



U.S. DEPARTMENT OF LABOR

Office of Workers' Compensation Programs (OWCP)

# Claims Process and Post Adjudication Actions

**Division of Energy Employees Occupational Illness Compensation**

JOTG Webinar Series  
September 28, 2022



# Objectives

- Discuss the duties of the newly formed Staff Education and Mentoring (SEAM) Unit
- Explain the Initial Claim Process/Timelines in the District Office
  - What happens after a claim is filed?
  - Overview of evidence needed to establish entitlement
  - Overview of actions that may be involved in an initial claim
  - General Processing Timelines
- Explain Post-Adjudication Actions
  - What may happen after a claim is approved
  - What options are available if a claim is denied



# Presenter Introduction

**JR Moses** – Chief of  
Operations, DEEOIC Staff  
Education and Mentoring  
(SEAM) Unit

**DEEOIC Denver District Office**





# What is the new SEAM Unit?

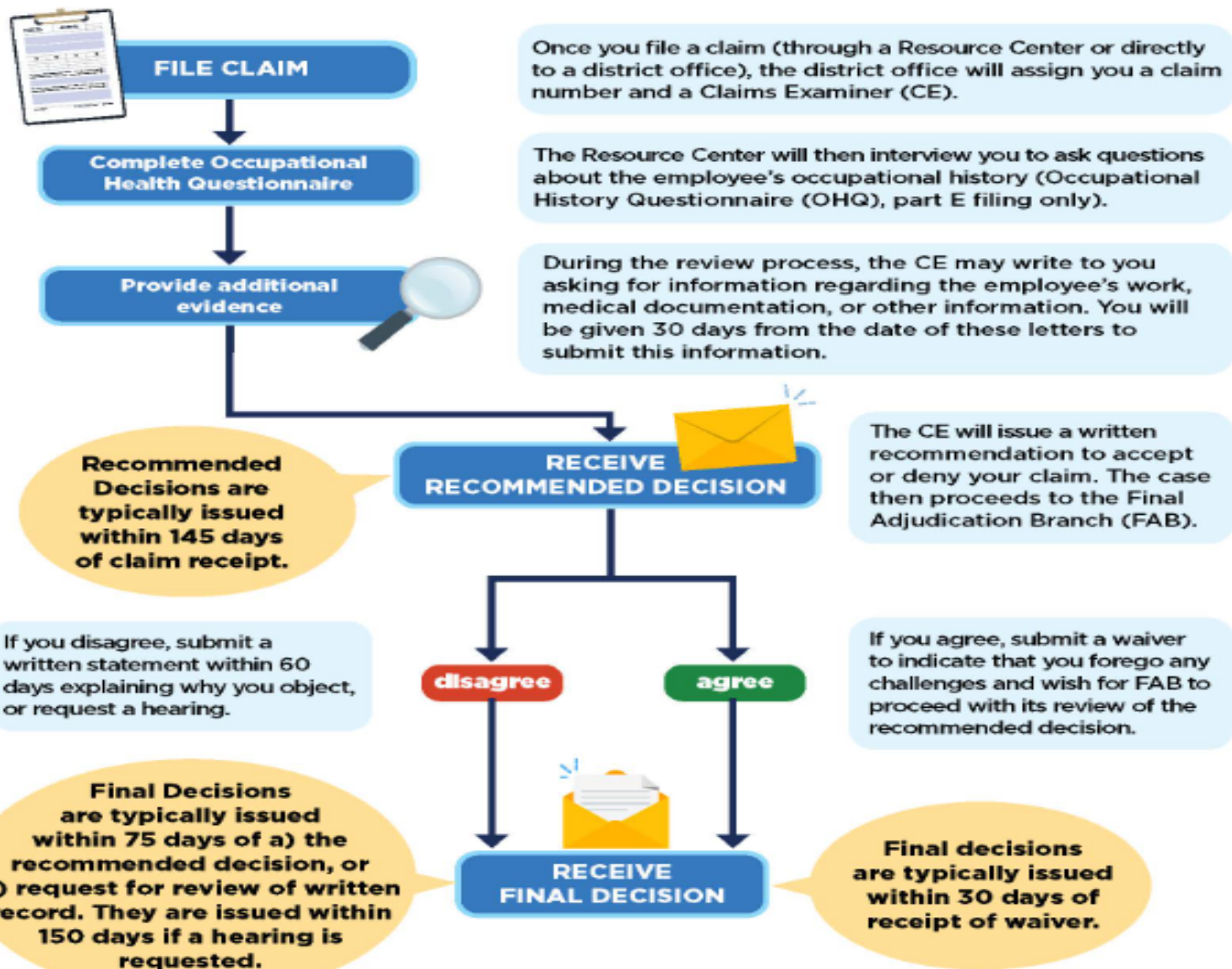
- The roles of the Senior Claims Examiner and Technical Assistants were combined to create the new Claims Examiner Specialist (CES) position.
- The CES form the Staff Education and Mentoring (SEAM) Unit which is comprised of two units reporting to the Chief of Operations in the Denver and Seattle District Offices.
- The SEAM unit is responsible for training new Claims Examiners (CE) and mentoring junior level CEs until the CE attains a journey level status which can take several years to attain.
- Other SEAM Unit functions include staff education, participating in outreach events, providing technical program expertise and carrying out other administrative tasks related to program policy.



# Initial Claims Process

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

# Claims Adjudication Timeframes





# Claims Examiner Review: Evidence

## **Medical Condition:**

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

## **Employment History:**

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

## **Survivorship:**

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





# Case Development

## **Employment Evidence**

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

## **Medical Evidence**

- Medical documentation confirming diagnosis of claimed condition

## **Causation**

- Part B – Special Exposure Cohort, Dose Reconstruction, statutory criteria
- Part E – Occupational History Interview, Review of Site Exposure Matrices (SEM), Industrial Hygienist review, DEEOIC Exposure & Causation Presumptions, Medical Opinion

## **Survivorship Evidence**

- Death Certificate, Birth Certificate, Marriage Certificate, etc.





# Recommended Decision

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



## What Happens if a claim is accepted?

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





# Filing for Additional Illnesses

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





# Consequential Conditions

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



# Impairment

- Impairment compensation under Part E of the EEOICPA for the permanent loss of function of a body part or organ, due to a covered illness under the EEOICPA, as established by medical evidence and measured by percentage points.
- Up to \$250,000.00 in compensation
- Compensation is awarded based on impairment percentage.
  - \$2,500.00 per percentage point
  - Example: 10% impairment rating = \$25,000.00 Award
- Impairment Evaluation may be performed by a Contract Medical Consultant or claimant may choose their own qualified physician
- Two Year waiting period for additional impairment claims.
  - May be waived under certain circumstances



# Wage Loss

- Benefits provided under Part E of the EEOICPA to employees or eligible survivors for lost wages the employee incurred, prior to their normal Social Security Administration (SSA) retirement age, due to a covered illness.
- If eligible, claimant is awarded \$10,000.00 or \$15,000.00 per year of established wage loss depending on the percentage of lost wages.
- Maximum payable compensation under Part E, excluding medical benefits, is \$250,000.00.
- Survivors may also be eligible for wage loss compensation if the employee experienced wage loss prior to death or died prior to reaching retirement age.



# What options are available if a claim is denied?

## Reconsideration Request

- Must be submitted within 30 days of Final Decision
- New Evidence received within 30 days of a Final Decision will be processed as a request for reconsideration if evidence is related to the Final Decision
- District Office will send reconsideration request to the Final Adjudication Branch (FAB) for assignment to a different Hearing Representative





# What options are available if a claim is denied?

## Reopening Requests

- Reopening Requests may be submitted anytime (more than 30 days after issuance of Final Decision)
- Requests are initially reviewed by the District Office
- Requests are reviewed by the District Office or assigned to the Policy Branch
- After review, a Director's Order Vacating the Final Decision or a Denial of Reopening Request will be issued by the Director or a person with delegated authority such as the District Director, Assistant District Director or Policy Branch Chief
- There must be sufficient justification provided by a claimant to warrant vacating a Final Decision including the presentation of new information or evidence.





# Reopening Requests

## Examples of reasons the DEEOIC may reopen a claim

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



# Questions



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

Thank you very much for attending the DEEOIC Webinar