from responsible coal mine operators for benefits paid by the Trust Fund on an interim basis, refunds for OWCP administrative costs paid, and other miscellaneous reimbursements). Excluded are self-insured mine operator and insurance carrier payments. Part C medical benefit payments include payments made for cases accepted under both Part B and Part C.

Part B - General Revenues

In fiscal year 2022, Part B expenditures, paid for with general revenues from the U.S. Treasury, came to \$48.2 million, down 13.9% from the previous year. The program used 90.2% of expenditures to pay benefits, and the remaining 9.8% covered administrative expenses.

Part C - Black Lung Disability Trust Fund

Created by the Black Lung Benefits Revenue Act of 1977, the Trust Fund pays Part C benefits in cases where the program cannot identify an RMO or where the liable operator does not meet its payment obligations. It also covers claims filed with DOL based on pre-1970 employment. In fiscal year 2022, the Trust Fund paid 26.1% of approved cases. The Secretaries of Labor, Treasury, and Health and Human Services (HHS) jointly administer the Trust Fund.

Trust Fund generated revenues from several sources including:

1. An excise tax on mined coal that is sold or used by producers in the United States;
2. Funds collected from RMOs for monies they owe the Trust Fund including payments of various fines, penalties, and interest;
3. Refunds collected from beneficiaries due to an overpayment; and
4. Repayable advances obtained from Treasury's general fund when Trust Fund expenses exceed revenues.

Black Lung Table 3 contains a breakdown of Trust Fund revenues in fiscal year 2022.

BLACK LUNG TABLE 3 - TRUST FUND REVENUES, FISCAL YEAR 2022¹

Revenues	2022
Excise tax collections	\$180.3 million
Other RMO collections - fines, penalties, interest	\$2.2 million
Repayable advances from Treasury	\$2,562.9 million
Total revenues	\$2,745.4 million

¹ The dollar amounts in the chart are rounded.

For over 20 years until the end of 2018, the coal excise tax rates remained stable at \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal sold, with a cap of 4.4% of the sales price. The beginning of 2019 ushered in several years of instability for the tax rates when the coal excise tax reverted to the pre-1985 rates of \$0.50 per ton of underground-mined coal and \$0.25 per ton of surface-mined coal sold, with a limit of 2.0% of total sales. As a result, excise tax collections decreased by 43.7% between fiscal years 2018 and 2019. The period from January 1, 2020 to December 31, 2021, saw a temporary increase of the coal excise tax rates to the higher rates of \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal. Then beginning January 1, 2022, the coal excise tax rates again reverted to the lower rates of \$0.50 per ton of underground-mined coal and \$0.25 per ton of coal sold. This lower rate remained in effect through the end of the fiscal year 2022, though the Inflation Reduction Act, effective October 1, 2022, permanently raised them to the pre-2019 rates. The lower excise tax rates in effect for most of fiscal year 2022 resulted in a 37.0% decrease in excise tax collections from fiscal years 2021 to 2022, from \$286 million to \$180.3 million, respectively.

Despite the significant decrease in excise tax collections, a comparably larger increase in repayable advances from the Treasury resulted in an overall total revenue increase of 10.2% between the fiscal year 2021 and fiscal year 2022. In addition to the historical volatility in the coal excise tax rates, the Trust Fund is subject to the burden of accrued interest on funds borrowed from the Treasury. Accrued interest totaled \$104.3 million in fiscal year 2020, \$87.9 million in fiscal year 2021, and \$74.7 million in fiscal year 2022. Overall, advances from the Treasury increased by \$361.8 million between fiscal years 2021 and 2022.

DOL's Agency Financial Report provides additional financial information on the Trust Fund.
<https://www.dol.gov/sites/dolgov/files/OPA/reports/2022annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

Claims and Performance Management

In the pre-pandemic years prior to fiscal year 2020, the program generally experienced annual increases in claim volumes, with incoming claims totaling 6,806 in 2019. These high levels of incoming claims and the loss of experienced staff resulted in a large inventory of claims pending a decision. At the end of fiscal year 2019, there were 5,079 claims pending a decision. In fiscal year 2020, the clinics that typically served as a conduit for filing claims scaled back operations during the coronavirus disease 2019 (COVID-19) pandemic. As a result, incoming claims for fiscal year 2020 declined 21.6% from the prior year to 5,336. Fiscal year 2020 saw a 14.1% reduction in pending claims, with 4,364 claims pending at year-end. Additionally, that year, the Black Lung program transitioned from the term Proposed Decisions and Orders (PDOs) to the term "decisions," for statistical purposes only, because it allows for the inclusion of survivor entitlements (claims previously known as "conversions" that occur when a dependent survivor is automatically entitled to benefits) when assessing workload and productivity. Using the new statistical measure, the program issued 6,114 decisions in fiscal year 2020.

The fiscal year 2021 saw a modest increase in incoming claims compared to the prior year's pandemic low, with 5,552 claims filed. Due to the pandemic-related overall drop in incoming claims, there were fewer claims in posture for a decision in fiscal year 2021 than in pre-pandemic fiscal years, and the program issued 5,559 decisions. Incoming claims again decreased in fiscal year 2022, with 5,066 claims filed. This represented an 8.8% decrease year over year. Overall, the program issued 6,133 decisions in fiscal year 2022, which is notably more decisions issued than the total incoming claims for the year. This represents a 10.3% increase in decisions issued from fiscal year 2021 to fiscal year 2022.

Additionally, the program emphasized four performance measures that highlight adjudication touch times, which are key points in the claims process that are within the direct control of claims staff. These touch time measures focus on actions that drive the completion of claim development and decision issuance, thereby decreasing overall claim processing time. As outlined in Black Lung Table 4, the program exceeded the targets for all four measures. Notably, by focusing on these touch times and the resolution of many of the COVID-19 pandemic-related delays, the program reduced the overall aggregate timeliness for all claims to 306 days, a decrease of 7% from the prior year.

BLACK LUNG TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2022

Performance Measures	2022 Target	2022 Result
Average number of days to issue Notice of Claim following claim receipt for all Responsible Operator Merit claims	60	32
Average number of days to complete medical authorization after receipt of provider selection for all Responsible Operator Merit claims	18	8
Average number of days to complete Schedule for the Submission of Additional Evidence following completion of initial claim development for all Responsible Operator Merit claims	60	41
Average number of days to complete PDO following completion of all claim development for all Responsible Operator Merit claims	34	24

ENGAGEMENT AND OUTREACH ACTIVITIES

In fiscal year 2022, the Black Lung program focused on developing initiatives to promote and advance equitable experiences for customers and to enhance their programmatic experience.

Advance Equity for Injured and Ill Workers

In fiscal year 2022, the Black Lung program began developing an outreach plan targeting underserved communities in an effort to ensure equitable access to program services and benefits. The program began by performing research focused on identifying geographical mining areas in the United States. The program used a host of resources to best identify these areas, including information from the U.S. Census Bureau, Mine Safety and Health Administration (MSHA), and the U.S. Energy Information Administration. The results were then cross referenced against pending and historical Black Lung claim data to identify mining areas that were underrepresented in claim filings. This research led the program to identify three primary underserved areas (Wyoming, Alabama, and Illinois). As a result, the program has utilized the information to plan outreach events in these underserved communities. Moving forward, the program will continue outreach to the identified, underserved areas to best understand all barriers to program access experienced by relevant individuals in those geographical areas.

The program also previously identified the community of Native American coal miners located in the southwestern part of the United States on or near the Navajo Nation as an underserved community. During fiscal year 2022, the Black Lung program participated in several meetings with the Interagency Collaboration Group Supporting Members of Native American Nations and Tribes to develop outreach plans targeting the Navajo Nation community. As a result, the program developed an advertising strategy and materials for outreach events targeting the area. The program also planned a series of joint outreach events in New Mexico and Arizona during fiscal year 2022; however, the events were postponed due to pandemic-related infection rates in the targeted communities. Nonetheless, the task force will continue to convene, and the program will hold additional outreach events in these communities in the future.

The Black Lung program prioritized advancing these and other equity measures by planning for the upcoming hiring of several staff dedicated to furthering Diversity, Equity, Inclusion and Accessibility projects. Furthermore, the program developed a recruitment strategy that focuses on building partnerships with organizations that can assist the Department's efforts to employ individuals from underserved communities. The Black Lung program participated in two job fairs during fiscal year 2022 (in February and May) which both targeted such communities. Additionally, following an initiative that began in 2018, the program continued to make inroads with several Historically Black Colleges and Universities as part of its recruitment strategy. This included holding meetings with leadership from those schools during the fiscal year to promote the program as a desirable employer of alumni.

Improve Customer Experience

The Black Lung program is committed to providing a high-quality customer experience – for its claimants and beneficiaries as well as its many external program participants, including medical providers, RMOs, and insurance carriers. The program is also dedicated to a professional and collaborative relationship with its federal partners and internal DOL organizations including: the SSA; HHS' National Institute for Occupational Safety and Health (NIOSH); the Health Resources and Services Administration; MSHA; the Office of Administrative Law Judges; the Office of the Solicitor (SOL); and the Benefits Review Board. In fiscal year 2022, the Black Lung program continued outreach to and collaboration with these groups.

After delays during the COVID-19 pandemic, the program once again participated in annual meetings and conferences with interested parties. During fiscal year 2022, the program presented information in person during conferences in Pipestem, West Virginia, and St. Louis, Missouri for the first time since 2019. These conferences provided the program with opportunities to gather information, liaise with those interested in the program, and promote the Department's goals for outreach and customer service.

Additionally, in fiscal year 2022, the program endeavored to improve customer experience by streamlining the claims process for our parties to claims. First, the program assessed the forms claimants utilize to apply for benefits. The program then developed a plan to consolidate some forms while also eliminating questions that were not essential to the application process. These revisions will make the process of providing the requisite forms simpler for our customers. Second, the program developed a survey directed at claimants in order to gather feedback about the customer experience. The survey was then disseminated to 500 randomly selected claimants who received a PDO during the fiscal year. The program is currently analyzing the responses and will use the information to make informed process enhancements during the coming year. Finally, in March of 2022, the Black Lung program implemented BLBA Bulletin 22-01.⁵ The bulletin effectively made telemedicine treatment available to miners receiving Black Lung benefits on a permanent basis. The program previously allowed the use of telemedicine services for some medical treatments on a temporary basis as a response to the COVID-19 pandemic. By allowing telemedicine services in place of in-person non-emergency, routine medical services provided by physicians and other health care professionals who work under a physician's supervision, the program advanced the agenda set forth in Executive Order 14058, *Transforming Federal Customer Service Delivery to Rebuild Trust in Government*, which directed the Secretary of Labor to "update existing rules and policies, consistent with applicable law and to the extent practicable, to allow individuals entitled to medical treatment under their workers' compensation plans to conduct their routine medical treatment appointments using telehealth platforms."

PROGRAM MANAGEMENT AND INTEGRITY

The Black Lung program continued to strengthen program management and integrity in fiscal year 2022. Areas of focus included continued implementation of quality assurance measures; payment integrity audits; information technology initiatives; modernized policy pertaining to RMO oversight; and continued scrutiny of medical bill processing.

Quality Assurance

The program continued to work on strengthening the integrity of its adjudication process by reviewing claim decisions for quality before the release of the PDO and conducting annual reviews for quality assessments across all district offices.

Spot Audits: The Black Lung program continued to use spot audits as a precursor to the annual accountability review process and to provide an additional means of monitoring decision quality on a regular basis. Under this program, district office managers randomly selected approximately 5% of decisions for review before issuance of a PDO. In addition, the program reviews all decisions involving a diagnosis of complicated pneumoconiosis— an especially severe form of black lung disease characterized by large lesions in the lungs— as part of the spot audit initiative. In fiscal year 2022, the program exceeded its goal of achieving an error rate below 2% for spot audit reviews.

Annual Accountability Review: The program conducts an annual accountability review to target quality assurance improvement. Conducting the review of all district offices on an annual basis allows the program to identify areas for correction, training, and process improvement and to implement uniform, program-wide solutions. Additionally, the review is virtual, saving both time and money for the program. The goal of the review is to not only analyze the quality and consistency of work among the various offices, but to also provide supervisors with a collection of valuable data they can use for the development of strategic training sessions and in preparation for end-of-year performance reviews.

In fiscal year 2022, the program continued to make key changes to its accountability review measurement system to best capture both positive accomplishments and areas that need improvement. These changes resulted in the accountability review presenting a more accurate reflection of the program's performance.

⁵ <https://www.dol.gov/sites/dolgov/files/OWCP/dcmwc/blba/indexes/Bulletin%2022-01%20FINAL%20Signed.pdf>

Efforts to Address Improper Payments and Payment Accuracy

The Black Lung program continued to utilize updated methods in fiscal year 2022 to increase detection and recovery of duplicate payments and other overpayments. The program focused these methods on three audits, which included a monthly medical bill audit, spot audits of medical bills, and a fiscal year-end improper payment audit. The monthly medical bill audit randomly sampled 120 medical bills and covered all bill types processed by the Black Lung program. The medical bill payment section in the National Office performed spot audits throughout the year to ensure that the services provided by the OWCP medical bill processing contractor were performed at a level acceptable under the program and more stringent federal government standards. In addition, the fiscal year-end improper payment audit randomly sampled an additional 500 medical bill records for compliance. These audits had an impact on detecting improper payments, and successfully lowered the percentage of improper payments in the program. In addition, during fiscal year 2022 the program transitioned to Treasury's enhanced "Do Not Pay" platform. The new platform reviews available databases to confirm award eligibility and prevent improper payments before the release of any funds.

Efforts to Reduce Responsible Mine Operator and Claimant Debt

In fiscal year 2022, the program prioritized the timely and accurate resolution of outstanding Responsible Operator and claimant debt. The program designed and implemented an Agency Management Plan milestone specifically related to the resolution of aged Responsible Operator and claimant debt. As a result, the program resolved \$8 million in aged debt during the year. To further improve the debt collection process, the Black Lung program collaborated with the Treasury Department to implement a method of utilizing Treasury's Central Receivable Services (CRS). The CRS system allows the program to seamlessly refer overpayments for timely collection and fully comply with all federal regulations requiring debts owed to the program to be referred to the Treasury within 120 days. Claims examiners are no longer responsible for the time-consuming effort of debt collection and can focus on more critical tasks, freeing them up for enhanced customer experience responsibilities. As a result of these efforts, the program exceeded its debt resolution targets during the fiscal year by resolving 87% of Responsible Operator debt and 84% of claimant debt within 300 days.

Responsible Mine Operator Oversight

Coal mine operators must self-insure or purchase commercial insurance, or they are subject to civil money penalties (specified in 20 C.F.R. 726.302) for each day of noncompliance. Under the Act, the Secretary of Labor can authorize a coal mine operator to self-insure after an analysis of the company's application and supporting documents. The program evaluates whether it should authorize a RMO to self-insure, monitors insurance policy coverage, and oversees RMOs' timely payment of benefits as required.

In fiscal year 2022, the program continued to review applications for self-insurance authorization based on a process that set security amounts according to operators' actuarial-estimated liabilities and financial health or risk of default. At the same time, the program worked on developing a proposed regulation (discussed in the Regulatory Initiatives section) to improve the self-insurance process. The program also took steps to update the actuarial assumptions (based on historical Trust Fund claims data) posted on the program's website. Mining operators and other parties utilize this information to create actuarial reports estimating potential liability amounts and is a vital factor in ensuring RMOs adequately secure their liabilities.

In order to efficiently assess self-insurance requirements, the program undertook extensive research of all coal mine operators authorized to self-insure since program implementation in 1973. To ensure accurate and systematic access to information, the program digitized all historical information and security documentation related to the self-insurance program.

Black Lung Table 5 outlines the current information concerning RMOs for fiscal year 2022.

BLACK LUNG TABLE 5 - RESPONSIBLE MINE OPERATORS, FISCAL YEAR 2022

Responsible Mine Operators (RMOs)	2022
Number of active RMOs authorized to self-Insure (at year-end) ¹	18
Number of commercial insurance policies with a Federal Black Lung endorsement attached	1,034
Number of Covered Chief Beneficiaries paid by RMOs (does not include eligible dependents)	6,187

¹ RMOs or parent companies who are actively mining.

Medical Bill Processing

Timely and accurate medical bill processing is a critical element in the administration of the Black Lung program. In fiscal year 2022, the program (through the Central Bill Processing contract) processed 55,224 Black Lung medical bills, of which OWCP processed 99.6% within 28 days. Additionally, OWCP enrolled 3,465 new active medical providers to provide services to beneficiaries, bringing the total of actively enrolled medical and pharmacy providers to 15,872.

Furthermore, in fiscal year 2022, the program continued to follow updates to the provisions governing payment of professional and outpatient medical services which were finalized in 2020. Updates had previously gone into effect which governed the payment of medical equipment, prescription drugs, and inpatient medical services. The program managed to realize savings of \$13 million in fiscal year 2022 alone due to the changes, which modernized payment formulas and brought practices in line with industry standards. This represents the highest annual savings total since implementation of the new rule.

ORGANIZATIONAL EFFICIENCIES

During fiscal year 2022, the Black Lung program implemented ambitious projects to facilitate modern claims processing in an efficient environment. These efficiencies included an office space reduction, continued use of business intelligence reporting platform software to enhance the program's reporting and data analytics capabilities, and use of artificial intelligence (AI) software aimed at assisting with the streamlining of business processes.

Office Space Reduction

The Black Lung program implemented an enterprising space reduction plan. The two field offices in Kentucky were combined into one new workspace, consolidating space, staff, and equipment. The new office space is shared with MSHA to further reduce costs. The program achieved cost savings not only through reduced space expenses, but through redistribution of equipment such as copiers, fax machines, and other office equipment that was no longer needed. As a result of consolidating the office space and reducing its physical footprint, the program lowered its overall rental costs by nearly 30%.

Business Intelligence Software

The program used Microsoft Power Business Intelligence software implemented in fiscal year 2021 to focus on the size of its inventory of pending claims, with a focus on aged claims. The software modernized the program's current data reporting and data analysis methods by providing expanded capabilities for National Office and district office staff to obtain ad hoc and standardized reporting data more efficiently. The business intelligence software also further increased the program's ability to identify trends, potential issues, and to respond to customer service needs timelier and more effectively. The Black Lung program was the first OWCP division to implement this software and has provided related training and guidance to the other OWCP programs. In fiscal year 2022, the program used the software to develop new reporting capabilities, performance dashboards, and tracking mechanisms to make performance data more easily accessible to the field.

Artificial Intelligence

The Black Lung program implemented Microsoft Azure Cognitive AI software with a goal to increase the program's data integrity and streamline internal business processes. The program began utilizing AI to relieve field staff from simple and repetitive tasks that do not require human intervention, allowing them to focus on more critical tasks and customer experience initiatives. Specifically, in fiscal year 2022 the program began by using the software to review a form on which Black Lung claimants identify their beneficiaries. Previously, these forms required human review at the cost of 2,000 employee hours or approximately \$100,000 per year. The implementation of AI review resulted in an over 45% reduction in the number of forms requiring human interaction and a savings to the Department of approximately \$51,000 in the first six months. As a result, the Black Lung program became the first OWCP program to implement AI successfully.

REGULATORY INITIATIVES**Medical Testing Standards under the Black Lung Benefits Act**

In September of 2019, OWCP published a Request for Information in the Federal Register seeking public input by January 2020 on updating the standards for administering and interpreting medical testing done in connection with claims for benefits under the BLBA. During fiscal year 2022, OWCP partnered with SOL and NIOSH in continuing to assess public feedback and to subsequently draft a Notice of Proposed Rulemaking (NPRM) reflecting modernized testing standards. OWCP also held several collaborative meetings with SOL and NIOSH throughout the year in furtherance of those goals. OWCP continues to develop the draft NPRM with expected publication in 2023.

Responsible Mine Operator Self-Insurance

During fiscal year 2022, OWCP engaged internal and external experts, including actuaries and economists, in an ongoing analysis to determine how alterations to the self-insurance process could affect the Trust Fund and other impacted parties. OWCP also developed extrapolated models to evaluate how modifications to the regulations, such as mandating stop-loss insurance, could interface with authorized self-insurance coverage to help ease any burden placed on coal industry operators applying to self-insure BLBA liabilities.

OWCP then worked with partners and completed a draft NPRM in fiscal year 2022 addressing the issues involving self-insured coal mine operators. OWCP engaged in collaborative meetings with SOL and DOL's Office of the Assistant Secretary for Policy to advance progress on the rulemaking and ensure that the final product would provide as great a protection for the Trust Fund as possible and protect taxpayers from issues created by future coal company bankruptcies. The program published the NPRM in fiscal year 2023.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (ENERGY)

INTRODUCTION

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) was enacted in October 2000. The Department of Labor (DOL) began providing benefits under Part B of the EEOICPA on July 31, 2001. Part B compensates current or former employees (or their eligible survivors) of the Department of Energy (DOE), its predecessor agencies, and certain vendors, contractors, and subcontractors, who were diagnosed with a radiogenic cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis as a result of exposure to radiation, beryllium, or silica while employed at covered nuclear weapons facilities. The law also provides compensation to individuals (or their eligible survivors) awarded by the Department of Justice (DOJ) under Section 5 of the Radiation Exposure Compensation Act (RECA). Part E of the EEOICPA, enacted on October 28, 2004, compensates DOE contractor/subcontractor employees (or their eligible survivors) and uranium miners, millers, and ore transporters for occupational illnesses that are linked to toxic exposures at covered DOE or uranium facilities. Implementation of the EEOICPA involves the coordinated efforts of four federal agencies:

- DOL, through the Office of Workers' Compensation Programs (OWCP), has primary responsibility for the adjudication of claims for compensation, payment of benefits for conditions covered by Part B and Part E, and determining covered DOE facilities.
- DOE's role is to designate Atomic Weapons Employer facilities, provide information to identify covered facilities, and provide DOL and the Department of Health and Human Services (HHS) with verification of covered employment and relevant information on exposures.
- DOJ notifies beneficiaries who have received an award of benefits under RECA Section 5 of their possible EEOICPA eligibility and provides RECA claimants with the information required by DOL to complete the claim development process.
- HHS, through the National Institute for Occupational Safety and Health (NIOSH), establishes procedures for estimating radiation doses and designating new Special Exposure Cohort (SEC) classes; develops guidelines to determine the probability that cancer was caused by workplace exposure to radiation; and carries out dose reconstruction for cases referred by DOL. HHS also provides administrative services and other necessary support to the Advisory Board on Radiation and Worker Health (ABRWH). The ABRWH advises HHS on the scientific validity and quality of dose reconstruction efforts, and receives and provides recommendations on petitions requesting additional classes of employees for inclusion as members of the SEC.

BENEFITS AND SERVICES

To determine whether an individual is eligible for benefits under the EEOICPA, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) program staff must analyze both the employee's employment history and medical evidence.

A covered employee who qualifies for benefits under Part B may receive a one-time lump-sum payment of \$150,000, plus medical expenses related to an accepted, covered condition. Survivors of these workers may also be eligible for a lump-sum compensation payment. Part B also provides for payment of \$50,000 to uranium workers (or their eligible survivors) who received an award from DOJ under Section 5 of RECA.

In some Part B cases, NIOSH must estimate an individual's radiation dose so the DEEOIC staff can determine whether it is "at least as likely as not" that the individual contracted cancer because of exposure to radiation at a covered facility. In other cases, claimants may qualify for benefits as part of a class of employees in the SEC. Congress established the SEC in the EEOICPA legislation to allow for the compensation of eligible cancer claims without the completion of a radiation dose reconstruction. To qualify for compensation under the SEC, a covered employee must have one of 22 specified cancers and have worked for a certain period of time at a facility designated in the statute or as a class added to the SEC.

Part E provides benefits to employees of DOE contractors and subcontractors (or their eligible survivors) for illnesses determined to have resulted from exposure to toxic substances at a covered DOE facility. Uranium miners, millers, and ore transporters may also be eligible to receive Part E benefits. Benefits are provided for any illness if it can be determined that it was "at least as likely as not" that work-related exposure to a toxic substance was a significant factor in causing, contributing to, or aggravating the illness or death of an employee. In addition, the EEOICPA provides that any determination made under Part B to award benefits (including RECA Section 5 claims) is an automatic acceptance under Part E for causation of the illness, if the employee also meets the employment criteria.

Under Part E, a covered employee may be eligible to receive compensation for the percentage of impairment that is related to a covered illness, as well as any illness, injury, impairment, or disease shown by medical evidence to be a consequence of an accepted Part E illness. Eligible employees receive \$2,500 for each percentage point of impairment related to the accepted condition(s). Also, covered employees may be eligible to receive wage-loss benefits of \$15,000 for any year in which they made less than 50% of their baseline wage, as a result of a covered illness, and \$10,000 for any year in which they made more than 50% but less than 75% of that baseline wage. The maximum payable compensation under Part E is \$250,000 for all claims relating to any individual employee. Workers who are covered by both parts can receive a total of \$400,000 in compensation (\$150,000 for Part B and \$250,000 for Part E). In addition to monetary compensation, the program pays medical benefits for covered illnesses.

Part E survivor benefits include a basic lump sum of \$125,000. Survivors may receive \$25,000 in additional benefits if the deceased employee had, at normal retirement age under the Social Security Act, at least 10 aggregate calendar years of wage-loss of at least 50% of his or her baseline wage. If an employee had 20 or more such years, the additional amount paid to eligible survivors may increase to \$50,000. The maximum Part E compensation benefit for survivors is \$175,000.

Claims and Benefits

From its inception to the end of fiscal year 2022, DEEOIC awarded compensation and medical benefits to approximately 135,000 claimants, totaling over \$22.09 billion. This included \$13.65 billion in compensation and \$8.43 billion in medical expenses. Part B compensation accounts for approximately \$7.54 billion (since 2001) of the \$13.65 billion, and Part E accounts for approximately \$6.11 billion (since October 28, 2004). In fiscal year 2022, DEEOIC provided benefits to 18,585 individual claimants (including lump-sum, impairment, wage-loss, or medical benefits).

In recent years, the Energy program has experienced a general downward trend in the number of new claims; however, in 2022 the program was able to resume in-person outreach activities that may have led to an increase in new claims over previous years. In addition, a substantial number of prior claims now require additional or ongoing review based on new information, although the program does not count them as new claims. For instance:

1. New policies or procedures and changes to the NIOSH dose reconstruction methods result in coverage to individuals who may have previously been denied;
2. The addition of new classes of employees to the SEC can result in the need for re-review of old claims; and
3. There have been more requests for claim reopening, which a claimant can request at any time after a final decision.

These instances result in a re-review of existing or previous cases and often newly recommended and final decisions, in effect extending the period of time over which the Energy program staff actively works such claims.

Energy Table 1 displays information on the number of claims and approvals in fiscal year 2022.

ENERGY TABLE 1 - CLAIMS AND APPROVALS, FISCAL YEAR 2022

Claims and Approvals	Part B	Part E
	2022	2022
Number of new claims	3,555	4,746
Number of claims approved (Final)	2,170	8,316
Percent of claims approved (of those issued a Final Decision each year)	43%	50%
Number of claimants who received compensation during the year	1,913	6,221

In addition to the growing number of prior claims requiring additional or ongoing review, the annually increasing cumulative number of approved claims increases the workload related to ongoing case management. This increasing workload primarily consists of:

1. Consequential condition claims, which are additional medical conditions claimed as a result of previously accepted medical conditions but are not counted as new claims; and
2. Medical authorizations granting approval of medical benefit requests for accepted medical conditions (e.g., home health care, durable medical equipment, and other treatments) that require review, determination, and oversight.

The number of consequential condition claims (Parts B and E combined) for fiscal year 2022 is 18,573. Additionally, the program made lump-sum compensation payments for 1,913 claims. Energy Table 2 shows the total benefit payments in fiscal year 2022.

ENERGY TABLE 2 - BENEFIT PAYMENTS, FISCAL YEAR 2022

Benefit Payments	Part B	Part E
	2022	2022
Lump sum compensation benefit payments ¹	\$207,208,630	\$451,021,639
Medical benefit payments ²	\$932,064,374	\$227,030,936
Total compensation and medical benefit payments	\$1,139,273,004	\$678,052,575

¹ Excludes payments made by DOL for DOJ RECA Section 5 claims. DOL serves as a pass-through and utilizes the compensation fund established under the EEOICPA for DOJ's payments of \$100,000 to qualifying RECA Section 5 claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled over \$20.4 million in fiscal year 2022.

² Part B medical payments represent payments made for cases accepted under both Part B and Part E. Part E medical payments represent payments made for Part E only.

FUNDING

The EEOICPA account funds both Energy program benefits and administrative costs. Administrative expenditures cover the Washington, D.C., headquarters; five Final Adjudication Branch (FAB) offices; four district offices; and 11 Resource Centers (RCs) nationwide that are operated by a contractor.

Energy Table 3 provides OWCP allocated funding for fiscal year 2022.

ENERGY TABLE 3 – OWCP ALLOCATED ADMINISTRATIVE FUNDING, FISCAL YEAR 2022

Allocated Administrative Expenditures	2022
Part B	
Number of employees (Full-time Equivalent (FTE) staffing)	207
Part B allocated administrative funding ¹	\$58.2 million
Part E²	
Number of employees (FTE staffing)	207
Part E allocated administrative funding ¹	\$73.5 million
Total	
Number of employees (FTE staffing)	414
Total OWCP allocated administrative funding ³	\$131.7 million

¹ Funding for HHS responsibilities under the EEOICPA is provided for in that agency's appropriation. Allocated funding includes Ombudsman B and E.

² Part E funding includes funding for Ombudsman E and the Advisory Board on Toxic Substances and Worker Health.

³ Funding totals are post-sequestration and do not include carryover.

DOL's Agency Financial Report provides additional information on the Energy program's finances:

<https://www.dol.gov/sites/dolgov/files/OPA/reports/2022annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

During fiscal year 2022, the Energy program worked to make operations as effective and efficient as possible with specific focus on maintaining timely adjudication of claims and FAB decisions, rendering quality decisions, building on prior-year Information Technology (IT) investments and improvements, and advancing equity.

Operating Status of Resource Centers

The DEEOIC RCs began to return to normal operations following the implementation of the DOL Workplace Plan in fiscal year 2022. The Energy program coordinated with RC leadership to implement the DOL phased re-entry plan to ensure that they followed protocols for the safety of all customers. RC employees were able to return to the office and resume scheduling in-person appointments as well as participate in local outreach events. With the implementation of Phase III of the DOL re-entry plan, the RCs allowed unscheduled walk-in visitors when community coronavirus disease 2019 (COVID-19) transmission levels were at a low or medium level. In order to protect vulnerable claimants and others, masks were required for all staff and visitors and unscheduled walk-in visits were restricted when COVID-19 community transmission levels were high.

Energy Table 4 presents the RC's technical assistance accomplishments for fiscal year 2022.

ENERGY TABLE 4 – RESOURCE CENTER ACCOMPLISHMENTS, FISCAL YEAR 2022

Activity	2022
Claims filed	9,944
Telephone calls received	123,709
Follow-up actions with claimants conducted	135,240
Occupational history interviews conducted	4,155

Adjudication

One of the major functions of the Energy program is to determine whether an individual qualifies for Part B and/or Part E benefits. For claims filed under Part B, district office staff collects, develops, and evaluates employment and illness data following the EEOICPA criteria and relevant regulations and procedures. The district offices then issue recommended decisions to claimants. Claims may also be filed under Part B for the \$50,000 RECA supplement.

The Energy program can act relatively quickly on claims involving “specified cancers” at SEC facilities because the EEOICPA provides a presumption that any of the 22 listed specified cancers incurred by an SEC worker was caused by radiation exposure at the SEC facility. No new classes have been added to the SEC since September 30, 2021. There are 129 established SEC classes at 79 facilities (excluding statutory classes). When NIOSH adds a new class of employees to the SEC, DOL reviews all potentially affected cases and determines whether the employee in question meets the criteria for inclusion in the new class. DOL reopens any previously denied claim meeting the new SEC class definition for additional development.

For cases involving claimed cancers that are not covered by SEC provisions under Part B (including cancers incurred at a non-SEC facility, a non-specified cancer incurred at an SEC facility, or an employee who did not have sufficient employment duration to qualify for the SEC designation), there is an intervening step to determine causation called “dose reconstruction.” In these instances, once DOL determines that a worker was a covered employee and that they had a diagnosis of cancer, DOL refers the case to NIOSH so that NIOSH can estimate the individual’s radiation dose. After NIOSH calculates a dose estimate for the worker, DOL takes this estimate and applies the methodology promulgated in the HHS probability of causation regulation to determine if the dose estimate met the statutory causality test. The standard is met if the cancer was “at least as likely as not” related to covered employment, as indicated by a determination of at least 50% probability.

Adjudication under Part E involves collecting, developing, and evaluating data to determine exposure and causation. This includes assessing health effects, utilizing the Site Exposure Matrices (SEM), assessing exposure evidence to make findings, and establishing causation. As part of adjudication, DEEOIC makes referrals to Toxicologists, who provide analysis and an opinion on health effects. In addition, DEEOIC makes referrals to an Industrial Hygienist (IH) who utilizes expertise and knowledge to make well-rationalized unbiased opinions on the nature, frequency, and duration of exposure. During fiscal year 2022, there were a total of 3,561 reviews conducted by federal and contractor IH staff. A Contract Medical Consultant (CMC) is a contracted physician who conducts a review of case records to render opinions on medical questions. The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources that support the claim. In fiscal year 2022, the Energy program made 2,042 referrals to a CMC.

Recommended and Final Decisions

The district offices issue a recommended decision to approve or deny a specific claim. The FAB must review each recommended decision. Individuals who disagree with the recommended decision on a claim may object by requesting an oral hearing or a review of the written record from the FAB. The FAB issues a final decision on each claim either awarding or denying benefits. The FAB may also remand a decision to the district office if further development of the case is necessary. A claimant may challenge the FAB’s final decision by requesting reconsideration or reopening of the claim or may file a petition for review of a final decision with the appropriate U.S. District Court.

Of the claims on which the FAB issued final decisions in fiscal year 2022, DOL approved benefits for 43% of Part B claims and 50% of Part E claims.

Energy Table 5 provides the number of reviews, hearings, and decisions by type for fiscal year 2022.

ENERGY TABLE 5 - REVIEWS, HEARINGS, AND DECISIONS, FISCAL YEAR 2022

Parts B and E	2022
Number of claims with a Recommended Decision - District Office	21,180
Number of claims with a Final Decision - FAB	21,533
Number of Reviews of the Written Record requests received - FAB	709
Number of oral hearings conducted - FAB	313
Number of remands - FAB	2,523

The Energy program continued its strong record of performance, focusing on both timeliness and quality standards for the claims adjudication and decision-making processes in both the district offices and the FAB. Energy Table 6 presents performance targets and results for claims adjudication measures for fiscal year 2022.

ENERGY TABLE 6 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2022

Performance Measures	2022 Target	2022 Result
Average number of days to process initial claims - Parts B and E	100	99
Complete initial processing on Part B and Part E claims within 145 days of receipt	90.00%	92.99%
Percent of final hearing decisions issued in formal hearings within 150 days of the hearing request	90.00%	99.35%
Percent of sampled Part B and Part E initial claims rated as being accurate	90.00%	95.14%
Percent of sampled Part B and Part E initial claims with final decisions rated as being accurate	90.00%	96.26%

Medical Bill Processing

In addition to adjudicating claims, the Energy program is responsible for seeing that beneficiaries receive the appropriate benefits - in terms of both compensation and medical benefits. As part of the Energy program benefit structure, OWCP pays for home health care services to severely ill covered employees where medically necessary. The volume of these requests continues to increase due to the aging claimant population and their physical needs. Seeing that beneficiaries receive prompt authorization for medical treatment, and that OWCP pays providers quickly and correctly, is critical to the administration of EEOICPA. Energy Table 7 presents medical bill processing information for fiscal year 2022.

ENERGY TABLE 7 - MEDICAL BILL PROCESSING ACTIVITY, FISCAL YEAR 2022

Volume	2022
Number of medical bills processed	940,602
Percent of medical bills processed within 28 days	99.5%
Number of newly active enrolled medical providers	3,673
Number of total active enrolled medical providers (end of year)	16,708
Number of total active enrolled pharmacy providers (end of year)	156,444

Medical Benefits and Home Health Care Management

The volume of requests for medical benefits continues to increase due to the growing home health care industry and the program's elderly claimant population. Given instances of provider fraud previously seen in the home health care and medical bill sectors, it is important that the program verify the services provided to claimants.

Consequently, the Energy program centralized the processes for these requests in the Branch of Medical Benefits in the National Office. Staff is comprised of bill payment and coding analysts who assist with making sure payments to providers are timely and accurate, and medical benefit examiners who are responsible for adjudicating medical benefit claims. In fiscal year 2022, the program rated 95.9% of sampled Part B and Part E home health care authorizations as accurate, exceeding the target of 90%.

In order to allow additional medical access to claimants following the COVID-19 public health emergency, the Energy program continued to recognize the need to implement procedures to allow for the use of telemedicine in place of face-to-face examinations for home and residential healthcare and durable medical equipment evaluations, as well as in lieu of face-to-face examinations for routine medical appointments between physicians and DEEOIC claimants. Accordingly, the Energy program extended the expiration date of the Telemedicine for Home and Residential Health Care and Durable Medical Equipment (DME) Bulletin⁶ through the end of fiscal year 2022, and made permanent the allowance for telemedicine in lieu of face-to-face examinations for routine medical appointments.⁷

ENGAGEMENT, CUSTOMER EXPERIENCE, OUTREACH, AND TRAINING ACTIVITIES

During fiscal year 2022, the Energy program continued to engage with its customers and partners through various means. The Branch of Outreach and Technical Assistance (BOTA) developed and conducted training for DEEOIC staff, developed and implemented comprehensive outreach plans, including local outreach by RCs and DEEOIC staff, online webinars, and customer experience (CX) surveys designed to improve customer satisfaction and service delivery. Additionally, BOTA collaborates with the Joint Outreach Task Group (JOTG), a group comprised of DOL representatives and partner agencies that meet regularly to plan and coordinate outreach efforts to serve interested parties to the DEEOIC program.

Engagement and Customer Experience Activities

In fiscal year 2019, OWCP designated DEEOIC to report on OWCP's behalf as a High Impact Service Provider (HISP) due to the importance of the services that DEEOIC provides. HISPs are required to adhere to Office of Management and Budget Circular A-11, Section 280, "Managing Customer Experience and Service Delivery," and incorporate the principles of CX into their organizations to ensure that CX practices are integrated into program delivery.

To reinforce its commitment to its customers, the Energy program employs an Outreach and Customer Experience Unit within BOTA. This team has dedicated CX staff that works to solicit feedback from interested parties, conduct analyses of data, and make data-driven recommendations for programmatic and procedural improvements. The CX staff regularly develop surveys and methodologies for collecting relevant customer feedback at different points in time ("touchpoints") throughout the customer's journey with DEEOIC.

In fiscal year 2022, the CX staff continued their customer feedback collection efforts. During the fiscal year, the Energy program completed three paper survey feedback collections related to the process leading up to a development letter, the medical travel reimbursement process, and the experience that authorized representatives have navigating the program. In addition to these paper surveys, the CX staff implemented a new web-based survey in the Energy Document Portal (EDP) and revised three existing surveys (webinar, phone, and Resource Center) to ensure adherence to the A-11 Section 280 standards. The program published CX data collected from these surveys quarterly on performance.gov and the program met all HISP reporting requirements. Additionally, the CX staff developed reports for all the feedback collections and made them available on the Energy program website.⁸

⁶ <https://www.dol.gov/sites/dolgov/files/OWCP/energy/regs/compliance/PolicyandProcedures/finalbulletinshtml/EEOICPABulletin22-01.pdf>

⁷ <https://www.dol.gov/sites/dolgov/files/OWCP/energy/regs/compliance/PolicyandProcedures/finalcircularhtml/EEOICPACircular22-01.pdf>

⁸ https://www.dol.gov/agencies/owcp/energy/regs/compliance/customer_experience_survey

Outreach

The Energy program implements a multifaceted approach to outreach, allowing the program to reach new potential claimants and to educate existing customers, beneficiaries, and others. Through coordination within the program's National and district offices, the RCs, and partner agencies within the JOTG, the program drafted an outreach plan. The purpose of the outreach is to:

1. Educate potential claimants and current beneficiaries about the program, assist with filing claims, and provide an understanding of the adjudication process; and
2. Inform health care providers (including physicians and home health care organizations) about EEOICPA benefits as well as their responsibilities in prescribing care and providing services.

The Energy program has implemented many strategies, events, and mechanisms to reach out to those parties interested in our work. Due to ongoing nation-wide social distancing requirements in fiscal year 2022, the program continued its monthly webinar series. The program presented and moderated discussions related to the adjudication of claims, the people and processes involved, including coordination with our partner agencies, and program updates. Energy Table 8 presents details on the virtual outreach events sponsored by the Energy program in fiscal year 2022.

ENERGY TABLE 8 – ENERGY PROGRAM SPONSORED OUTREACH, FISCAL YEAR 2022

2022 Energy Program Sponsored Outreach		
Online Webinar Topic and Date	Principal Audience	Number of Participants
October 2021 The Role of the IH & Nurse Consultant	All Interested Parties	104
January 2022 National Office Roles and Responsibilities	All Interested Parties	124
May 2022 Resource Center Responsibilities and Authorized Representative Services	All Interested Parties	136
June 2022 Medical Benefit Authorizations	All Interested Parties	282
July 2022 DEEOIC Tools & Resources	All Interested Parties	214
August 2022 Site Exposure Matrices	All Interested Parties	202
September 2022 Claims Process & Post-Adjudication Actions	All Interested Parties	259

Joint Outreach Task Group

The JOTG consists of representatives from the DOL's Energy program, DOL's Office of the Ombudsman for EEOICPA, NIOSH, and the Ombudsman to NIOSH for the EEOICPA, DOE, and DOE's Former Worker Program. During the COVID-19 pandemic, to continue to reach customers while adhering to social distancing recommendations, the JOTG participated in several program webinars. During these webinars, the JOTG representatives presented information regarding their respective agencies' roles in the adjudication of claims under the EEOICPA. The JOTG was able to hold one in-person outreach event towards the end of fiscal year 2022.

Energy Table 9 displays JOTG sponsored outreach activities completed in fiscal year 2022 (this is a subset of the outreach outlined in Energy Table 8).

ENERGY TABLE 9 - JOTG SPONSORED OUTREACH, FISCAL YEAR 2022

2022 JOTG Sponsored Outreach Events		
Online Webinar Topic and Date	Principal Audience	Number of Participants
February 2022 NIOSH Dose Reconstructions and Updates to Interested Parties	All Interested Parties	170
March 2022 A Look at the RECA	All Interested Parties	258
April 2022 Overview of the Former Worker Medical Screening Program	All Interested Parties	285
In-person Location and Date	Principal Audience	Number of Participants
June 2022 Aiken, South Carolina	Current and former nuclear weapons workers of the Savannah River Site and survivors	145

Advance Equity for Injured and Ill Workers

The Energy program began including an equity survey as a component of the CX surveys in fiscal year 2022 to identify potential issues and trends in service quality and/or delivery to inform improvement strategies. During the fiscal year, the program sent out equity assessments on two CX surveys to approximately 2,900 customers. Approximately 800 of those customers completed an equity survey in fiscal year 2022. Roughly 90 respondents identified that they experienced difficulties with navigating the program because of one of the identified barriers. The largest equity-related barrier selected by these respondents was the ability/disability status; this selection was made by 6% of the overall equity survey respondents. Given the nature of DEEOIC claimants, this result is consistent with the population served by the Energy program since employee claimants receive benefits as a result of illnesses related to their employment. The program used this information to help identify programmatic recommendations, develop communications products, and plan events that take customer needs into account.

In fiscal year 2022, the Energy program conducted research using census tract data from the U.S. Census Bureau to identify underserved communities located in close proximity to covered EEOICPA facilities. Additionally, the DEEOIC RCs prioritized the identified census tracts for their regular monthly outreach efforts which include contacts with local community organizations, mailings to potential claimants, and literature distributions to medical offices and other locations where potential claimants may visit. The RCs conducted a variety of outreach activities in fiscal year 2022, utilizing various platforms and mechanisms, to ensure information reaches communities without access to the internet, and traditionally disenfranchised, tribal, and rural communities. In fiscal year 2022, the program served as a co-lead with the Mine Safety and Health Administration on the Interagency Collaboration Group Supporting Members of Native American Nations and Tribes. This group, established in fiscal year 2022, collaborates to identify a comprehensive approach to advancing equity for Native American Nations and Tribes, who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Representatives from various federal agencies attended the meetings, including multiple offices within DOL; DOE; DOJ; HHS; the Equal Employment Opportunity Commission; the Department of Homeland Security; the Department of Education; and others.

DEEOIC Staff Training and Development

In fiscal year 2022, the Energy program continued to improve and update staff guidance and advancement material by consistently enhancing organizational education through asynchronous training. BOTA continued to work in association with the Energy program field staff, and the Policy Branch to identify key areas of need for claims staff education enhancement. That relationship fostered updates and the creation of 10 new curricula, which included guidance on writing recommended decisions, formatting standards for communication with claimants, and the process for re-opening claims after a final decision has been issued. In addition to these courses, the program extended mentorship and teaching to new claims staff during fiscal year 2022, which led to better claims development and consistent, dependable customer service to the Energy program claimants and authorized representatives.

PROGRAM MANAGEMENT AND INTEGRITY

During fiscal year 2022, the Energy program ensured proper claims handling and payments by assuring that the program provided technical training in attaining accurate and necessary evidence to support benefits requests, and to facilitate necessary medical services, related to accepted condition(s) authorized for payment. Additionally, the Performance Management Branch, which consists of audits and analysis completed by program integrity analysts in order to reduce potential provider waste, fraud, or abuse. The Quality Assurance Team under the Performance Management Branch assisted program management and staff by assessing the accuracy, efficiency, and effectiveness of the claims adjudication and payment processes through quality reviews of various aspects of the development, adjudication, and payment of claims.

Program Integrity

The Performance Management Branch's Program Integrity Team (Program Integrity) continued to identify improper payment practices by providers; review whether payments made to claimants or providers were accurate, appropriate, and align with necessary treatments for approved conditions; work with providers to correct those practices; recoup overpayments; and make referrals to the Office of Inspector General, when appropriate. Additionally, Program Integrity provided applicable documentation and data to state and federal investigatory agencies, and provided professional technical support for their investigations, upon request.

Quality Assurance

The Quality Assurance team's mission is to enhance the District Office, FAB, and Medical Benefit Adjudication Units work product(s) by identifying opportunities for improvement at all levels and ensuring consistency in programmatic outcomes. Throughout fiscal year 2022, the team continued to assist program management and staff by conducting quality assurance reviews and supervisory sampling of decisions and all development actions that led to the decisions throughout the year and implemented resulting training or policy improvements from ongoing analyses of these initiatives.

Information Technology and Program Enhancements

The Energy program made significant strides in expanding and enhancing its use of IT to improve program performance and better meet customer needs. Accomplishments include:

Energy Compensation System: The Energy Compensation System (ECS) is the claims management application used by the Energy program. It houses information on the development, adjudication, and compensation of all Energy claims. There were eight software release updates to ECS during fiscal year 2022, predominately related to improving system operations and claims management. A major focus of the Energy program this year was enhancing the Ancillary Medical Benefits Module to allow for capturing detailed data on the requests and adjudication of claims for DME, rehabilitative therapy, and home and vehicle modifications. These additions allow for adjudication of these types of claims to be recorded in ECS and enhance the reporting capabilities for the Branch of Medical Benefits. Enhanced reporting capabilities assist the medical benefits examiners in doing their jobs in a timely manner, which benefits our claimants. There were also enhancements to the Accountability Review Tracking System, which records various internal audits. The enhancements allow for more robust fiscal reviews and quality assurance reviews of the Branch of Medical Benefits.

Energy Document Portal and the Central Mail Room: The EDP allows the Energy program claimants to upload documents directly into their imaged case files. In fiscal year 2022, the program enhanced the EDP to allow digital signatures on new applications and payment forms that previously required wet signatures. Claimants may submit the documents via mail or digitally through an identity verification process with an attached verified digital signature on the submission of claimant forms EE-1 (Employee’s Claim Form), EE-2 (Survivor’s Claim Form), and EN-20 (Acceptance of Payment). These enhancements provide identity proofing, a more secure and expeditious way to receive compensation, and additional access to claims information. Access to this information should also reduce Freedom of Information Act requests. The program continues to utilize a Central Mail Room (CMR) to process incoming correspondence received through the mail and transmit it to the OWCP Imaging System (OIS) for electronic access. Energy Table 10 shows the number of documents submitted through EDP and through the CMR in fiscal year 2022.

ENERGY TABLE 10 – EDP AND CMR ACTIVITY, FISCAL YEAR 2022

Activity	2022
EDP documents received (general/claims forms without digital signature)	125,427
EDP claim forms received with digital signature	71
CMR documents transmitted to OIS	86,562

OWCP Imaging System: The OIS is a web-based application that enables Energy program staff to view electronic images of documents associated with case files. In fiscal year 2022, the program updated OIS to remove non-adjudicatory documents (attachments to medical bills) from the default view of claims staff. However, these documents are still contained in the case file if the user selects to view them. Removing these documents from the default view makes finding pertinent documents less time consuming. The program also updated OIS to route medical benefit related incoming correspondence directly to the Medical Benefits Examiners. This enhanced routing removed having a “middleman” and expedited getting medical adjudication documents to the correct parties faster.

Correspondence Creation and Tracking System: The Correspondence Creation and Tracking System (CCAT) is a tool that pulls case-specific information from the ECS and places it within correspondence issued to various groups of interested parties, leading to a reduction in errors and faster correspondence creation time. In fiscal year 2022, the program created over 64,444 documents using CCAT. Additionally, several form updates approved by the Office of Management and Budget were incorporated into CCAT: EE/EN-8 (Racial/Ethnic Identification under EEOICPA); EE/EN-9 (Smoking History Identification under EEOICPA); EE/EN-10 (Claim for Additional Wage-Loss and/or Impairment under the EEOICPA); EE/EN-11A (Impairment Benefits Response Form); EE/EN-11B (Wage-Loss Response Form); and EE/EN-16 (Claimant Report Form).

OWCP Employees’ Compensation Operations and Management Portal: In fiscal year 2020, OWCP expanded the OWCP Employees’ Compensation Operations and Management Portal (ECOMP) to provide some case information for Energy program claimants as well as direct access to medical and pharmaceutical bill pay information for Energy and Black Lung programs’ claimants. In fiscal year 2022, the program expanded ECOMP’s capabilities to allow sole survivors and authorized representatives of sole survivors or employee claimants access to claim status updates. Employee claimants, sole survivors, and their authorized representatives now have access to important case and medical billing information including most of their imaged case file documents. This led to greater transparency and provided the claimants with the means to access case records online.

Center for Construction Research and Training: Formerly called the Center to Protect Workers’ Rights, the Center for Construction Research and Training (CPWR) has continued its work under contract with the Energy program. The program tasked the CPWR with electronically tracking all evidence collected or received in support of a contractor or subcontractor relationship with the DOE. The web-accessible database identifies and confirms the existence of contractual relationships between contractor and subcontractor employers and certain covered facilities and is available to claims examiners for use in the adjudication of claims. Additionally, the database is available to the public to view the contractors and subcontractors

and the sites at which they have worked. In 2018, the Energy program shifted priorities from only adding subcontractors to the database to finding additional documentation to strengthen the evidence showing contractual relationships between contractor and subcontractor employers and certain covered facilities. In fiscal year 2022, CPWR added 533 new subcontractors to the database with a total of 14,420 contractors and subcontractors and responded to 220 requests for assistance from claims examiners. Additionally, a total of 8,349 members of the public viewed the database 52,767 times.

Site Exposure Matrices Database: The program received 57 SEM e-mail inquiries and 14 public Internet Accessible SEM (IAS) inquiries during fiscal year 2022. Based on these inquiries, the Energy program updated 10 site profiles. The Energy program updated the IAS twice in fiscal year 2022, (during December 2021 and June 2022). As of September 30, 2022, the SEM housed information on more than 16,689 toxic substances or chemicals used at 139 DOE sites and approximately 4,000 additional RECA sites (including uranium mines, mills, ore buying stations, and ore transporters covered under the EEOICPA). At the end of fiscal year 2022, the SEM Library contained 27,326 documents including 27,321 posted under 26,832 electronic numbered documents. The SEM Library contains records which include documents not stored electronically such as classified documents and documents containing information in support of chemical properties applied to all sites.

DOL and Paragon Technical Services, its SEM contactor, continued to collaborate with the Advisory Board on Toxic Substances and Worker Health to improve health effect and facility-specific toxic substance exposure data available in the SEM database. DOL performs updates to the SEM based on this collaboration as the need arises and not based on any set schedule.

OMBUDSMAN

The National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375) created an Office of the Ombudsman at DOL for a period of three years to provide information to claimants, potential claimants, and other interested parties on the benefits available under Part E of the EEOICPA. Subsequent legislation permanently extended the term of the Ombudsman's office. The National Defense Authorization Act of 2009 expanded the authority of the Office to also include Part B.

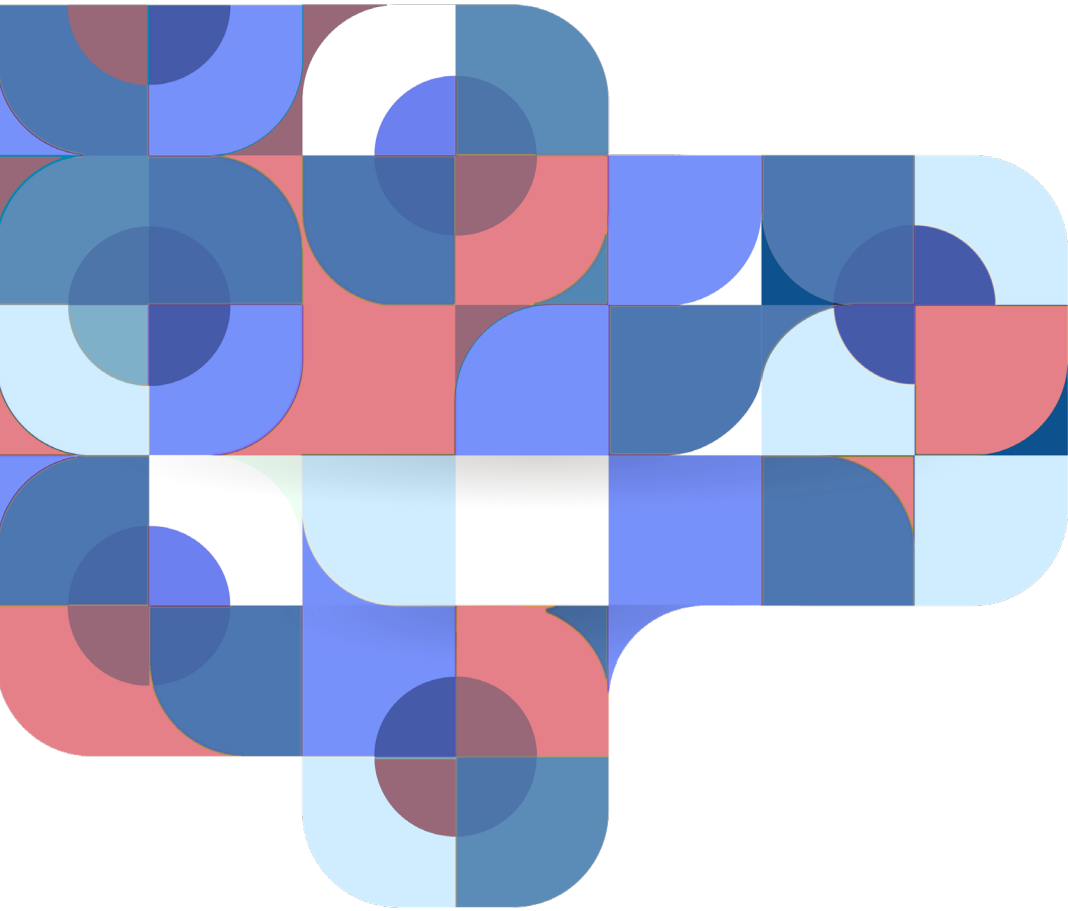
The Office of the Ombudsman is within DOL, but independent from OWCP. It reports annually to Congress on complaints, grievances, and requests for assistance. The Energy program continues to work directly with the Ombudsman's office to promptly resolve any issues and concerns stemming from the Ombudsman's findings.

ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

The National Defense Authorization Act of 2015 (Public Law 113-291), as amended, modified the EEOICPA to include Section 3687, creating the Advisory Board on Toxic Substances and Worker Health to advise the Secretary of Labor (as delegated by Executive Order 13699) concerning technical aspects of the Energy program. The Advisory Board is charged with advising the Secretary on six statutorily-specified technical issues related to EEOICPA: DOL's SEM; medical guidance for claims examiners with respect to the weighing of medical evidence of claimants; evidentiary requirements for claims under Part B related to lung disease; the work of IHs, staff physicians, and consulting physicians to ensure quality, objectivity, and consistency; the claims adjudication process generally, including review of procedure manual changes prior to incorporation into the manual and claims for medical benefits; and such other matters as the Secretary considers appropriate.

For fiscal year 2022, the Board submitted two sets of recommendations to the Secretary. The Department agreed to continue engaging with a Congressional committee about any amendments to the EEOICPA regarding the number of borderline beryllium testing necessary to establish beryllium sensitivity, and it agreed to modify language used in characterizing toxic substance exposure.

The Advisory Board sunsets on December 19, 2024 (Public Law 115-91). For more information, see the Advisory Board's website at: <https://www.dol.gov/agencies/owcp/about/AdvisoryBoard>.



APPENDICES

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APPENDIX A TABLES

Federal Employees' Compensation Act (FECA) Program Tables

**TABLE A1 — FEDERAL EMPLOYEES' COMPENSATION ROLLS, FISCAL YEARS 2013 - 2022
(CASES AT END-OF-YEAR)**

Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Periodic Roll	47,511	46,415	45,412	43,656	42,577	41,417	40,168	37,847	38,058	37,485
Long-Term Disability	43,726	42,762	42,128	40,524	39,572	38,551	37,441	35,256	35,334	34,797
Death	3,785	3,653	3,284	3,132	3,005	2,866	2,727	2,591	2,724	2,688

**TABLE A2 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM SUMMARY OF CLAIMS ACTIVITY,
FISCAL YEARS 2013 - 2022**

Incoming Cases	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cases Created	113,880	114,316	112,332	109,249	108,406	106,956	100,534	90,744	96,457	182,318
Traumatic	98,203	100,124	98,974	96,750	95,962	94,811	89,166	80,686	86,877	173,584
Occupational Disease	15,579	14,488	13,549	13,084	12,402	12,146	11,283	9,919	9,455	8,478
Fatal Cases	98	93	103	128	120	91	71	131	220	244
Wage-Loss Claims Received	211,082	206,778	195,042	179,809	184,843	180,607	179,169	162,661	128,333	162,661

**TABLE A3 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM EXPENDITURES AND ALLOCATED
FUNDING, FISCAL YEARS 2013 - 2022 (\$ THOUSANDS)**

Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Expenditures	\$3,106,876	\$3,103,626	\$3,173,085	\$3,264,535	\$2,995,372	\$3,164,346	\$3,096,789	\$3,057,540	\$3,030,965	\$3,109,662
Total Benefits	2,949,366	2,944,428	3,013,578	3,202,966	2,940,947	3,110,035	3,039,017	2,985,745	2,967,484	3,058,933
Compensation Benefits	1,904,397	1,854,931	1,943,121	1,930,729	1,879,237	2,000,724	2,005,406	2,097,577	2,042,171	2,200,887
Medical Benefits	911,618	959,403	951,308	1,106,487	908,927	949,490	883,859	745,841	788,959	710,904
Survivor Benefits	133,351	130,094	167,899	165,751	152,784	159,822	149,752	142,327	136,354	147,142
Total Allocated Funding	157,510	159,198	158,517	162,689	169,005	173,858	177,447	177,447	194,086	205,036
American Rescue Plan Act of 2021	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,101	19,164
Salaries and Expenses	98,308	97,242	98,447	100,519	102,330	102,670	102,670	102,670	102,727	104,952
Fair Share	59,488	60,017	60,334	62,170	66,675	71,188	74,777	74,777	80,257	80,920

TABLE A4 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM CHARGEBACK COSTS, BY MAJOR FEDERAL AGENCY, CHARGEBACK YEARS¹ 2013 - 2022 (\$ THOUSANDS)

Agency	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Costs	\$2,927,296	\$2,894,429	\$2,987,192	\$3,001,244	\$2,780,096	\$2,780,902	\$2,731,820	\$2,624,192	\$2,571,500	\$2,540,011
U.S. Postal Service	1,305,073	1,306,840	1,382,944	1,410,617	1,282,076	1,303,681	1,278,975	1,239,317	1,311,251	1,225,075
Department of the Navy	222,803	213,717	206,012	196,612	189,311	180,078	171,819	162,500	178,370	147,352
Department of Veterans Affairs	199,368	202,300	213,914	219,188	196,957	200,125	195,300	190,103	191,533	179,532
Department of Homeland Security	183,968	181,225	196,190	216,461	206,142	215,095	220,286	208,427	177,253	216,023
Department of the Army	166,731	162,699	164,437	158,791	148,834	146,479	140,325	131,676	128,962	123,465
Department of the Air Force	126,470	120,541	118,230	112,217	102,811	99,690	97,839	93,862	92,893	87,032
Department of Justice	115,768	119,872	124,399	123,960	119,900	121,820	125,260	125,579	93,206	126,494
Department of Transportation	93,652	89,411	88,862	85,767	81,207	78,613	76,094	73,597	35,849	68,525
Department of Agriculture	72,365	70,725	69,234	70,621	65,645	61,012	60,556	56,011	57,121	52,665
Department of Defense, other	66,517	64,820	63,719	62,359	56,809	56,337	54,181	51,672	48,749	47,130
All Other Agencies	374,581	362,280	359,252	344,650	330,405	317,972	311,185	291,448	256,312	266,718

¹ A year for chargeback purposes is from July 1 through June 30.

Longshore Program Tables

TABLE B1 — LOST TIME INJURIES, FISCAL YEARS 2013 - 2022

Lost-Time Injuries	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Lost-time injuries and death reported	28,145	27,212	23,939	24,333	27,237	28,208	30,682	34,553	39,414	35,948
Number of cases of injury and death reported under the Defense Base Act	11,549	7,876	5,867	6,089	6,622	6,694	8,448	15,336	18,596	15,605

TABLE B2 — TOTAL INDUSTRY COMPENSATION AND BENEFIT PAYMENTS UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LHWCA)¹, 2012 - 2021² (\$ THOUSANDS)

Year	Payments By Self-Insured Employers	Payments By Insurance Carrier	Total Payments
2012	\$430,853	\$801,902	\$1,232,755
2013	\$417,776	\$927,417	\$1,345,193
2014	\$429,307	\$961,542	\$1,390,849
2015	\$420,839	\$892,886	\$1,313,724
2016	\$415,506	\$879,868	\$1,295,374
2017	\$406,737	\$865,076	\$1,271,813
2018	\$413,349	\$737,983	\$1,151,332
2019	\$424,283	\$696,627	\$1,120,910
2020	\$404,819	\$671,379	\$1,076,198
2021	\$407,975	\$851,908	\$1,259,883

¹ Includes disability compensation payments under the LHWCA and all other extensions to the Act, except the District of Columbia Workmen's Compensation Act (DCCA), which includes both disability compensation and medical benefit payments.

² The industry reports payments to the Department of Labor (DOL) on a calendar year basis.

TABLE B3 — NATIONAL AVERAGE WEEKLY WAGE (NAWW) AND CORRESPONDING MAXIMUM AND MINIMUM COMPENSATION RATES AND ANNUAL ADJUSTMENTS UNDER SECTIONS 6(B), 9(E), AND 10(F) OF LHWCA, FISCAL YEARS 2014 – 2022

Year	NAWW	Maximum Payable ¹	Minimum Payable	Annual Increase in NAWW ²
2014	\$673.34	\$1,346.68	\$336.67	1.62%
2015	\$688.51	\$1,377.02	\$344.26	2.25%
2016	\$703.00	\$1,406.00	\$351.50	2.10%
2017	\$718.24	\$1,436.48	\$359.12	2.17%
2018	\$735.89	\$1,471.78	\$367.94	2.46%
2019	\$755.38	\$1,510.76	\$377.69	2.65%
2020	\$780.04	\$1,560.80	\$390.02	3.26%
2021	\$816.35	\$1,632.70	\$408.18	4.65%
2022	\$863.49	\$1,726.98	\$431.75	5.77%

¹Maximum became applicable in death cases (for any death after September 28, 1984) under the LHWCA Amendments of 1984. See 33 U.S.C. § 906(b)(1). Section 9 (e)(1) provides that the total weekly death benefits shall not exceed the lesser of the average weekly wages of the deceased or the benefits that the deceased would have been eligible to receive under section 6(b)(1). Maximum in death cases not applicable to DCCA cases (Keener v. Washington Metropolitan Area Transit Authority, 800 F.2d 1173 (D.C. Cir. (1986)).

²5% statutory maximum increase applicable in fiscal year 1985 under section 10(f) of LHWCA, as amended. The maximum increase does not apply to DCCA cases (see note 1, above).

TABLE B4 — LHWCA SPECIAL FUNDS' EXPENDITURES, FISCAL YEARS 2013 - 2022 (\$ THOUSANDS)¹

Year	Total	Second Injury Cases ²	Pre-Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2013	\$120,532	\$109,501	\$1,245	\$2,066	\$7,719	3,842
2014	\$118,802	\$109,286	\$1,172	\$1,689	\$6,656	3,643
2015	\$113,865	\$104,695	\$1,048	\$1,543	\$6,579	3,639
2016	\$110,114	\$99,483	\$962	\$1,083	\$6,577	3,547
2017	\$108,229	\$91,995	\$1,025	\$748	\$8,732	3,340
2018	\$101,843	\$89,137	\$1,725	\$751	\$9,959	3,116
2019	\$97,697	\$85,498	\$1,640	\$393	\$9,541	3,001
2020	\$98,315	\$86,728	\$1,550	\$109	\$9,665	2,839
2021	\$91,557	\$80,221	\$708	\$107	\$10,521	1,936
2022	\$87,716	\$78,181	\$657	\$92	\$9,017	1,870

¹ DOL reports Special Fund expenditures shown in this table on a cash basis, i.e., expenses are recognized when paid.

² Section 8(f) payments to employees who sustain second injuries that, superimposed on a pre-existing disability, result in a greater degree of permanent disability or death.

³ Section 10(h) of the Act requires that compensation payments in permanent total disability and death cases, when injury or death is caused by an employment event that occurred before the enactment of the 1972 amendments, be adjusted to conform with the weekly wage computation methods and compensation rates put into effect by the 1972 amendments. The Special Fund pays 50% of any additional compensation or death benefit paid because of these adjustments.

⁴ In cases where vocational or medical rehabilitation services for permanently disabled employees are not available otherwise, and for maintenance allowances for employees undergoing vocational rehabilitation, sections 39(c) and 8(g) of the Act authorize the cost of these services to be paid by the Special Fund.

⁵ For cases where DOL ordered impartial medical exams or reviews (section 7(e) of the Act) and where the otherwise liable private payer cannot pay a compensation award due to default (section 18(b)), the expenses or payments resulting from these actions may be covered by the Special Fund. Also included as "Other" expenditures of the Funds are disbursements under section 44(d) to refund assessment overpayments in fiscal years 2003 - 2006. The program excluded disbursements from proceeds of employer securities redeemed under section 32 of the Act. These monies are exclusively for payment of compensation and medical benefits to employees of companies in default.

Note: Special Fund expenditure totals for some years, as shown above, may differ from those reported to Congress in the Appendix to the President's Budget. The figures here are from year-end Status of Funds reports while the President's Budget reflects total outlays as reported to the Department of Treasury and may include technical adjustments made by Treasury or the Office of Management and Budget.

TABLE B5 — DCCA Special Funds' Expenditures, Fiscal Years 2013 - 2022 (\$ THOUSANDS)¹

Year	Total	Second Injury Cases ²	Pre-Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2013	\$8,444	\$7,736	\$441	\$0	\$266	455
2014	\$8,200	\$7,487	\$412	\$6	\$296	437
2015	\$8,371	\$7,154	\$389	\$0	\$828	429
2016	\$7,200	\$6,445	\$360	\$0	\$93	420
2017	\$5,825	\$5,759	\$361	\$0	\$459	405
2018	\$7,005	\$5,468	\$575	\$0	\$960	370
2019	\$6,477	\$5,063	\$481	\$0	\$933	359
2020	\$6,195	\$4,972	\$452	\$0	\$924	344
2021	\$5,892	\$4,698	\$204	\$0	\$990	235
2022	\$5,102	\$4,071	\$177	\$0	\$855	220

¹ DOL reports Special Fund expenditures shown in this table on a cash basis, i.e., expenses are recognized when paid.

² Section 8(f) payments to employees who sustain second injuries that, superimposed on a pre-existing disability, result in a greater degree of permanent disability or death.

³ Section 10(h) of the Act requires that compensation payments in permanent total disability and death cases, when injury or death is caused by an employment event that occurred before the enactment of the 1972 amendments, be adjusted to conform with the weekly wage computation methods and compensation rates put into effect by the 1972 amendments. The Special Fund pays 50% of any additional compensation or death benefit paid because of these adjustments.

⁴ In cases where vocational or medical rehabilitation services for permanently disabled employees are not available otherwise, and for maintenance allowances for employees undergoing vocational rehabilitation, sections 39(c) and 8(g) of the Act authorize the cost of these services to be paid by the Special Fund.

⁵ For cases where DOL ordered impartial medical exams or reviews (section 7(e) of the Act) and where the otherwise liable private payer cannot pay a compensation award due to default (section 18(b)), the expenses or payments resulting from these actions may be covered by the Special Fund. Also included as "Other" expenditures of the Funds are disbursements under section 44(d) to refund assessment overpayments in fiscal years 2003 - 2006. The program excluded disbursements from proceeds of employer securities redeemed under section 32 of the Act. These monies are exclusively for payment of compensation and medical benefits to employees of companies in default.

Note: Special Fund expenditure totals for some years, as shown above, may differ from those reported to Congress in the Appendix to the President's Budget. The figures here are from year-end Status of Funds reports while the President's Budget reflects total outlays as reported to the Department of Treasury and may include technical adjustments made by Treasury or the Office of Management and Budget.

TABLE B6 — LHWCA SPECIAL FUNDS' ASSESSMENTS, 2012 - 2021 (\$ THOUSANDS)¹

Year	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Year
2012	\$124,000	\$770,364	2011
2013	\$123,000	\$857,003	2012
2014	\$118,000	\$946,294	2013
2015	\$110,000	\$908,059	2014
2016	\$110,000	\$953,833	2015
2017	\$114,000	\$961,033	2016
2018	\$107,000	\$948,926	2017
2019	\$100,000	\$832,150	2018
2020	\$94,000	\$820,509	2019
2021	\$90,000	\$799,935	2020

¹ Annual assessments of employers and insurance carriers are the largest single source of receipts to the Special Funds. Other receipts to the Funds include fines and penalties, payments for death cases where there is no person entitled under the Act to the benefit payments, interest earned on Fund investments, overpayment and third party recoveries, and monies received from redemption of securities under section 32 of the Act to pay compensation due to employees of companies in default. These payments constitute a small portion of the total receipts of the Special Funds.

² Assessments, as shown here, are not receipts to the Fund that were received during a given calendar year, but total assessments that are receivable from employers and insurance carriers based on the Special Fund assessment formula as prescribed under section 44(c) of the Act.

³ The program based annual industry assessments before calendar year 1985 on each employer's or insurance carrier's total disability compensation and medical benefit payments under the Act during the preceding year. The LHWCA Amendments of 1984 revised the method for computing assessments in two ways. Effective in calendar year 1985, the program applied the revised method for calculating industry assessments and based assessments on disability compensation payments only, thereby excluding medical benefits from the computation. Also, the program added a factor for section 8(f) payments attributable to each employer/carrier to the assessment base.

TABLE B7 — DCCA SPECIAL FUNDS' ASSESSMENTS, 2012 - 2021 (\$ THOUSANDS)¹

Year	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Year
2012	\$8,000	\$3,085	2011
2013	\$9,000	\$4,775	2012
2014	\$5,000	\$3,404	2013
2015	\$8,000	\$2,910	2014
2016	\$6,000	\$2,338	2015
2017	\$6,000	\$2,269	2016
2018	\$7,000	\$1,082	2017
2019	\$5,000	\$1,983	2018
2020	\$6,000	\$2,057	2019
2021	\$6,000	\$1,765	2020

¹ Annual assessments of employers and insurance carriers are the largest single source of receipts to the Special Funds. Other receipts to the Funds include fines and penalties, payments for death cases where there is no person entitled under the Act to the benefit payments, interest earned on Fund investments, overpayment and third party recoveries, and monies received from redemption of securities under section 32 of the Act to pay compensation due to employees of companies in default. These payments constitute a small portion of the total receipts of the Special Funds.

² Assessments, as shown here, are not receipts to the Fund that were received during a given calendar year, but total assessments that are receivable from employers and insurance carriers based on the Special Fund assessment formula as prescribed under section 44(c) of the Act.

³ The program based annual industry assessments before calendar year 1985 on each employer's or insurance carrier's total disability compensation and medical benefit payments under the Act during the preceding year. The LHWCA Amendments of 1984 revised the method for computing assessments in two ways. Effective in calendar year 1985, the program applied the revised method for calculating industry assessments and based assessments on disability compensation payments only, thereby excluding medical benefits from the computation. Also, the program added a factor for section 8(f) payments attributable to each employer/carrier to the assessment base.

Black Lung Program Tables

TABLE C1 — PART C BLACK LUNG CLAIM DECISIONS AT THE DISTRICT DIRECTOR LEVEL, FISCAL YEARS 2013 – 2022

Year	Total Approvals ^{TF}	Total Approvals ^{RO}	Total Approvals ¹	Merit Denials ²	Non-merit Denials ^{TF,3}	Non-merit Denials ^{RO,3}	Total Denials	Survivor Entitlements ⁴	Total Decisions	Approval Rate ⁵
2013	87	566	653	2,361	184	1,573	4,118	Not Applicable (N/A)	4,771	21.67%
2014	92	518	610	2,664	224	1,719	4,607	N/A	5,217	18.63%
2015	157	728	885	2,222	240	2,037	4,499	N/A	5,384	28.48%
2016	249	877	1,126	2,706	364	2,150	5,220	N/A	6,346	29.38%
2017	343	915	1,258	3,153	594	2,054	5,801	N/A	7,059	28.52%
2018	258	1,113	1,398	2,761	542	1,975	5,278	N/A	6,676	33.61%
2019	181	1,014	1,195	2,458	460	2,126	5,044	N/A	6,239	32.71%
2020	225	793	1,018	2,241	517	1,860	4,618	478	6,114	31.24%
2021	204	684	888	1,879	515	1,723	4,117	554	5,559	32.09%
2022	231	654	885	1,877	624	2,205	4,706	542	6,133	32.04%

^{TF} Black Lung Disability Trust Fund liability

^{RO} Responsible coal mine operator (RMO) liability

¹ Approvals do not include survivor entitlements (previously called “conversions”) of miner to survivor benefits under 422(l) of the Act..

² Merit denials: claims that received a Proposed Decision and Order (PDO) after all evidence is considered.

³ Non-merit denials: claims that are abandoned or withdrawn before a PDO.

⁴ Survivor entitlements reported beginning in fiscal year 2020. “Survivor Entitlements” means miners’ dependent survivors who are automatically entitled to benefits (previously called “conversions”). Figure includes Part C Trust Fund survivor entitlements, Part C Responsible Operator survivor entitlements, and Part B survivor entitlements.

⁵ Effective fiscal year 2015, approval rates are calculated using approved and denied claims and do not include withdrawn and abandoned claims (non-merit decisions). The program applied this change retroactively to approval rate calculations for fiscal years 2013, 2014, and 2015.

TABLE C2 — PART C NUMBER OF BENEFICIARIES, FISCAL YEARS 2013 - 2022¹

Class of Beneficiary		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Part C Primary Beneficiaries²	Miners	6,083	5,917	5,974	6,363	6,792	7,262	7,751	7,951	7,866	7,764
	Surviving Spouse	16,137	14,801	13,558	12,510	11,554	10,661	9,886	9,148	8,562	8,034
	Others	1,158	1,142	1,123	1,108	1,084	1,039	1,006	976	919	864
	Total Primary Beneficiaries	23,378	21,860	20,655	19,981	19,430	18,962	18,643	18,075	17,347	16,662
Dependents of Primary Beneficiaries	Dependents of Miners	4,746	4,703	4,871	5,237	5,700	6,147	6,576	6,735	6,667	6,549
	Dependents of Surviving Spouse	564	510	483	483	459	435	402	384	385	372
	Dependents of Others	101	101	102	97	90	81	78	71	64	59
	Total Dependents	5,411	5,314	5,456	5,817	6,249	6,663	7,056	7,190	7,116	6,980
Total, Part C Beneficiaries		28,789	27,174	26,111	25,798	25,679	25,625	25,699	25,265	24,463	23,642

¹ As of the end of the fiscal year on September 30.

² Active claims, including those paid by a RMO, cases paid by the Trust Fund, cases in interim pay status, cases that are being offset due to concurrent Federal or state benefits, and cases that have been temporarily suspended. It does not include Medical Benefit Only beneficiaries.

TABLE C3 — PART B NUMBER OF BENEFICIARIES, FISCAL YEARS 2015 — 2022¹

Class of Beneficiary		2015	2016	2017	2018	2019	2020	2021	2022
Part B Primary Beneficiaries	Miners	784	622	509	408	325	277	215	161
	Surviving Spouse	9,382	8,012	6,784	5,790	4,847	4,049	3,352	2,729
	Others	2,898	2,774	2,590	2,433	2,272	2,126	1,972	1,800
	Total Primary Beneficiaries	13,064	11,408	9,883	8,631	7,444	6,452	5,539	4,690
Dependents of Primary Beneficiaries	Dependents of Miners	467	358	283	214	165	134	106	78
	Dependents of Surviving Spouse	366	303	257	222	189	163	130	107
	Dependents of Others	227	221	207	193	177	147	137	111
	Total Dependents	1,060	882	747	629	531	454	373	296
Part B Beneficiaries		14,124	12,290	10,630	9,260	7,975	6,906	5,912	4,986

¹ As of the end of the fiscal year on September 30.

TABLE C4 — CLAIMS FILED UNDER THE BLACK LUNG BENEFITS ACT, FISCAL YEARS 2013 - 2022

Year	New Claims	Refiled Claims ¹	Successor Claims ²	Survivor Entitlements ³	Total
2013	2,544	2,655	624	597	6,420
2014	2,877	3,458	589	470	7,394
2015	2,860	2,879	601	478	6,818
2016	3,334	3,114	573	427	7,448
2017	3,021	3,287	600	478	7,386
2018	2,588	3,345	317	423	6,673
2019	2,580	3,471	296	459	6,806
2020	1,783	2,853	213	487	5,336
2021	1,765	2,984	254	549	5,552
2022	1,598	2,695	232	522	5,066

¹ Refiled Claim: the claimant has filed at least once before.

² Successor Claim: a subsequent claim filed on a miner's record by another person.

³ Survivor Entitlements (previously called "conversions"): some dependent survivors are automatically entitled to benefits. Beginning in fiscal year 2020, figure includes both Part B and Part C survivor entitlements.

Energy Program Tables

TABLE D1 — PART B PROCESSING ACTIVITY ON ALL ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (EEOICPA) CASES/CLAIMS ISSUED, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2022

Case Status/Claims Activity	Case ¹	Claim ²
Total Received	116,767	183,308
Number of Cases/Claims with Final Decisions Issued - Final Adjudication Branch (FAB)³	110,891	168,060
Final Approved	59,612	91,841
Final Denied	51,279	76,219
Number of Cases/Claims with Recommended Decisions Issued - District Offices⁴	1,107	2,606
Recommended Decision to Approve	225	720
Recommended Decision to Deny	882	1,886
Completed Initial Processing - Referred to National Institute for Occupational Safety and Health (NIOSH)⁵	1,478	7,286
Pending Initial Processing In District Office⁶	3,330	5,576
Lump Sum Compensation Payments	56,343	85,688

¹“Case” counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a “claim.” (One case may have multiple survivor claims).

²“Claim” counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

³ Each case or claim also received a recommended decision by a district office.

⁴ Each case or claim still pending a final decision by the FAB.

⁵ Counts only the first trip to NIOSH.

⁶ Includes remanded cases now in development and closed cases.

TABLE D2 — PART B EEOICPA CASES/CLAIMS WITH APPROVED DECISIONS AND PAYMENTS BY CATEGORY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2022

Category	Number of Approved Cases ¹	Percentage of Total Final Approvals by Case	Number of Approved Claimants	Number of Paid Claimants ¹	Total Compensation Paid to Claims ² (\$ thousands)	Percentage of Total Compensation Paid to Claims
Radiation Exposure Compensation Act (RECA)³	8,717	14.6%	14,034	13,187	\$447,967	5.9%
Special Exposure Cohort Cancer (CN)	30,027	50.04%	48,263	48,263	\$4,482,426	59.4%
Dose Reconstructed Cancer (CN)	12,841	21.5%	18,314	16,043	\$1,708,940	22.7%
Beryllium Disease (CBD)⁴	2,540	4.3%	3,303	3,255	\$377,616	5.0%
Beryllium Sensitivity-Only (BS)⁵	2,001	3.4%	2,007	Not Applicable (N/A)	N/A	N/A
Silicosis (CS)	1,627	2.7%	1,834	1,768	\$221,802	2.9%
Multiple Conditions⁶	1,859	3.1%	4,086	3,172	\$301,411	4.0%
Total	59,612	100.0%	91,841	85,688	\$7,540,164	100.0%

¹ There is not a direct correlation between the number of approved cases and the number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) the program approved some cases before September 30, 2021, but the program did not issue payments.

² Represents total lump sum compensation payments from Energy Employees Occupational Illness Compensation program inception to September 30, 2022.

³ RECA cases are not counted in any other category of this table.

⁴ Cases approved for both CBD and BS are counted in the CBD category, only.

⁵ The Division of Energy Employees Occupational Illness Compensation only provides medical monitoring for Beryllium Sensitivity (BS), and therefore there is no monetary compensation.

⁶ Cases counted in the Multiple Conditions category were approved for CN and CBD, or CN and CS, or CBD and CS, or CN and BS, or CS and BS.

TABLE D3 — PART B EEOICPA CLAIMS WITH FINAL DECISION TO DENY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2022

Reason for Denial	Number of Claims
Employee Did Not Work at a Covered Department of Energy (DOE) Facility Atomic Weapons Employer Facility, or Beryllium Vendor or Did Not Work During a Covered Time	10,459
Alleged Survivor Not an Eligible Beneficiary	9,672
Claimed Condition Not Covered Under Part B of EEOICPA	9,037
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50%	24,387
Medical Evidence is Insufficient to Establish Entitlement	11,763
Causation other than Probability of Causation	10,901
Total	76,219

TABLE D4 - PART E STATUS CASES/CLAIMS WITH APPROVED DECISIONS AND PAYMENTS, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2022

Case Status/Claims Activity	Case ¹	Claim ²
Total Received	110,435	154,720
Number of Cases/Claims with a Final Decisions Issued - FAB³	102,121	138,796
Approved	55,755	67,837
Denied	46,366	70,959
Number of Cases/Claims with a Recommended Decisions Issued - District Offices⁴	1,681	3,025
Recommended to Approve	476	911
Recommended to Deny	1,205	2,114
Completed Initial Processing⁵	1,183	5,015
Pending Initial Processing in District Office⁶	5,535	8,471
Number of Compensation Payments (Unique Cases & Claims)	45,224	51,138
Lump Sum Allocations (Unique Cases & Claims)	21,073	22,731
Wage-loss Allocations (Unique Cases & Claims)	3,825	4,576
Impairment Allocations (Unique Cases & Claims)	28,415	28,514
Payment Amounts		
Total Wage-loss Payment Amounts	\$195,250,763	
Total Lump Sum Payment Amounts	\$2,408,656,491	
Total Impairment Payment Amounts	\$3,513,748,497	
Total Compensation Payment Amounts	\$6,117,655,751	

¹ "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

² "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

³ Each case or claim also received a recommended decision by a district office.

⁴ Each case or claim still pending a final decision by the FAB.

⁵ Completed Initial Processing refers to cases sent to NIOSH, and cases with Recommended Decision, Final Decision, or cases closed.

⁶ Includes remanded cases now in development and closed cases.

TABLE D5 - PART E PROCESSING ACTIVITY ON ALL EEOICPA CASES/CLAIMS RECEIVED AND PAYMENTS, FISCAL YEAR 2022¹

Processing Activity	Case ²	Claim ³
	2022	2022
Referrals to NIOSH ⁴	476	618
Number of Compensation Payments (Unique Cases & Claims)	6,177	6,221
Lump Sum Allocations (Unique Cases & Claims)	684	717
Wage-loss Allocations (Unique Cases & Claims)	125	134
Impairment Allocations (Unique Cases & Claims)	5,368	5,370
Remands	1,148	1,222
Payment Amounts		
Total Wage-Loss Payment Amounts	\$4,952,599	
Total Lump Sum Payment Amounts	\$65,787,557	
Total Impairment Payment Amounts	\$380,281,582	
Manual Payment Amounts	\$0	
Total Compensation Payment Amounts	\$451,021,639	

¹ Activity statistics capture actions made during fiscal year 2022 only, therefore the number of activities reported do not add up to the total number of cases/claims received during fiscal year 2022. (Many activities recorded occurred on cases/claims received prior to fiscal year 2022).

² "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

³ "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴ Part E claims awaiting Part B NIOSH Return for further evidence.

APPENDIX B **ACRONYMS**

ABRWH	Advisory Board on Radiation and Worker Health	ECS	Energy Compensation System
ARPA	American Rescue Plan Act of 2021	EDP	Energy Document Portal
AI	Artificial Intelligence	EEOICPA	Energy Employees Occupational Illness Compensation Program Act
CBD	Beryllium Disease	FECA	Federal Employees' Compensation Act
BS	Beryllium Sensitivity or Beryllium Sensitivity-Only	FAB	Final Adjudication Branch
BLBA	Black Lung Benefits Act of 1972	FTE	Full-time Equivalent
BOTA	Branch of Outreach and Technical Assistance, Energy Program	HISP	High Impact Service Provider
CPWR	Center for Construction Research and Training, formerly called the Center to Protect Workers' Rights	IH	Industrial Hygienist
CMR	Central Mail Room	IT	Information Technology
CRS	Central Receivable Services	IAFF	International Association of Fire Fighters
CE	Claims Examiner	JOTG	Joint Outreach Task Group
COP	Continuation of Pay	LHWCA	Longshore and Harbor Workers' Compensation Act
CMC	Contract Medical Consultant	MSHA	Mine Safety and Health Administration
COVID-19	Coronavirus Disease 2019	NAWW	National Average Weekly Wage
CCAT	Correspondence Creation and Tracking System	NIOSH	National Institute for Occupational Safety and Health
CX	Customer Experience	N/A	Not Applicable
DBA	Defense Base Act	NPRM	Notice of Proposed Rulemaking
DOE	Department of Energy	OIS	OWCP Imaging System
HHS	Department of Health and Human Services	OWCS	OWCP Workers' Compensation System
DOJ	Department of Justice	OCIO	Office of the Chief Information Officer
DOL	Department of Labor	OIG	Office of Inspector General
DCCA	District of Columbia Workmen's Compensation Act	SOL	Office of the Solicitor
DEEOIC	Division of Energy Employees Occupational Illness Compensation	OWCP	Office of Workers' Compensation Programs
DFELHWC	Division of Federal Employees', Longshore and Harbor Workers' Compensation	OCC	Outgoing Correspondence Center
CN	Dose Reconstructed or Special Exposure Cohort Cancer	PDO	Proposed Decision and Order
DME	Durable Medical Equipment	PEER	Protecting Employees, Enabling Reemployment
ECF	Employees' Compensation Fund	RECA	Radiation Exposure Compensation Act
ECOMP	Employees' Compensation Operations and Management Portal	RC	Resource Center
		RMO	Responsible Mine Operator
		CS	Silicosis
		SEM	Site Exposure Matrices
		SSA	Social Security Administration
		SEC	Special Exposure Cohort
		WHCA	War Hazards Compensation Act
		USPS	U.S. Postal Service

APPENDIX C **LOCATION AND DISTRICT OFFICES LIST**

FECA PROGRAM LOCATIONS

13 OFFICE LOCATIONS

San Francisco, California
Denver, Colorado
Washington, District of Columbia
Jacksonville, Florida
Chicago, Illinois
New Orleans, Louisiana
Boston, Massachusetts
Kansas City, Missouri
New York, New York
Cleveland, Ohio
Philadelphia, Pennsylvania
Dallas, Texas
Seattle, Washington

LONGSHORE PROGRAM

THREE COMPENSATION DISTRICTS

WITH 11 DISTRICT SUBOFFICES

Eastern Compensation District

Boston, Massachusetts
New York, New York
Philadelphia, Pennsylvania
Norfolk, Virginia

Southern Compensation District

Jacksonville, Florida
Chicago, Illinois
New Orleans, Louisiana
Houston, Texas

Western Compensation District

Long Beach, California
San Francisco, California
Seattle, Washington

BLACK LUNG PROGRAM

SEVEN DISTRICT OFFICES

Denver, Colorado
Pikeville, Kentucky
Columbus, Ohio
Greensburg, Pennsylvania
Johnstown, Pennsylvania
Charleston, West Virginia
Parkersburg, West Virginia

ENERGY PROGRAM

FOUR DISTRICT OFFICES

Denver, Colorado
Jacksonville, Florida
Cleveland, Ohio
Seattle, Washington



OFFICE OF THE WORKERS' COMPENSATION PROGRAMS
UNITED STATES DEPARTMENT OF LABOR

