

From: Jean
Sent: Thursday, April 20, 2017 11:36 AM
To: DOL Energy Advisory Board Information
Subject: Meeting today - from a claimant

Hello,

I am a claimant of the DOL EEOICPA program. My deceased father was a claimant too. I would like to tell you what I think of the DOL EEOICPA program. IT IS BROKEN!!

Claimants and their doctors have to go to extreme lengths to get approval of their medical care. Doctors are required to write multiple letters for their patients to get care and substantiate every last piece. If anything is out of place DOLs billing group - ACS rejects it. If the DOL claims examiner doesn't follow thru on their approvals everything freezes and your care never gets approved. It has taken me I think a year to get one bill paid for Pulmonary Rehab. I stopped this care because of the bills not being paid. (My white card is approved for CBD, Asthma, emphysema and squamous cell cancer of the cheek.)

We are being told by our doctors that they do not like to care for people with the DOL white cards because of all of the paperwork and extra time spent getting treatments approved. When we go to our appointments the time is spent not only on our care but what DOL red tape they have to wade thru. This takes away from our care. I have been told by my primary care doctor to only use the card for big dollar items, like CT's, not for office visits. When I went to the Kadlec Express Clinic for Acute Asthmatic bronchitis and respiratory infection I was told I would need to go to the hospital if I wanted to use my card. They don't take the cards. Providence has bought out most of the doctors practices and the Kadlec hospital here. They are a for profit company. This has impacted us even more.

If I call my claims examiner I often never get thru. I have been told they have 24 hours to respond. If you leave the house and they call and leave a message that they called you, you have to start the process all over. It makes it very difficult to speak to them. I would like them to set up an appointment so it is easier to connect with DOL and get your problems resolved. I do not think they give claimants much help to get claims approved either. I personally feel like they are against the claimant. In my case they have used Medical examiners that have been wrong on their evaluations twice. A lot of claimants feel they use doctors that will twist the facts for denials. I do not think this is how the program was intended.

DOL's ACS medical billing has problems too. The data base is not helpful to find information for the claimant and I think the doctors. They do not review the records like they would if they were processing Medicare records. If it is not perfectly submitted then the bill is denied. I would like to see our doctors trained in the program and billing tools made so they can do their jobs easier and they will want to take us as patients. Maybe a data base with form letters for the thing they are requesting with blanks to be filled in on the patients case. This way all of the correct things are on the form to begin with and the doctor knows what DOL requires. I would like to see ACS change the way they process our bills. I would like to see changes to ACS billing to make it easier like the Medicare billing processes or a claimant friendlier method used so our doctors will CONTINUE TO CARE FOR US and our BILLS WILL BE PAID IN A TIMELY FASHION.

I think that if you are ill this program is too difficult to get the help you need. It is difficult to find and wade thru all of the DOL requirements and to connect your illness to an occupational illness. It took me a couple of years and a lung biopsy to get my approvals. I have a complex medical history and it also has been

difficult for me to get any help for consequential conditions and wage loss.

I also am not happy with the survivor benefits when my father died. (Asthma, Asbestosis, and skin cancer from Hanford too). I applied for survivor benefits for his wife and was told I was eligible to apply also because I was disabled. His benefits covered Part B and Part E. His wife had Alzheimer and was in a care facility and the benefits would have helped pay for her care. She died a few months after Dad. She had three surviving children that did nothing for her care, barely had a relationship with her (not even coming for her burial). Our father did not recognize these working, adult children that had never lived with them, as his family. Yet DOL set aside the survivor benefits in case they might decide to put in a claim. I feel this is totally wrong. I would like to see this policy changed and at least a time limit for claiming benefits be put on it. The policies seems so unfair to the rightful families of claimants. In our case the benefit money will just be kept by DOL.

A group of us have met on a few occasions with our senators representatives on our concerns.

I am submitting a letter to the DOL Ombudsman I will include this as an attachment for your reading.

Thank you for listing to my concerns.

Jean