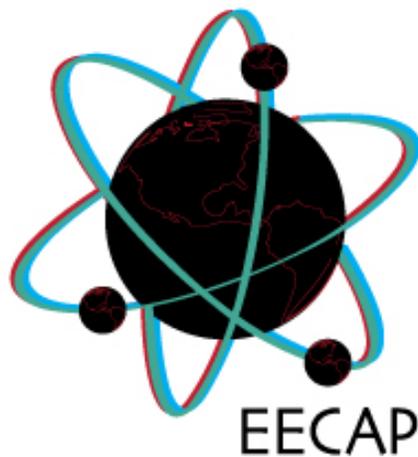


Report on EEOICPA Medical Benefits Survey



Thanks to Cold War Patriots and ANWAG for
Outreach

Executive Summary

In October 2016 the Energy Employees Claimant Assistance Project (EECAP) conducted a survey of EEOICPA claimants on their experience with EEOICPA medical benefits. Cold War Patriots (CWP) and the Alliance of Nuclear Worker Advocacy Groups (ANWAG) provided important assistance by reaching out to their members and providing them a chance to take the survey.

This report provides an analysis and evaluation of these survey results. Methods of analysis include content and quantitative analysis. 1,755 individuals took the survey but only responders who have previously filed claims were considered for this survey.

Some of the major findings are:

- 33% of responders with medical benefits reported problems in using those benefits.
- Of those responders 70% report their problems with medical benefits have NOT been resolved satisfactorily.
- The most common problem responders had was getting their medical bills paid (21%).
- 24% of responders reported that their doctors reported having problems with using EEOICPA medical benefits.
- 68% of those doctors told claimants that their problems with medical benefits have NOT been resolved satisfactorily.
- The most common problem reported for doctors was problems getting their medical bills paid (27%).
- Due to the problems reported above 35% of doctors asked EEOICPA workers to use Medicare or another type of insurance rather than the EEOICPA White Card and 18% stopped taking the White Card for covered conditions.
- There are large differences in how medical benefits are handled between the District Offices.
- Responders reported problems using their medical benefits 46% of the time at the Denver District Office compared to 26% at the Cleveland District Office.
- Responders reported their doctors had problems using their medical benefits 40% of the time at the Denver District Office compared to 8% at the Cleveland District Office.
- One responder reported having a stroke because it took a year to get their oxygen concentrator.

This report finds that prospects for claimants using medical benefits are not encouraging. There are major areas of weakness which require further investigation and remedial action:

- Sick workers and their doctors need additional help with using medical benefits.
- Investigate and correct the discrepancy between how medical benefits are handled at the different District Offices.

- Investigate and correct the reasons so many doctors are leaving the program, requiring workers to use alternative insurances, or self-pay.
- Investigate and correct the reasons so many sick workers are having trouble using their medical benefits.
- Investigate and correct the reasons so few problems with medical benefits are being resolved satisfactorily.

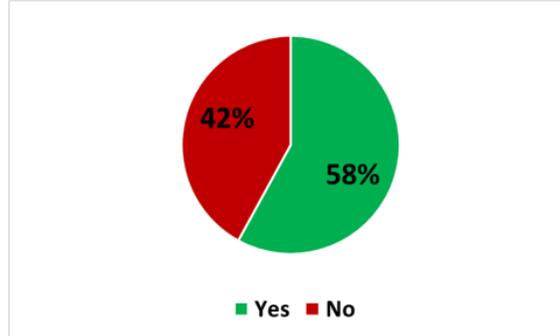
EECAP Recommends:

- Workers' Medical Benefits Problems:
 - DOL needs to provide more support for claimants having problems with using their medical benefits.
 - Require ACS/Xerox (EEOICPA billing contractor) to notify sick workers in writing when a medical benefits claim is rejected or denied and provide a clear explanation of how to resolve the problem.
 - Require ACS/Xerox to notify claimants in writing when there is a problem with a submitted expense and provide a clear explanation on what the problem is.
- Doctors Medical Benefits Problems:
 - DOL needs to educate medical professionals who treat sick workers under EEOICPA.
 - DOL needs to accept evidence from the treating physician rather than assuming the doctor is trying to defraud the government.
 - DOL needs to accept a doctor's letter or report that supports a workers claim even when it does not use DEEOIC's narrow requirements.
 - DOL needs to support workers' doctors and provide them with clear communications.
- Revision of DOL's Conflict of Interest (COI) Policy
 - Allow two Authorized Representatives when medical benefits are involved. One for managing medical benefits and a second for other aspects of the claim.
 - There is no COI possible with home health care companies with a survivor claim or when a white card has not been issued so home health care employees should not be restricted from serving these claimants.
 - ARs only receive payment for winning a claim. They receive no payment when helping claimants with medical benefits. It is unfair for DOL to expect them to work for free.
 - DOL should provide the name of Authorized Representatives to ACS and require ACS to allow the AR to act on claimants' behalf.
- District Office Disparity:
 - DEEOIC needs to determine why there is such a difference between the ways different District Offices are managing medical benefits.
 - DEEOIC needs to train the less well performing District Offices to manage medical benefits more like the better performing ones.
 - District Offices need to be trained to better assist sick workers and their doctors.

Claim Approval Rates of Responders

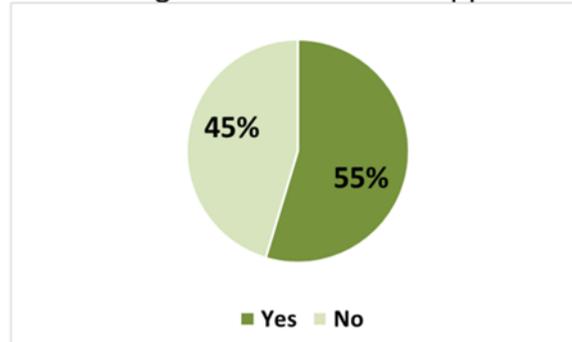
Responders reported 58% of their claims had been approved. This compares favorably to the 51% approval rate listed on the DEEOIC Statistics webpage.

Has any Part of Your Claim been approved?



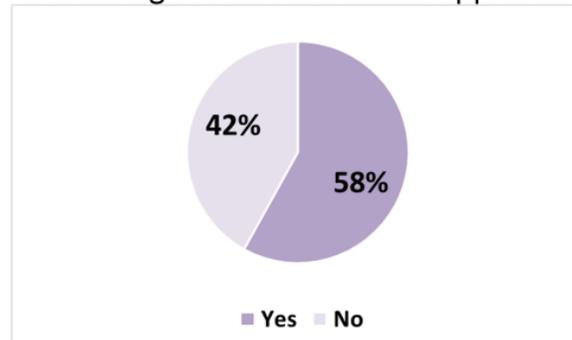
Current and former workers reported their claims had been approved 55% of the time

Percentage of Worker Claims approved



Survivors reported 58% of their claims had been approved.

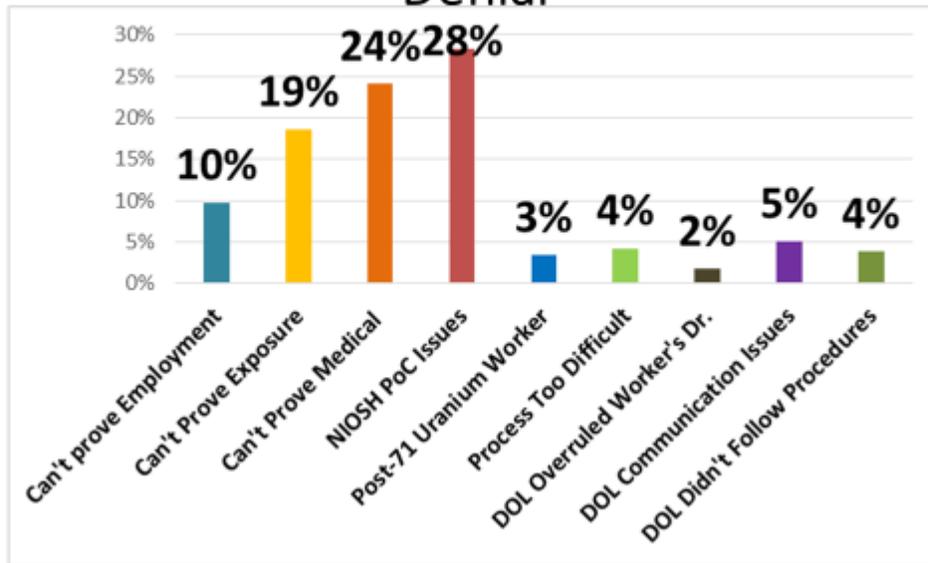
Percentage of Survivor Claims approved



Reasons Reported for Claim Denial

287 individuals reported 318 problems they felt had contributed to the denial of their claims. See Appendix A for the full list of reasons reported.

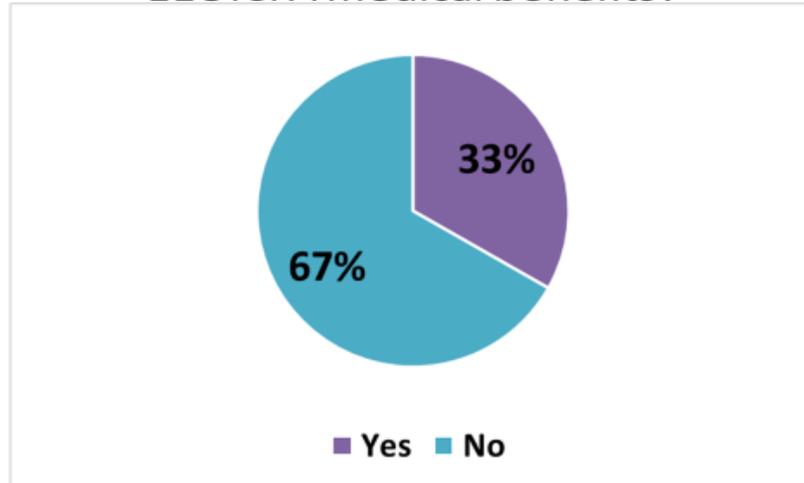
Reasons Responders Reported for their Claim's Denial



Responders report on Medical Benefits Problems

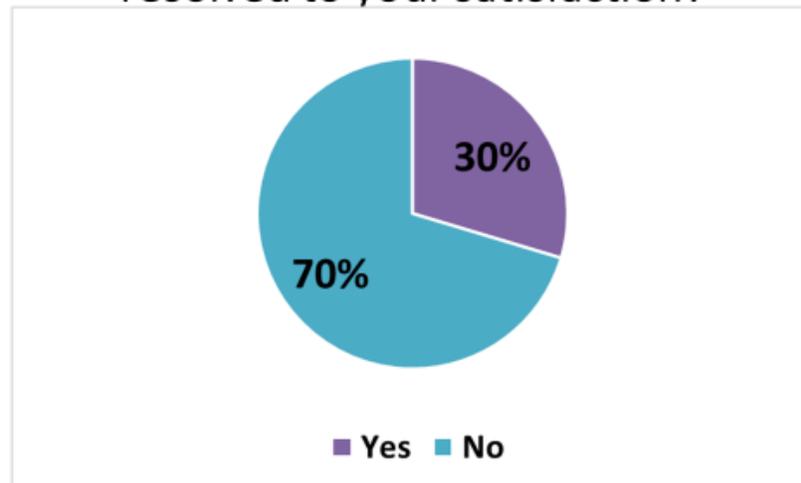
343 responders reported having medical benefits for a covered EEOICPA condition. Of these, 110 reported having problems using their medical benefits.

Have you had problems with using your EEOICPA medical benefits?



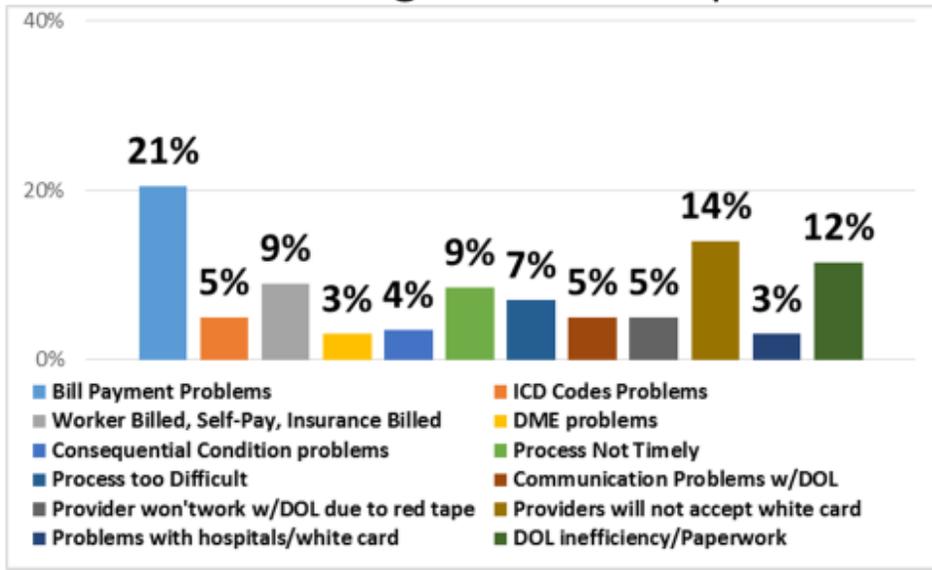
Of the 108 responders reporting 32 reported that their medical benefit problems had not been resolved satisfactorily.

Have the medical benefit problems been resolved to your satisfaction?



97 responders reported 200 specific problems that made using their EEOICPA medical benefits difficult. See Appendix B for the complete list of reasons reported.

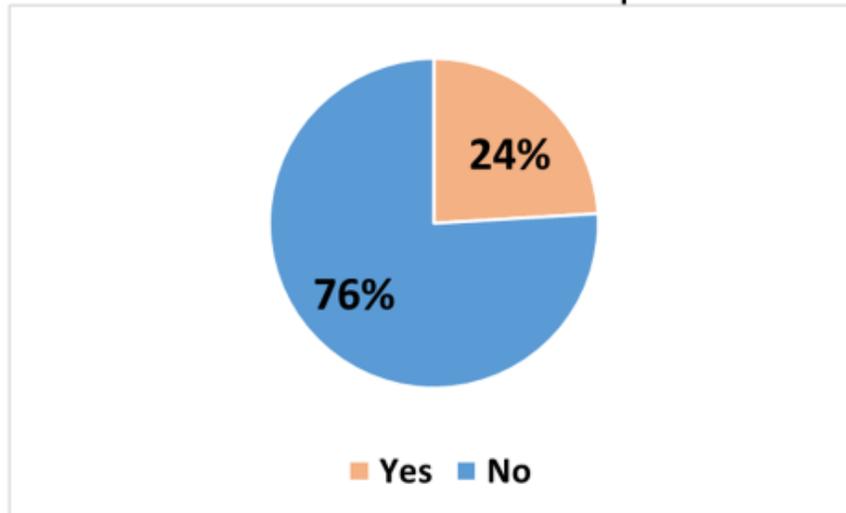
Medical Billing Problems Reported



Responders report on their Doctors' Medical Benefits Problems

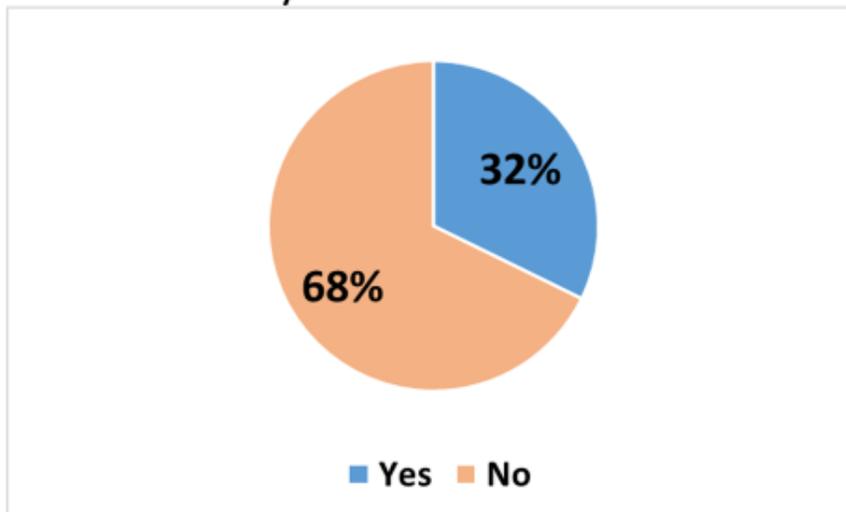
320 responders reported their doctors reported having problems using EEOICPA medical benefits.

Has your doctor had problems with the EEOICPA medical benefits process?



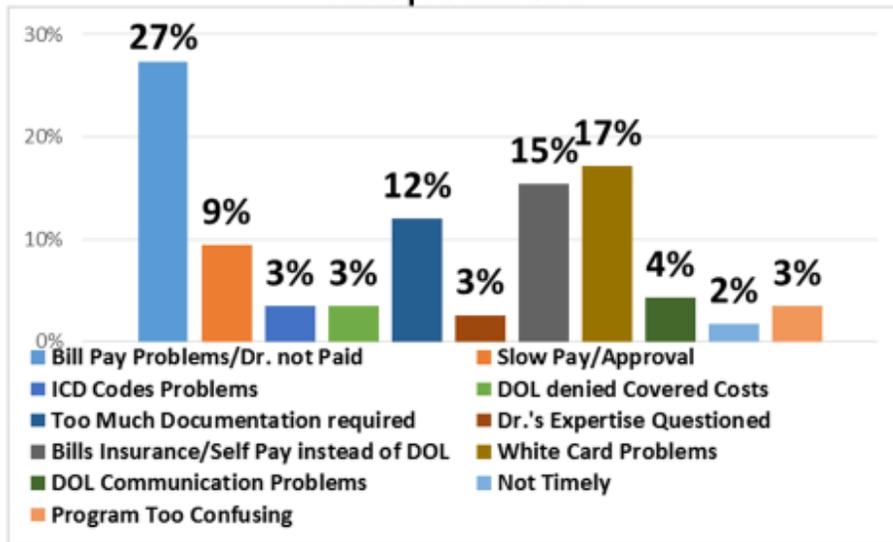
Of the 62 responders only 20 reported that the problems their doctors told them about had been resolved satisfactorily.

Have the medical benefits problems been resolved to your doctor's satisfaction?



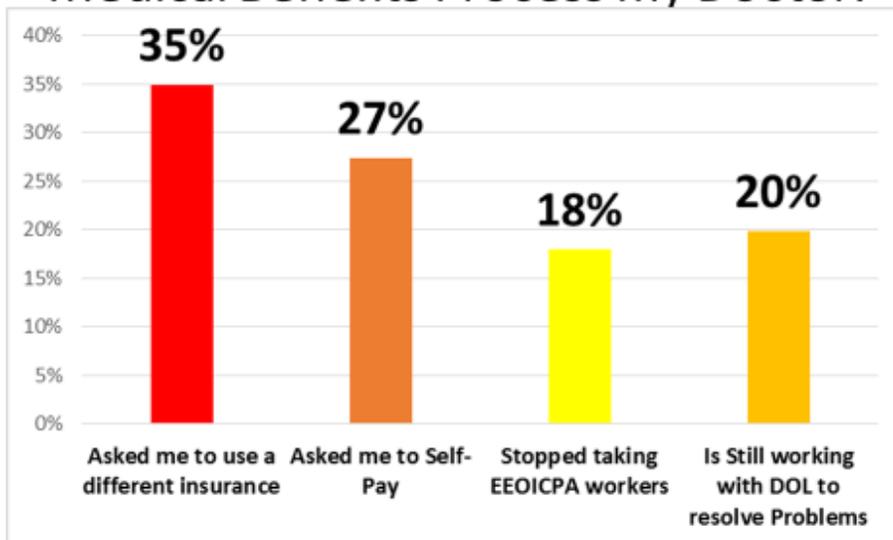
55 responders reported 117 specific problems their doctors had told them about using EEOICPA medical benefits. See Appendix C for a list of the problems.

Problems Doctors have had as reported by Responders



Responders report that their doctors did the following in response to problems they have had EEOICPA medical benefits.

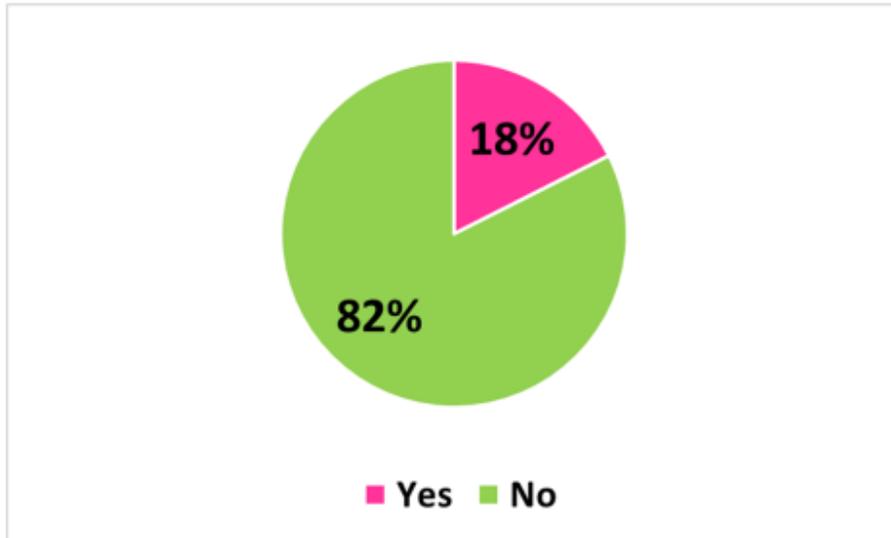
Because of Problems with the EEOICPA Medical Benefits Process my Doctor:



Responders report on Home Health Care Problems

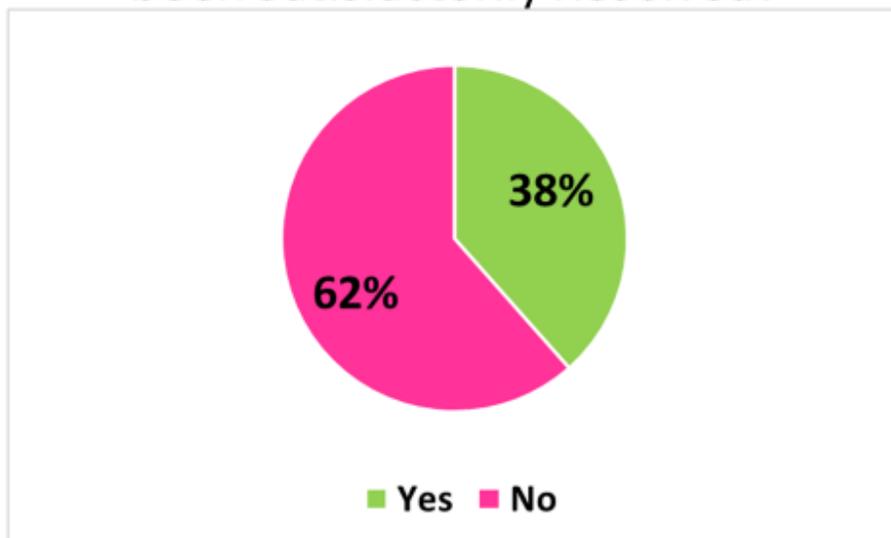
77 responders reported receiving home health care as part of their EEOICPA medical benefits. 13 reported having problems using their home health care benefits.

Has DOL made It Difficult, Tried to Eliminate, or Cut Back Your Home Health Care Benefits?



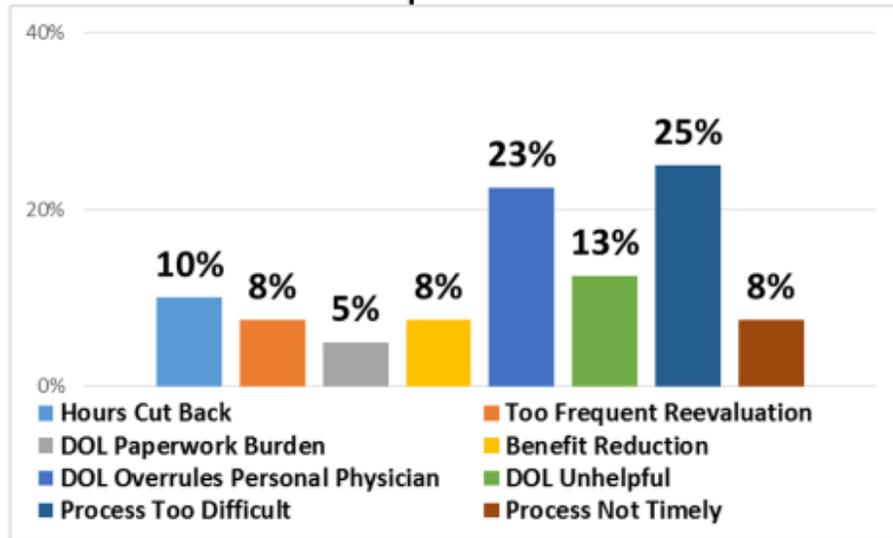
Of the 13 responders only five reported that their problems with home health care had been resolved satisfactorily.

Have Your Problems with Home Health Care been Satisfactorily Resolved?



13 responders reported 40 problems with their home health care medical benefits. See Appendix D for a list of the problems.

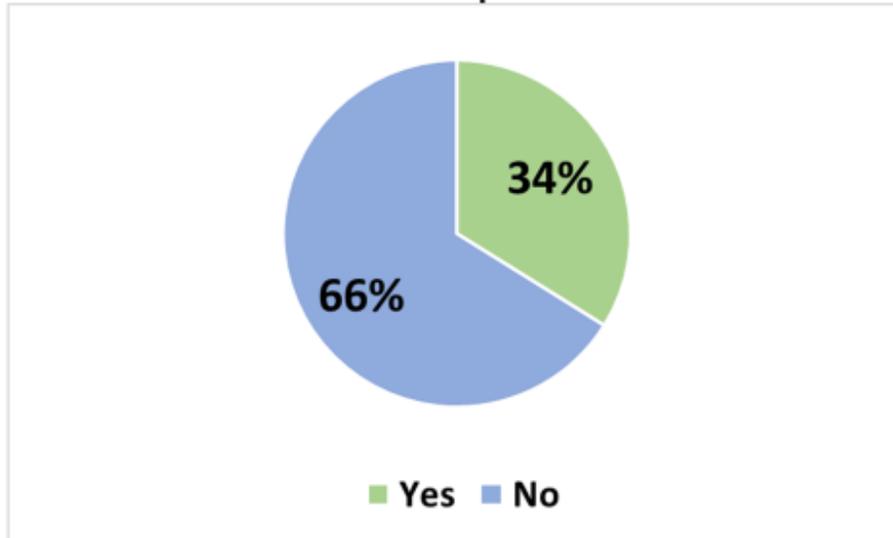
Home Health Care Problems reported by Responders



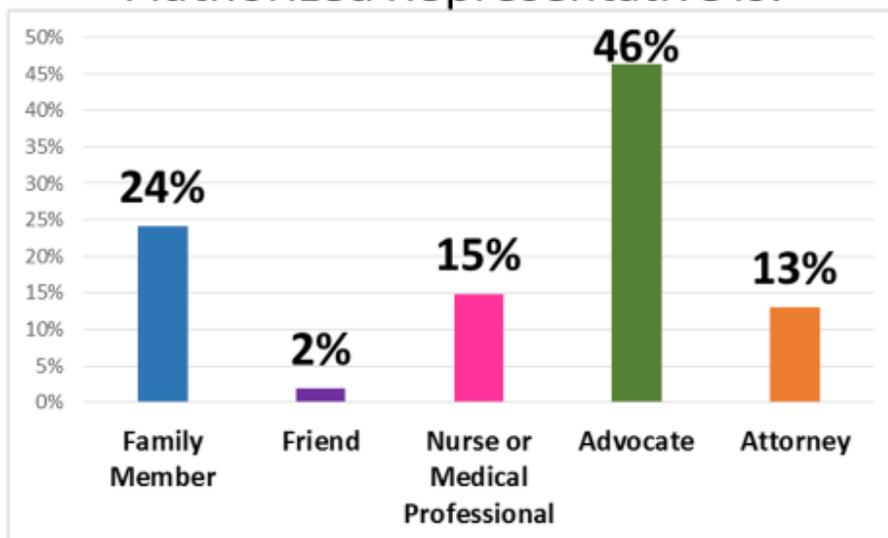
Responders report on Problems using the Authorized Representative of their Choice

104 individuals out of the 307 responders report having, or would like to have, an Authorized Representative.

Responders with, or Who would like, an Authorized Representative

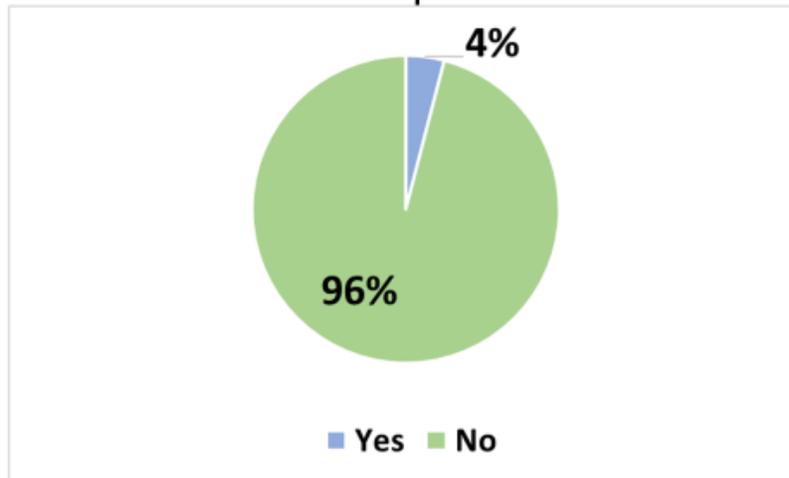


The Person I would like to act as My Authorized Representative is:



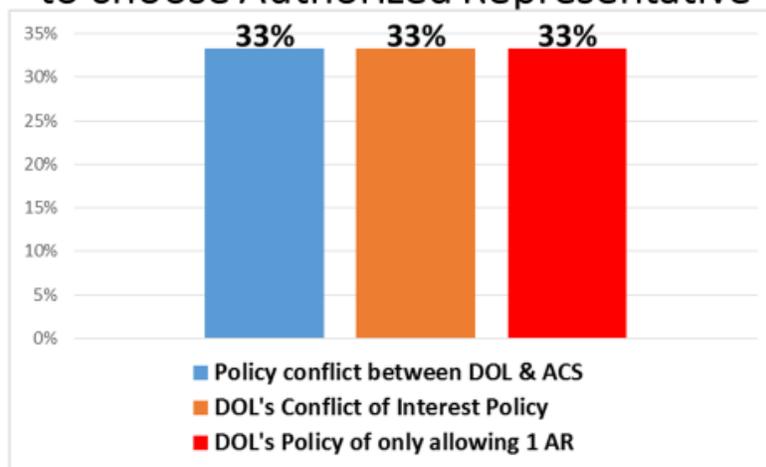
4 out of the 99 responders report that DOL has not allowed them to use the Authorized Representative of their choice. None of the four problems reported were resolved satisfactorily. The reasons given for restricting this choice are shown in Appendix E.

Has DOL limited Who You chose to be Your Authorized Representative?



Four responders reported three problems with being allowed to use the person they wished as an Authorized Representative.

Reasons Responders reported for being unable to choose Authorized Representative

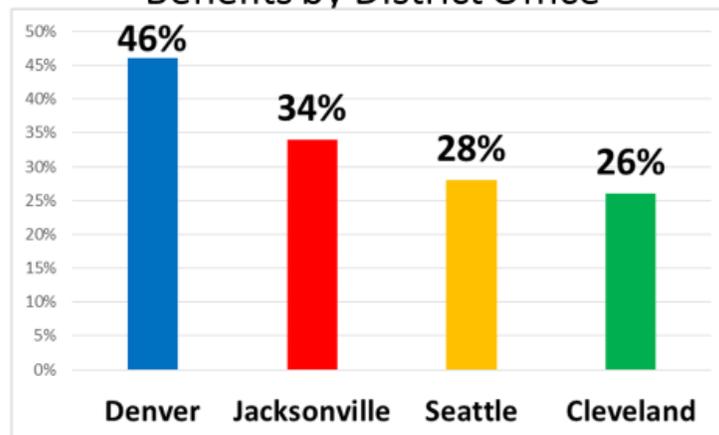


District Offices Disparity with Claimant Problems with Medical Benefits

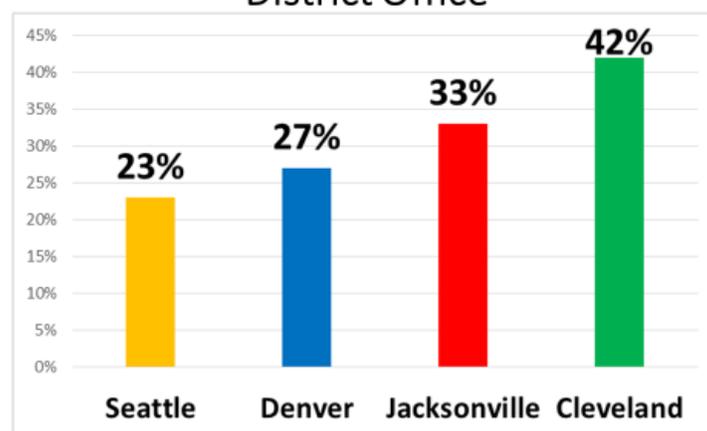
Responders reported large differences between District Offices and the number of problems they had using their EEOICPA medical benefits as well as if they were resolved satisfactorily.

- 12 out of 47 responders covered by the Denver District Office reported having problems using their medical benefits.
- 47 out of 139 responders covered by the Jacksonville District Office reported having problems using their medical benefits.
- 23 out of 82 responders covered by the Seattle District Office reported having problems using their medical benefits.
- 12 out of 47 responders covered by the Cleveland District Office reported having problems using their medical benefits.

Claimants' Reported Problems using Medical Benefits by District Office



Claimants' Problems Satisfactorily Resolved by District Office

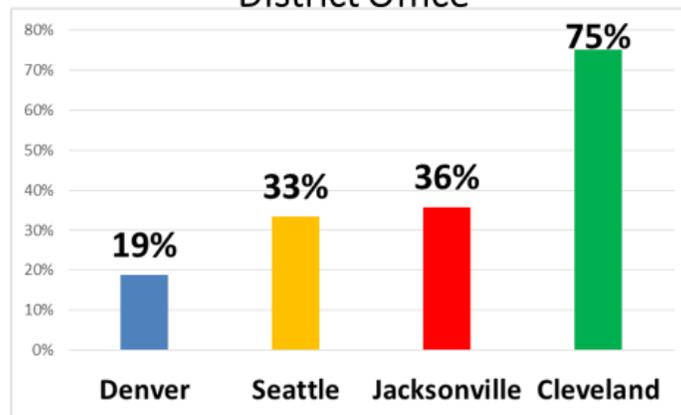


District Offices Disparity with Doctors' Problems with Medical Benefits

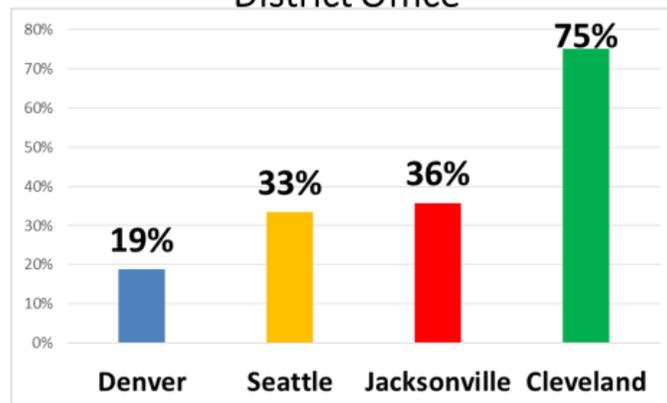
There is a large discrepancy in how many doctors have reported having trouble using medical benefits between District Offices as well as if they were resolved satisfactorily.

- 22 out of 55 responders in the Denver District Office reported their doctors had expressed having problems using EEOICPA medical benefits.
- 32 out of 105 responders in the Jacksonville District Office reported their doctors had expressed having problems using EEOICPA medical benefits.
- 16 out of 58 responders in the Jacksonville District Office reported their doctors had expressed having problems using EEOICPA medical benefits.
- 5 out of 55 responders in the Cleveland District Office reported their doctors had expressed having problems using EEOICPA medical benefits.

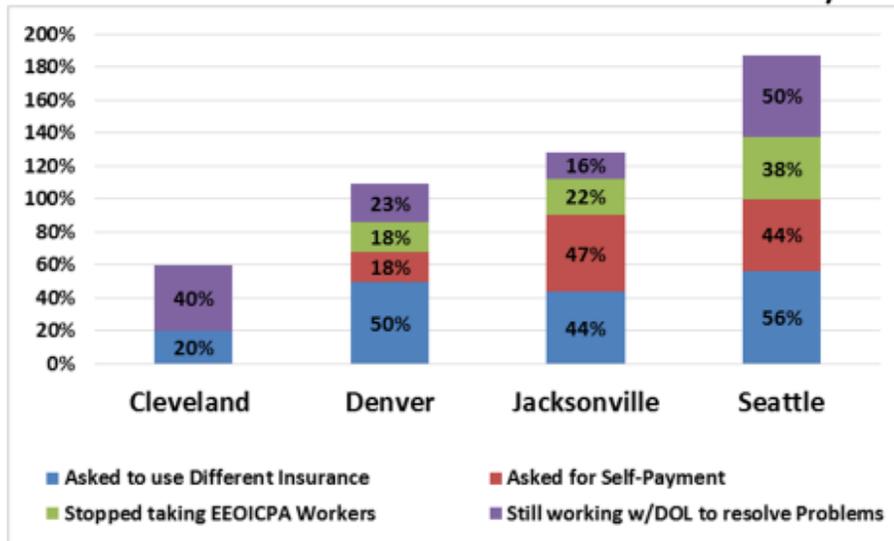
Doctors' Problems Satisfactorily Resolved by District Office



Doctors Problems Satisfactorily Resolved by District Office



Doctors experiencing Medical Benefits Problems reacted to Different District Offices by



Doctors reported having fewer problems with some District Offices than others. Doctors are more willing to continue working and trying to resolve problems with some District Offices than others.

- One doctor dealing with Cleveland District Office asked a responders to use a different type of insurance rather than the white card.
- 11 doctors dealing with the Denver District Office asked responders to use a different type of insurance rather than the white card.
- 14 doctors dealing with the Jacksonville District Office asked responders to use a different type of insurance rather than the white card.
- Nine doctors dealing with the Seattle District Office asked responders to use a different type of insurance rather than the white card.
- Zero doctors dealing with the Cleveland District Office asked responders to pay out-of-pocket for care of covered conditions.
- Four doctors dealing with the Denver District Office asked responders to pay out-of-pocket for care of covered conditions.
- 15 doctors dealing with the Jacksonville District Office asked responders to pay out-of-pocket for care of covered conditions.
- Seven doctors dealing with the Seattle District Office asked responders to pay out-of-pocket for care of covered conditions.
- Responders reported zero doctors dealing with the Cleveland District Office stopped taking the White Card.

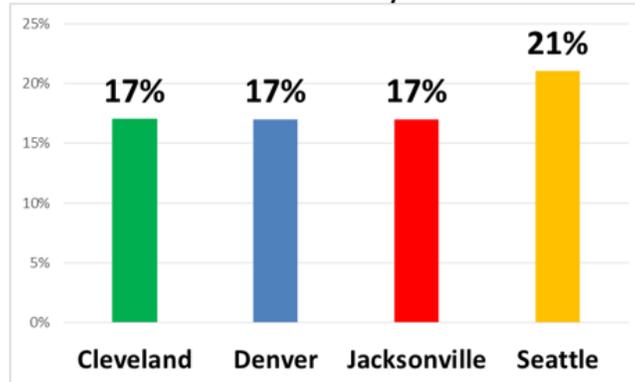
- Responders reported four doctors dealing with the Denver District Office stopped taking the White Card.
- Responders reported seven doctors dealing with the Jacksonville District Office stopped taking the White Card.
- Responders reported six doctors dealing with the Seattle District Office stopped taking the White Card.

- Responders reported two doctors were still working with the Cleveland District Office to resolve problems.
- Responders reported five doctors were still working with the Denver District Office to resolve problems.
- Responders reported five doctors were still working with the Jacksonville District Office to resolve problems
- Responders reported eight doctors were still working with the Seattle District Office to resolve problems.

District Offices Disparity with Home Health Care Problems with Medical Benefits

Responders report similar problems using their home health care benefits at different District Offices.

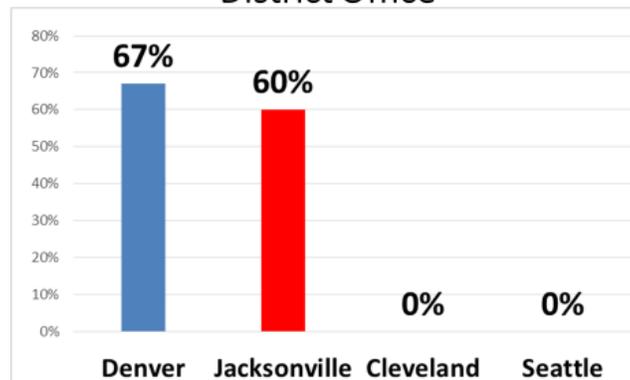
Responders report Problems accessing Home Health Care Benefits by District Office



The numbers reported for Home Health Care problems being satisfactorily resolved were low.

- One responder reported for Cleveland District Office.
- Three responders reported for the Denver District Office.
- Five responders reported for the Jacksonville District Office.
- Four responders reported for the Seattle District Office.

Claimants' Problems Satisfactorily Resolved by District Office





Medical Benefits Survey Report Appendix A:

Responders report Problems which kept Their Claims from being approved

1. /?
2. ?
3. 15 years ago, do not remember
4. 1971 cut off point
5. 1971 cut off point.
6. 1-not accepting doctor's letter 2-wanting same tests done over again because they don't read my file 3- denying my claims due to my representative being Redacted 4- in accurate job description of a Production Expeditor in the Pinellas Plant 5- bias- denying some but yet accepting others for the same claim
7. 23 independent cancer, have not reached 50% causation.
8. after 1973
9. Although at least six people (to date) from a small department/pool of fewer than 100 regular workers died of a rare malignant brain tumor with my brother as the only known survivor, only radiation exposure is accepted as a cause for this kind of tumor by the EEOICPA despite the statistically significant cluster at the Kansas City Plant and medical evidence from other industries that link certain chemical processes performed in that department with malignant brain tumors.
10. Always wanting more information. I worked there 40 years they have access to all my records and know what problems are associated with employment yet the sick worker has to do all the work for them.
11. Apparently not enough evidence to support the claim.
12. As it turns out this act is bias. DOD contractors and DOE contractors worked side by side on projects at the Nevada Test Site. Only the DOE personnel are being covered. We were affected by the same exposures but we are IGNORED. This Act needs to be amended. The motto is "Delay, Deny, wait till they die. The government turned its back on loyal people who did their jobs.
13. Automatic DENIAL over and over.
14. because cause of death cert. didn't say it was from asbestos
15. Because prostate cancer is not covered although it is covered by DOD.
16. Cannot get in touch with department of labor. Someone called me and I missed the call they have not called me back. I have tried four or five times to call them and cannot get through to them.
17. Cancer did not qualify
18. Cannot prove that my skin cancer was caused by radiation exposure.
19. Can't find Dr. records or old Dr.s plus Dr. not wanting to write Diagnoses! Record lost, old long time ago.
20. Claim adjusters denying the proof of Doctors. Exposures at Los Alamos Labs and Sandia Labs 1980 thru 2011.
21. claim pending
22. Claim was denied, then they decided to send it to Jacksonville to Re consider my claim. That was about 4 months ago.



23. Colin polyp not cancerous, largest doctor ever removed!
24. Construction work history at K-25
25. Continued denials.
26. Data and submittals still under review.
27. Delays, then quick denial of claim
28. Denied because could not prove cancer was caused by employment
29. Denied because Previous employer that is no longer in business and records not available
30. Denied due to no exposure for my job type. This is flawed logic. They are treating engineers as office workers. In reality. We are in the filed a good part of the time troubleshooting leaks, damage, etc. Areas where exposure could be gteatest.
31. Denied condition was caused from work. Have an attorney, have had review, waiting response.
32. Diagnosis
33. Did not approve skin cancer.
34. Did not consider all exposure
35. Did not meet threshold to be statically valid. melanoma apparently not seen as being caused by rad (ha)
36. Did not worked during prescribed period. Was exposed to radiation sources, x-rays, chemicals, explosives, depleted uranium, mercury, TNT, etc.
37. Difficult to remember dates and all the places I worked at Hanford. My cancer wasn't recognized at the time I applied.
38. Disinterest of the Government
39. Do not know!
40. Doctor did not submit medical records before my family member died, and the doctor has retired from practice and the medical records were not preserved.
41. Doctor review gives me less than 10% disability
42. Documentation
43. Documentation?
44. Does reconstruction and an assignment I had at Y-12 for a year in building 9720-33 not being taken into account, plus Y-12 not being an SEC have been major factors in my claim not being approved. I've had a recurrence of cancer since filing my claim.
45. DOL Claims Examiners have repeatedly and consistently violated the provisions of the EEOICPA over the past 16 years, including not forwarding the official records of employment, exposure, and medical history to NIOSH, and not stating to us the reasons why they have not done so.
46. DOL EEOIC personnel are unable to capture required information. Same information is requested and provided multiple times.
47. DOL is the problem as they don't play by the rule book. They seem to be writing their own rule book to deny clams.
48. DOL say location not DOE. DOE paperwork says otherwise.
49. DOL says location is NOT a part of DOE. However DOE paperwork indicates otherwise.



50. Don't have the foggiest. I know it sounds silly, but the person in the labor department just seemed to want to deny my claim for some unknown (to me) reason. I base that on the fact that I got a really s----y letter from the chief of the dept. giving me hell for having the audacity to write Barack.
51. Don't know
52. don't know
53. Don't know. Denied in Washington, DC, by Physician in charge.
54. Don't recognize dates of employment. Don't acknowledge cause of death.
55. don't remember
56. Dose reconstruction did not support cause of illness.
57. Dose reconstruction not enough and the year I was hired 1983
58. Dose reconstruction. I get the impression that both DOL and NIOSH are both just trying to find ways to deny compensation. Rather than do an objective evaluation, they do everything they can to find reasons to throw out my claim.
59. Dr. said it was not satisfactory
60. Early in the process ,I guess, all paper work returned for about a week
61. Employed first at Y-12 plant July 1978 then transferred to X-10, and K-25 as needed while serving the Central Engineering Division. Filed claim 8/29/2003 After 3 years of multiple correspondence, FAB concluded my breast cancer of 9/30/1999 did not meet the criteria of a "covered employee with cancer" pursuant to part B of EEOICPA
62. Every time I found more information they lowered the percentage from the time before. They said because they allow extra so I never caught up on the extra to qualify always came in just under what I needed to qualify!! Kind of like they moved the starting line farther away whenever I came close!!
63. Evidence not adequate
64. Exposure records did not indicate that there was at least a 50% chance that cancers were caused by radiation exposure
65. Exposure records id not indicated at least a 50% chance that the cancers were caused by working at DOE site
66. Failure to review factual evidence in the DAR. Incorrect eligibility determination. Diagnosed with a non-covered cancer the rest of the universe recognizes as radiogenic. Failure to qualify for SEC by about 50 days once covered cancer diagnosed. Low POC; only 50 days outside of SEC evaluated.
67. Files not available for time period in question.
68. Final decision
69. Getting all the medical record information to support my claim.
70. good health
71. Had to prove that the workplace caused the problems
72. Had to prove workplace causes the problem
73. Have COPD and emphysema from black powder dust and chemicals while doing testing at mound lab in Miamisburg Ohio. Since i was a former smoker, I think my claim was denied
74. Have not heard from anyone.
75. Have not submitted a claim.



76. Haven't heard back from EEOCIP
77. Having trouble with verifications. So long ago.
78. Hearing DOL said my 1991 to 2014 employment at PGDP did not qualify even though over 10 years I was under DOE clearance. USEC gave them an out. Skin cancers did not satisfy the caused by requirement.
79. I am being blocked by the DOL for various reasons.
80. I am having trouble getting medical information for my deceased father and can't get help from anyone. I have found in his personal records that he was hurt at Mercury, I know when it happened and he had an insurance policy that nobody seems to understand called ERISA. He worked after many shots and then became unable to work at night because of a vision problem, etc. Thanks for asking.
81. I am not sure. It was for skin cancer
82. I assisted my mother with filing a claim on my late father. After many denials and appeals, we met with someone from DOE Washington for a final appeal meeting. We were told that we would have to present evidence that the stroke that resulted in my father's death was caused by one or both of the illnesses he had. My first question was, "Based on the 100's of pages submitted from doctors and hospitals, was there not enough information to make that determination." The DOE person repeated the same statement. I then asked if my father's claim would have been denied if he were still living, and, again, his response was the same, must provide evidence that the stroke that resulted in his death was caused by one or more of the illnesses he had. After that meeting, my mother believed there was no point in pursuing this any further. She thought that no matter what we did, the claim would continue to be denied.
83. I couldn't prove that the skin cancer which was removed from my chest, was caused from exposure
84. I didn't get the 50% needed to be paid. I had very invasive breast cancer and had stem cell. I should have been paid. My % was just 38%. I don't think it was figured correctly. My deceased husband was paid for asbestos poison, which caused his non-small cell cancer of the lung. He should have been paid for both. He worked there 35 years. Some people were paid for both.
85. I do not know!
86. I don't know
87. I don't know
88. I don't know
89. I don't know.
90. I don't know. It was sent to Florida over a year ago!
91. I don't think the claim ever went anywhere after I filed it.
92. I filed a claim a year ago. I called about 6 months ago and asked why it is taking so long to make a decision. The rep told me it was still under review.
93. I filed for Prostate Cancer which is not on the approved list.
94. I filed for radiation exposure but they would only address chemical exposure and their SEM database was totally inadequate. By the time I received their answer the appeal timeline had already expired.



95. I gave them all of the chemicals that I have been exposed to and they say that those chemicals did not cause the spot in my lower left lung that is going to get worse. I am overwhelmed by their denial and I don't have the fire in me to fight this by appealing. I need help from an expert to guide me through this process.
96. I guess it's my occupation description. I was administrative/clerical but I was in Dosimetry and Industrial Hygiene. It was my job to go all over the Hanford reservation to deliver finger rings, pencil dosimeters and other things as needed. And I do mean all over the reservation. When the dosimeters changed from film badges to the hard ones every Rockwell employee had to be issued a new holder and it was my job to hand deliver them to the Monitoring stations all over. Even the 100 area and other remote locations like the mountain that got cancelled and back filled because it was a Native Holy place. So because I'm listed as administrative the people in Washington don't believe I could have been exposed to anything.
97. I guess my prostate and bone cancer, plus COPD, emphysema and asbestosis aren't enough.
98. I guess time and lack of correspondence. I have called several times to try and find out info on my claim. The ball rolls really slow if at all!
99. I had a very hard time finding anyone to help me with my claim. The DOL made random excuses as to why they would not consider my claim, i.e., since I had worked as a clerk, I didn't work in the field, so I could not have been exposed, etc. I could not find a doctor who would support my claim. I tried several, and not one would help, despite the bankers' boxes of medical, employment and DOE records I have collected. I think the only way anyone will be considered is if they were a trade and now have cancer.
100. I had colon polyps removed which were said to be precancerous and not yet malignant.
101. I had prostate cancer and basal cell carcinoma cancer. A determination was made that neither of these types of cancer are covered. Additionally, the Government could not locate a number of the records regarding where I had worked.
102. I had skin cancer and was told I had to have two skin cancers before I could have any claim.
103. I had surgery on the lining of my heart and lung in 1998 and I believe it was caused from asbestos, or beryllium. I worked as a chemical operator at Y-12 and worked in asbestos, cleaning up mercury, nickel uranium, transuranic material (BI products from nuclear waste) nitric acid 30 & 70 % cellulose, hydrogen fluoride, acetone, carbatol, uranium oxide, Sulfuric Acid. I have been short of breath since. I have skin disease for over 9 years. My pulmonary dr. at the time of surgery said it have been caused from asbestos. So when I told it they sent him to Memphis hospital and the one that took his place wouldn't say, and When they did the surgery something had cut the lining of my lung it was pure blood. He put talc in to stop the bleeding and put a window in the lining of my heart. This happened 5 yrs. after I retired in 1993. I have tried many times but



- they just say no they didn't think it was caused from that. I was in excellent health when I retired in 1993. I also cleaned
104. I have had multiple skin cancers that my dermatologist has documented that he believes is directly attributed to my chemical and radiological exposures. According to the DOL, they do not agree. They have denied both claims while they approved claims for a friend, Redacted, Jr. for the same skin cancer condition as I have.
 105. I have MS they said they don't have enough proof MS is caused by radiation but I was diagnosed at 52 kind of late in life for that,????
 106. I have no idea, they just stop communicating with me
 107. I have no idea.
 108. I have numerous bone tumors, been diagnosed by two separate hospitals, Green Bay Oncology and MD Anderson. The tumors are benign but in the rib cage, spinal cord and cranial marrow. The doctors stated it was the precursor to MM I was told I had to prove radiation was the precursor to Multi myeloma. I tried for over a year contacting the national MM society in Scotland and the US along with MD Anderson. And Mayo Clinic. There is no definitive cause for MM however radiation exposure is thought to be a cause. Thus my claim was denied for part E but when I get MM I will be accepted for part A. In the mean time I am out over \$20,000 for out of pocket expenses since 2011. In the 80s I worked PUREX at Hanford and build room Rocky Flats and the Battelle Cleanup I the 90s
 109. I have only minor physical challenges.
 110. I have prostate cancer and I am advised that it would have to spread for my claim to be approved. I also have pre-cancerous growths taken off my head and I am told they would have to develop into melanoma before my claim would be approved. This appears to be a stalling process.
 111. I just entered a giant paragraph about this and it was not submitted!!!! Bottom line is the only way anyone can benefit from this so-called program is if they 1) worked in the trades, or 2) have since gotten cancer. The program is a joke and there is NO help for the people who need it. Lawyers don't make any money with these claims, and there's no way the average person can possibly understand what is required to file one. I had an "advocate" but she didn't help me.
 112. I just got started on the claim process.
 113. I made the claim because a spot was showing on my lungs. After subsequent MRIs, the spot didn't appear to grow so my claim was denied.
 114. I really do not know as they say it takes time.
 115. I started in 1981 at Mound and they turned down my lung scarring and COPD. Then I filed for bilateral hearing loss and they said I didn't have 10 years in before 1990. I don't know what changed in 1991 but it sure wasn't the noise or the chemicals. I was a metal fabrication mechanic then they changed the name to sheet metal mechanic but the job didn't change.
 116. I understand the claims being paid have not reached my father's time of employment



117. I was denied my claim because the illness that I claimed was deemed not caused by my work environment.
118. I was told I didn't have enough exposure to have gotten my cancer from radiation.
119. I was told my percentage was not great enough
120. I was told that I am in the category of post uranium worker. yet I have early stages of lung disease
121. I worked at the IOP for 32 years. Did not work during prescribed period. Was exposed to source radiation, x-rays, explosives, depleted uranium, mercury, TNT, lead azide, beryllium, etc.
122. illness disallowed
123. Illness hasn't been identified, I don't really know.
124. In process
125. Inadequate evidence to make
126. Incomplete paperwork from Doctor and Y-12 can't find my employment records of 42 years.
127. Insufficient history on file for the time period being questioned.
128. Insufficient time on site
129. It did not meet the "at least likely as not" threshold, as required under the EEOICP that the cancer was caused by radiation doses incurred while employed at Hanford, as the probability of causation was 46.98 percent.
130. It seems, they just forgot about my claim
131. It was determined that none of the Radiation and Chemical Exposure caused the type of Cancer I had.
132. It was for skin cancer, and I don't really know why since others have been approved who worked far less years than me and spent far less time in radioactive and contaminated zones than me,
133. It was NIOSH, Dad was found to have terminal liver cancer when having a surgery. The liver was not the primary. The Dr. decided not to extend the surgery to locate the source. He suspected the pancreas. The liver cancer was terminal with no offer of chemo or any treatment. Dad died at age 60 after battling cancer for a year.
134. It wasn't to the hospital standard. The X-ray did have a scar and my Dr. Said it could have been from a sinus problem. My Dr. Said it could be from my job and is watching my health.
135. It's in process of being reviewed
136. It's still in review. I travel for a living so it's hard to obtain the documents I need. And NNSS has not sent me the required dose and other associated paperwork I requested I have filled out the procedural form sent proper ID and sent it registered signature returned request. I did receive 2 signed return request cards that verified they did get the certified letters, but I have yet to receive anything else from NNSS.
137. Jacksonville said I did not have enough exposure.
138. Job title inconsistent with DOL listing. Inaccuracies with SEM database



139. Just became aware of the program and attended Sept.13 meeting at Longmont Elks Club. Appt. was made with Jody at the RF Health Clinic on Sept 29. And claim faxed from Resource Center October 5, 2016. SERIOUS PROBLEMS ACQUIRING OLD MEDICAL RECORDS I tried calling Lutheran Medical Center for the doctor's records that said I had had a chemical reaction which started my Asthma and wheezing from working at Rocky Flats. Be aware, the majority of medical records are disposed of after 7 years from doctors' offices and hospitals and trying to get records stating my illness was from work at Rocky Flats is impossible to get the original older records because they are 25-35 years ago and destroyed. Because the claim is so recent that would be a reason it is not approved and I expect difficulty proving my case. I would swear under oath my illness was made worse working at RF.
140. Just filed it
141. just recently filed
142. Kept asking for more and more information
143. Kept asking for More info
144. Kidney failure at sight is only a lower for exposure to lead. No other causes are allowed unless medically proven for certain even though many chemicals on list will cause I deny failure. Reviewed by physician but not accepted by AGENCY.
145. Lack of evidence found at Rocky Flats
146. Lack of medical records.
147. Less than 50% proof cancer caused by radiation exposure
148. Post 1971 ?
149. Medical records from my spouse who is deceased Marriage license
150. Medical results did not justify approval of claim.
151. Mental health claim
152. More information was requested to show how I was exposed to hazardous materials. That was mailed to them on 8 October, 2016.
153. Multiple claims denied
154. My cancer did not qualify for benefits.
155. My case worker wanted work documents. Work documents are only kept seven years or end of project. I also do not have work order numbers or project names. I do not have any access to stored documents if any exist. We are talking thirty plus years ago. Case worker would not acknowledge that and would not answer my questions. Case worker received someone else work history. I told them that was not me. They refused to acknowledge that and continued to call it the employment history of record. Case worker did not know what was in their own letters.
156. My dose reconstruction has come back with a least than 50% chance my leukemia was caused from Hanford work exposure.
157. My father died from cancer caused by exposure from Radiation. He was one of the scientists from the 150's and was at all sites with SRS being the last. They said because we could get doctors records that were destroyed in the 70's we were not eligible. We had travel records, icmone records and bills from his



treatment. They also conveniently couldn't find all his medical records and time spent in testing areas. He was not a desk jockey...he was an engineer and in charge of safety issues which mean he visited every site that had "accidents" exposing him to radiation. He was one of the early scientist involved in the different types of rods....the one exposure that was proven to cause cancer in the prostate. So the pioneers are completely abandoned and left with nothing although they and their families suffered the most. Absolutely disgusting the way these families are being treated. Apparently the ordeal recounted by surviving families doesn't count for anything. Truly a shame our

158. My husband passed away 8-8-2016. I had to establish my relationship of the employee which I felt I had completed. I submitted documentation of my relationship as the employee's wife. I have not received any notice as to if this information has been received and is being processed. There are more charges related to my husband's case and I would like to have instructions as to how I can submit these charges and receive payment for them. I also need to receive the final amount of settlement related to his case as a pancreatic cancer patient as it is related to working at Rocky Flats Nuclear Weapons Plant in Colorado. I also have a back prescription that I need to resubmit because I did not know that I had not address the correct numbers associated with the prescription I had to pay cash for. It is approximately \$335.00 which is a lot of money for me to be without. Please contact me on what I need to do to get these issues resolved.

Thank you, Redacted

159. My husband passed away from one of the approved cancers, AML Leukemia. He has worked in all the "hot" buildings and D&D. Yet I'm told he didn't meet the required dose! He also worked at LANL and Los Alamos where 0% radiation was detected. How can that be?

160. My mother died of brain cancer in 1972, leaving two young children at home, plus 5 other children over 18 at the time of her death. All of her Dr.s were since deceased, and the only proof is her death certificate!

161. My problems were not cancerous.

162. My type of cancer not on their list

163. MY UNION HAS NOT STEPPED FORWARD WITH ASSISTANCE. MY CONGRESSIONAL REPRESENTATIVE HAS NOT SUPPORTED THE WORKERS. The plant (facility) has COVERED UP, with the help of DOE/DOL and GSA the exposures at the complex, many other unethical practices connected to the EEOICPA are in works, preventing fairness of the process.

164. Need more records of exposure

165. NIOSH dose reconstruction

166. NIOSH dose reconstruction is obviously flawed

167. NIOSH Probable Causation

168. No communication at all from DOL in 1 year

169. No confirmation of illness. COPD/breathing problems

170. No facts



171. No medical records either on my part or the government. Why because the plant did not send us to medical after the exposure in K-1007 to cesium 137 and strong 90 in the drinking water.
172. No records from the 80s. Denied my thyroid goiter. Also my husband's 4 other cancers. 12 years of fighting and his records are gone mostly He worked 27 years as a fireman, Lt. then Capt. then Commander at ORNL Fire Dept. 6 different cancers. EEOICPA is a mess and needs new leadership or at least follow the rules of Congress and the GA report.
173. None
174. None, Awaiting Final Approval
175. not a covered cancer
176. Not an equal playing field...what they approve for one, they ignore on other. No compassion, pick and choose who they pay, do not follow statues and regulations.
177. Not being able to take a biopsy due to congested heart failure.
178. Not enough days on the site.
179. not enough medical history
180. Not enough medical records found, no records with ORNL - same thing with my husband's claim.
181. Not enough radiation exposure
182. Not found to be high enough % of employer responsibility for bladder cancer Worked at facility about 120 of the required 200 days to be part of the cohort group.
183. Not getting any response. No action seems to be going on. Wait seems indefinite.
184. Not listed
185. Not the proper exposure or no over exposure.
186. Not there yet
187. Not understanding the actual working conditions I was exposed to such as asbestos dust and other dusty buildings. They just assumed I was exposed to certain oils as a mechanical electrician and that is all, but that was not the case. I have reopened my claim due to the diagnosis of pulmonary emphysema and three more skin cancers, making a total of six.
188. Number of days employed
189. ON MY HUSBAND`S DEATH CERTIFICATE THE DOCTOR THAT SIGNED IT WAS UNKNOWN TO US AND SHE PUT DOWN PULMONARY EDEMA INSTEAD OF PULMONARY FIBROSIS WHICH HE HAD AND THEY WILL NOT ACCEPT THAT AS THE CAUSE OF DEATH. MY HUSBAND WAS Redacted
190. only 49% judged applicable
191. Ports. Lawyer. Said he did not think his Cancer was real until he died. From Very disappointed Spouse. I was told by his co-workers that he of all people they thought should have.
192. Post 1971



193. Previous surgery before Naval Ordnance Plant Macon, Georgia Hazardous Survey info below. EPA Superfund Program: MACON NAVAL ORDNANCE PLANT, MACON, GA Contact Us Share EPA's Superfund Program: Making a Visible Difference Map Where is this site? Superfund Site Profile The 433-acre Macon Naval Ordnance Plant site is located in Macon, Georgia. From 1941 until 1965, the U.S. Navy conducted ordnance manufacturing and metal plating at the site. In 1965, Maxon Electronics Company purchased the site property and continued ordnance manufacturing until it sold the property to Allied Chemical Corporation in 1973. Allied Chemical Corporation made seat belts at the site from 1973 until 1981. Much of the site was purchased by Macon-Bibb County in 1980. Macon-Bibb County Industrial Authority (MBCIA) has operated Allied Industrial Park on the site property since 1980. MBCIA leases or sells on-site buildings for commercial use, including several of the old Navy buildings.
Other busi
194. Problem not on the list
195. Proof of illness as related to work
196. Prostate cancer and 3 facial carcinomas were not considered sufficient
197. Prostate cancer and melanoma not covered.
198. Prostate cancer denied, numerous skin cancers denied, currently at about 40% as likely as not caused from exposure
199. Prostate cancer is not on the approved list. My dosimeter records and work locations apparently didn't qualify.
200. prostate cancer is not on the list
201. Prostate cancer isn't on the approved list, but I was only 48 with none of the risk factors. They subjected me to two phone interviews and the dose reconstruction, which obviously was a waste of time.
202. Prostate cancer not on approved list.
203. Proving work history
204. Really no health issues at time. It was recommended to file claim for records preparing for future.
205. Reconstruction of dosage was 46. Needed to be 50 or above.
206. Rejected by Labor and Industries several years ago.
207. Said I didn't work in the NTS location that was authorized claims.
208. Said skin cancer did not qualify.
209. Said we are born with cyst and it is not approved. My liver is full of them.
210. Sarcoidosis not covered.
211. Say that I'm not sick enough yet?
212. Still gathering data
213. Still in the process.
214. Still reviewing data.
215. Still under evaluation
216. Still waiting on the dose reconstruction and a decision from DOL.
217. Still working on it



218. The 250 day rule for 1983. I'm seven (7) days short to qualify for the SEC (bladder cancer). I have 243 days according to the DOL. I was a salaried Engineer, no overtime records were documents in my personal file.
219. The cancer is not caused by that kind of radiation
220. The Department of Labor said there was not enough evidence to show that my father had cancer that was caused from his being contaminated while employed at the Nevada Test Site - Sandia Corporation; yet my father suffered with melanoma, then cancer spread to his liver, heart, lungs, kidneys and he died of kidney failure. I saw and took my father to his radiation appointments and I saw my father suffer with his cancer and I feel as well as my sister feels that the Federal Government needs to reimburse both of us in the name of our father for his suffering. Documents that were needed and claimed that we didn't have were destroyed by the government years ago. Those evaluating the claim are young people not knowing anything of the dangers men and women faced while working at the Nevada Test Site and other sites around the United States. My father worked at other sites as well. The DOL has a complete record of mine and my sister's claim. We feel that we've been cheated
221. The dose reconstruction came back as 7% likely that my job caused by cancer.
222. The lack of medical records
223. The person who reviewed my claim denied it
224. The program doesn't cover nearly enough medical problems. Way too narrow avenues of medical disabilities.
225. The ruled against me on the fact at the nil on the Sen didn't say quality was the organization responsible for welding inspection but that it was a welding inspector...which is quality.
226. The time frame. I hired on to DuPont on July 12, 1972. I was diagnosed with breast cancer in October of 2001.
227. The time of reviewing the claim
228. The way the dose reconstructions are done. They are stacked in the Government's favor. They use some mathematical equation that someone came up with for all cases. They don't take time to investigate workers' claims of exposure and contamination. They also set time period limits on current workers who have same cancers as workers from 1945 to 1965 in other words someone that had Prostate cancer in 1959 and was covered under the program. A worker today can have Prostate cancer and is not covered under the program workers today are being exposed to the same radiation and the same contamination. I feel that workers claims should be based on were they worked how long and what they said they were exposed to not some math equation someone dreamed up.
229. They claim only 3% of work related exposure is cause of existing health problems
230. They claimed that the proof was not sufficient as the cause of her cancer.



231. They continue wanting more scientific proof that my condition is from exposure.
232. They didn't accept my late husband into the program, yet he worked out at Hanford for 28 years and died from GBM4 Brain Cancer.
233. They Don't consider prostate cancer. And I only had a 42% chance.
234. They just denied us.
235. They need to pass on our part, I worked underground at a uranium mine, from 1976 thru 1982.
236. They replied my cancers were not the type they are responsible for.
237. They said I can't prove any of my problems were caused by Rocky Flats.
238. They said I did not get the melanoma from work.
239. They said I didn't have enough background medical records to support my claim. I've provided years of doctors' reports and medical tests and am now being forced to try to find records from nearly 30 years ago from doctors whose names I don't remember ... and don't even know if they would still be living, even if I would still recall their names.
240. they said I hadn't work there long enough
241. They said my Renal Cell Carcinoma did not qualify.
242. They said no justification
243. They said prostate cancer was not covered.
244. They said that as a maintenance supervisor, I was not exposed to anything since I had an office job. I have never heard of a maintenance supervisor being classified as an office job. Also, several of my HP monitoring reports were missing and not included in my dose reconstruction.
245. They said that since I was a maintenance supervisor, I was not exposed to anything. Also, many of my HP monitoring reports were missing.
246. They said that what I had was not covered. Keratosis, the beginning of skin cancer.
247. They said the doctors didn't indicate the problem was caused by exposure, except my doctors never knew I worked at Oak Ridge.
248. They said there was only a 7% chance my illness was caused by working at the Mound.
249. They said wouldn't cover because blowing up of diverticulitis wasn't covered, even though it was by my cancerous kidney.
250. They say it been excepted (accepted?-DJ)
251. They say it is in industrial hygiene. The claim for memory loss and seizures was filed in February of 2014 (almost three years) and also a claim for COPD. Industrial hygiene has had the claim since January 27, 2015. Almost two years. Shouldn't take more than a year. Was exposed to toxins and got hot by uranium four times.
252. They say that I have not submitted enough medical information. I have submitted everything that I have.
253. They say they don't know what caused the illness but know that it was not caused by radiation or exposure to chemicals.



254. They want proof that my COPD was caused by my employment there.
255. This particular cancer was not covered under the compensation structure as well as the calculated radiation dose did meet within the 51% threshold.
256. Time I spent employed there. Short by a few months.
257. Time.
258. Too soon. Filed a month ago.
259. Total lack of any supporting records for father, who worked as contractor with Sandia labs from about 1948 or 49 until 1954 when he became a Sandia employee until 1972. After that he again worked as contract labor until about 1989, many of those years He was on sight for 2 to 6 weeks at a time at the Nevada test site. The cancers we could find medical records on (2 of the 5 he had), were CLL and Merkel Cell Carcinoma. Once CLL was recognized as radiogenic, it was not added to the SEC list of illnesses. If the dose reconstruction and visitor's lists are to be believed, then our father was never there! The law needs to be changed to add CLL to the SEC list since radiation was officially listed as a cause. We have internal notes of recognition, but in spite of that, and many, many requests, Harry Reid never saw fit to make any change to the law that did not have political mileage for him. Our father was in at least 3 major exposures and there are no records. Either because they were destroyed
260. They said my dose reconstruction
261. TYPE OF CANCER NOT ON LIST
262. Unable to obtain old medical background.
263. Unknown
264. Unknown
265. Unknown at this time
266. Waiting on info from D O E.
267. Was denied anything. Going to sue.
268. Was denied because truck drivers were not exposed and that is not true, they were exposed but are a small group
269. Was determined that my illness was more likely than not NOT a result of my work at a DOE facility
270. Was told prostate cancer was not on list
271. Was told prostate cancer was not on the list of covered illness
272. Was told that my breathing problem did not come from occupation
273. Was told that my condition was not covered by the law. I think I filed in 2004 or 2005.
274. Wasn't told
275. We could not even find a category for her. She was a radium dial painter and suffered multiple types of cancer and a severe heart condition throughout her life as a result of the radium poisoning. No one wants to hear it, I put in 3 FOIA's and all 3 were denied. I did find a kind soul on the "inside" to access her records for me.
276. Wife breast cancer not an approved illness. Two coworkers got the award for breast cancer. No resolution yet, but not expected to be approved.



EECAP
277.
278.

Worked in uranium mines after 1971

Working in construction but I have had no health issues yet



Medical Benefits Survey Report Appendix C:

Responders report Problems Their Doctors have reported using EEOICPA Medical Benefits

1. Actually, the doctors have been unwilling to complete a simple form to become a provider. Now that hospitals are buying doctors' groups, there is no consideration for individuals.
2. After making calls for about an hour.
3. Apparently they have to fill out some paperwork or go online and do something in order for the Department of Labor to even accept a bill from them so then if I've already had a service the doctor hasn't filled out the information then they can't bill the Department of Labor and I'm responsible for the bill the doctors seem to be a little bit resistant anymore because it's becoming a little more difficult for them to bill and I'm just worried that at some point in time they don't want to see me because they don't want to bill the Department of Labor.
4. Approval still pending
5. As noted before the forms required are too time consuming for her practice to participate in the program.
6. As previously described.
7. Being able to document issues to the requirements set by EEOC
8. Billing
9. Billing was not clear until the Doctor called DOL.
10. Codes covered
11. Delays in getting approved for treatment then change of rules and regulations
12. DOL DENIED PAYMENT WITHOUT AN EXPLANATION.
13. Don't know
14. Don't know the DOL codes
15. For a cat-scan a few years ago, it was necessary for me to call both the hospital and DOE to see what was needed to honor the card. It was simply a billing code but the hospital had chosen not to peruse it or ask what they needed to do. They instead chose to bill me.
16. He ordered hearing aids for me in April 2016 and still hasn't heard from them and this is Oct. 2016.
17. His expertise has been questioned more than once. One diagnosis has been in work for over one year and is still not settled. It was denied and was reopened over a year ago.
18. I do not know specifics, but apparently they were bad enough that he did not want to accept new patients.
19. I don't know really know they seem like they just don't want to deal with it
20. I have tried 2 times to get some charges corrected and have not been able to correct charges
21. I personally had to go to agent to get problem resolved.
22. I recently went to my primary care doctor for chest congestion to get some medicine and his office did not bill the visit correctly and instead billed my Humana/Medicare insurance and billed me for the copay.



23. I was denied coverage for Part E type coverage.
24. If I wasn't willing to pay the bill because they had not received payment for months ago, then only way I could not pay was for them to file with Medicare and BC/BS
25. IT TAKEN TO LONG FOR HIM TO GET SIGN UP AS A PROVIDER
26. It takes too long to receive payment. The card states that it is workmanship comp and some of my doctors don't want to deal with it
27. It was billing problem at the Hospital, they did not, after instructions from me, bill the right insurance.
28. Just gives up and turns claim over to collections
29. Just refuses to fight the bureaucratic red tape...to get their money
30. Lack of payment. With no feedback as to why caused Dr. to not accept DOL PATIENT INSURANCE.
31. Multiple filings to get paid by Xerox
32. My doctor's office doesn't accept my white card, the office changes my doctor without notifying me.
33. Not familiar with this program if out of town specialist. If the doctor does not practice in an area where there is a lot of use they do not want to deal with signing up for this.
34. Not the right medical code
35. One doctor gave up and said he refuses to work with the DOL. The second doctor is always getting requests for medical information. They have all of my records but they question why he prescribed the care he did.
36. Paperwork to EEOICPA satisfaction
37. Payment for MRI cancer delayed
38. See previous notes
39. She didn't know what DOL was! Or CBD. She insists on using Medicare when EEOICPA is my primary, and she uses COPD instead of CBD.
40. SLOW PAYMENT FOR SKIN CANCER TREATMENTS
41. SLOW PAYMENTS
42. still trying
43. The ICD codes don't work all the time
44. THEY DID NOT REIMBURSE THE DR AND DID NOT TELL HIM WHY. THE DR THEN SENT THE BILL TO ME AND I HAD TO RESOLVE THE PROBLEM.
45. Trying to work the system... Finally charge to other insurance. Causing sick worker more problems.
46. Two of my doctors will not accept the white card anymore because of all the extra paper work that is involved
47. Unsure of problem, they prefer not to deal with the DOL.
48. Very poor payment for claims. So bad they have no intention of offering services using the White Card!!
49. Very slow to pay
50. Wasn't sure what the card was, and how to process the claim
51. When provides care he often doesn't get paid. When he writes reports for DOL he doesn't get paid.



52. Wouldn't pay the bills.



Medical Benefits Survey Report Appendix B:

Responders report Problems They have had using EEOICPA Medical Benefits

1. A bill for a CT scan of lungs ordered by Pulmonologist in 2015 still has not been paid. Patient asked for hospital to refile with corrected code per white card, however it has not been paid as of this date. Patient received bill again today for over \$3,000.00.
2. As the AR for a claimant, the wife received a hospital bill for \$45,000 months after the passing of her husband (from the approved brain cancer) who had the Part E white card. I had to get John Vance involved and it was determined that the bill should have been paid already. I am unsure if it has been resolved since I have not heard back from her.
3. At first they would only pay a small amount of my medical bills. It has changed so now they cover all medical bills.
4. At this time it costs more time and energy to file than the benefits pay. I am luckier than others. As I wind down, I will total up my annual costs and re-evaluate.
5. Been trying to get a portable light weight oxygen concentrator - have had problems getting it.
6. Clarity...I'm told one thing by one representative something else by another
7. Consequential illnesses--the process is not client friendly to work through.
8. DOL acts as though my beryllium problem will go away and I won't need my medical equipment any longer..... When I file for Impairment update, instead of sending all the paper work, they send one item at a time, then when it is sent back via London, KY ... that group loses some of the paper work which you then have to replace for DOL, which takes much longer than their 30 day turnaround time they give me to respond for each item... It takes months to complete the Impairment process....
9. DOL rejected MRI for my back. Looks like hospital used the wrong billing code. Need to have my doctor send a letter to DOL saying that not only is my neck covered but the rest of my back.
10. DOL is to complex takes at times three or four times to get a question resolved.
11. Dental work is supposed to be covered because of immune suppressant medication. The dental office cannot get the claim paid because of "Technical" problems. I paid the charges which had accumulated to over \$500. I am now trying to get reimbursement with the help of the Oak Ridge Office.
12. Doctor bills are question after seeing doctors on follow-up and different things, such as Biopsy.
13. Doctors do not want anything to do with taking this insurance if it is not a local doctor that sees a lot of people with this card and understands what it is. I also have Medicare so they bill them instead.
14. Doctors have problems filing paperwork with DOL



15. Doctors refuse to write letter stating consequential condition for their diagnosis simple because they see EEOICPA as another world of government paperwork red tape. More than one doc accused me of just wanting a hand out. I just quit going to drs. Would rather go ahead and die than be labeled a thief. Need a communications path to drs.
16. Dr and lab charges were denied
17. Dr. getting approved by to be paid
18. Dr. office will not bill DOL
19. Drs refuse to show consequential connection due to fear of getting mired in red tape and not getting paid
20. During a recent impairment evaluation I had to have a new PFT test and so far DOL has not paid the bill. Maybe because of my coverage being expressed in ICD 9 codes not the current ICD 10 codes.
21. EEOICPA would not pay for oxygen concentrator even though I had an approved condition of hypoxemia. This happened in 2014 and took approximately one year to resolve. As a result of not having oxygen, I had a stroke. EEOICPA approved the stroke conditions in 2015.
22. Getting medical providers to PROPERLY fill out reimbursement forms to the full satisfaction of the EEOICPA is sometimes next to impossible and fraught with error. I have had claims returned many times for insufficient information. I have had claims denied due to paperwork errors.
23. Had difficulty getting another code approved; because of this, had to make some payments out-of-pocket. The code was finally approved.
24. Hospitals are up to speed on billing three possible insurances, this first, then Medicare or the Medicare supplement
25. I ALSO HAVE A CLAIM IN FOR ASBESTOSIS AND COPD FOR A YEAR WITH NO RESULTS OR DECISION ON CLAIM
26. I don't know what doctor bills are covered. Is it just for cancer treatment, or anything else? What about dental? Eye exams? I need to also file for reimbursement for travel and accommodations for my cancer checkups in Houston, TX.
27. I had a cat scan on my chest that was refused
28. I have been fighting for oxygen and a CPAP and have been fighting for two years
29. I have had to go to Final Determination for any consequential condition related condition
30. I have moved from St. Pete Beach, FL to Savannah, TN, and the medical people here have never heard of Oak Ridge, TN, or ORNL, or Beryllium. It is very difficult for me to try to explain the medical benefit to them. They take one look at the white card and say "we don't take Workers comp." Therefore, I think there should be more info on the card, or some form of information.
31. I have skin cancers. Many of the lesions require analysis. If one is determined to not be cancer than the physician to pay for that treatment. While I have Medicare and some cost for the noncancerous lesion are paid, I am still responsible for any co pay and a doctor's visit cost.
32. I live in Florida .some Dermatologist do not accept my insurance card



33. I now live in the state of Texas. There is no doctor that's close to me they will accept my card.
34. I receive pharmacy benefits for consequential conditions that are not approved yet. But I cannot get the consequential co donations approved.
35. I tried to use it once and no luck. I will try again.
36. I was approved for the Medical Benefits Program for cancer. I provide all the necessary forms to my dermatologist which she filed and was approved. However the following year the process proved to be too time consuming for my dermatologist, so we worked out a deal where I only pay a co-pay for her services and she dumped the government program.
37. I've sent multiple letters all the way to ombudsman.
38. It has been difficult for some of the companies and the doctors that provide services to bill the Department of Labor so that their claims are paid so if they aren't paid by the Department of Labor because the dr. doesn't jump through the hoops then I'm responsible for it or they bill my other insurances.
39. It is difficult to find doctors that will bill the DOL. Also, I have had a travel claim denied.
40. It is difficult to get the charges Right on DOL card charges, The Drs. go ahead and charge to my personal insurance in spite of me trying to tell them to charge to DOL.
41. It is hard to find providers
42. It is very difficult to get providers to use the medical card. They prefer to file Medicare or other.
43. It's too complicated. Providers don't want to use it.
44. Kaiser seems to have a problem accepting the card, sometimes it's in the system other times it's not
45. Kidney disease
46. Lack of providers registered with the EEOICP program and glitches with standard health insurance who think it's "workers comp". Of course, that is in the name. This has had no effect on my health.
47. Lincare having trouble getting the concentrator and C-Pac approved. For ICD-9
48. Long delays on payment, if paid at all. I am waiting for medical benefits on skin cancer benefits. My DR. said skin cancer was caused from my stem cell transplant. DOL will make a decision in a year or two. Most hospitals don't want to wait that long for payment. I also had to contact DOL in Washington DC in 2013 to get an ok for a stem cell transplant. The Jacksonville dropped the ball on it. Before I have anything done associated with the transplant the Jacksonville office say's they have to approve it. If it was life or death the still want to approve it.
49. MY DERMOTOLIGIST REFUSED TO SEND ANY MORE CLAIMS FOR MY SKIN CANCER TREATMENTS BECAUSE OR SLOW PAYMENTS.
50. Massage therapy limited to 60 visits even though they allow 2 visits a week. Has to be approved every 8 weeks takes Claims Examiner over a month to approve which delays treatment. Ridiculous way to do recertification when it is the same written order from doctor



51. Most Dr.s will not accept the benefits card
52. Most doctors and doctor office workers do not know what the card is or how to process it. Furthermore, if the visit is not correctly documented by the office for the covered condition it is easy to get confused with other conditions when visiting the same doctor. At which point the payment will be refused and create administration nightmares for the patient as their responsibility.
53. My Dermatologist dropped me from the Program. I called DOL and they said that was their prerogative. I didn't know they had that option.
54. New prescription wasn't initially covered so to obsolete drug list. Forces me to finback through Jacksonville twice to get it straightened out.
55. No one will take because they think it's WORKMAN comp
56. No providers in area. Paid for my \$5000+ EEOICPA related services and only received partial refund. Requested participation by facility; they declined. Requested balance from claims examiner and ACS per remittance advice. Declined.
57. None of my Drs accept the White Card and don't intend to because the reimbursement is not enough money. We were told the reimbursement would be comparable to Medicare.....it isn't by any means. The reimbursement is horrible. Also, even though my medical claims adjuster in Denver, David White, has approved all my previous medical claims and forwarded the APPROVED claims, when the claims get to the Xerox Company (I may have their name wrong, I don't have those papers with me) they DENY COVERAGE! They don't have all the supporting documents and evidently don't research alternative/complementary solutions that improve my APPROVED consequential illnesses. How can they deny a claim, when the medical claims adjuster has approved the claim??? Who do we, as claimants, go to question or at least explain the claims. Someone is dropping the ball and we aren't getting all our benefits. I can be reached at XXX-XXX-XXXX if you would like to discuss any of this.
58. Not covering some medications for my approved condition
59. Not now
60. ON a visit to Vanderbilt hospital in Nashville TN. they refused to honor my medical card. After I got back home I called the DOL office in Oak Ridge TN. and they called Vanderbilt and got the problem resolved.
61. Payments not forthcoming to psychologists accepted condition nervous/anxiety.
62. Providers were denied payments without explanations.
63. Required labs payments have been turned down due to wrong codes being used on the lab orders from the doctor. This has only been happening in the last year or so since the new cards have been issued after new codes were implemented.
64. Several issues with physician filing to my Medicare and BC/BS because their billing is not done "in-house". Trouble with codes. Was out of town in Virginia and had to go to emergency room twice while I was there. Out of state hospitals and billing companies do not understand the card, not a member so this wound up being billed to my Medicare and BC/BS for most of the bills, E/R, X-ray, Doctor, Etc.



65. Skin Cancer, Restrictive Lung Disease, Small Airways Disease and COPD including emphysema
66. Slow in getting some bills resolved.
67. Some doctors refuse to take DOL insurance
68. Some drs will not accept the EEOICP card
69. Some laboratory test have not been paid.
70. Some medical organizations refuse to recognize, or don't want to recognize, EEOICPA/DOL medical benefits OR their billing departments don't know how to handle it. The solution is easy. Just find a medical organization that accepts it and go with them. That's what I did!
71. Some providers don't want to co-operate with this program.
72. THEY ARE NOT PAYING FOR A COVERED MEDICATION. THEY HAVE NOT PROVIDED INSTRUCTIONS FOR FILLING OUT THEIR EXPENSE REIMBURSEMENT FORM. IF AN EXPENSE REIMBURSEMENT FORM IS NOT FILLED OUT CORRECTLY, I AM NOT NOTIFIED THAT THERE IS A PROBLEM. THEY JUST DON'T PAY ME. INSTEAD OF RESOLVING MY PROBLEM THEY TELL ME I NEED TO CALL SOMEONE ELSE. MY EXPECTATION IS THAT MY CASE MANAGER SHOULD RESOLVE MY PROBLEM!!!
73. The Doctor prescribed safety shoes for my neuropathy as I have lost feeling in my feet. Unfortunately, the shoes are also used for diabetics and are identified as such. Diabetics get neuropathy. The evaluators denied the claim saying that diabetic treatment was not covered. After 10-12 months they finally were satisfied that the shoes were covered and that all necessary paper work had been correctly submitted.
74. The benefits didn't start when my husband was diagnosed with brain cancer, and I was his 24-hr caregiver. They started after I had the first opportunity to file.
75. The biggest problem is recognition and acceptance of the white card. Most providers will not file on the card. Instead they rely on gap insurance if you have it, or they will request that you personally file on the white card for reimbursement.
76. The medical billing service sends the bills to the wrong department on the DOL. The bills are then denied. It has taken much personal effort to correct this issue.
77. The process is very cumbersome. Everything is done by mail and very, very slow. Claims take way too long to process and after two months we have still not received reimbursement. Would love to have direct deposit.
78. They started out saying that Melanoma was not a skin cancer, my Dermatologist said "WHAT?" Later they decided that it was a skin cancer so I re-applied even though the time was over but I included a letter saying that I was trying again because they changed their minds and that worked.
79. They wanted the same information sent in more than once
80. Too much back and forth needless paperwork. Too many delays in responses to get anything done. Not enough working with medical providers for their payments, leaving them to illegally bill and collect monies from my health



insurance (that I provided them during a surgery years before)...still not straightened out.

81. Took a year before benefits were paid without me having to use my private health insurance and my Medicare. Still waiting to have the last bit of reimbursement repaid to me.
82. Took nearly a year before I could use EEOICPA medical to pay for my Chemo treatments. I had to use my own Medicare and BlueCross Blue Shield health insurance. It's taken nearly 6 months after EEOICPA kicked in for me to be reimbursed (still waiting for the last \$300). Also, I needed extensive help filling out the paperwork to get reimbursed. Without that help, I would have given up on getting reimbursement. The process is just too difficult to do, especially for anyone who is already sick.
83. UNCLEAR BENEFITS
84. Unable to find a doctor or pharmacy that will accept the ID card.
85. Very hard for pharmacy to communicate with DOL medical benefit staff.
86. When I presented my DOL card to a local endocrinologist, at first, when he saw it, his office manager said that he would not see me, even though I was a former patient, and was not making a DOJ claim with him for that visit. Eventually, I spoke with the doctor himself, and he agreed to see me because I was a former patient.
87. billing issues
88. cancers
89. hearing loss
90. I can't get a doctor to accept it because of having to sign up and all the paper work.
91. it seems like there is only one doctor who is approved to authorized coverage
92. no one in Florida where I am located will honor
93. Nobody seems to understand the program from the doctors to the pharmacy.
94. Repayment for out of pocket expenses.
95. There is no guideline as to what is covered.
96. they take the card and then they bill Medicare no matter how many times I try to use the card
97. trouble getting prescriptions, not everybody will except my white card,
98. usually with billing at hospitals, they send bill to state workers comp or my wife's insurance the claim is denied by the state or payed from wife's insurance then we owe a copay



Medical Benefits Survey Report Appendix D: Responders report Problems with Home Health Care Medical Benefits

1. Approving 24 hour care seven days a week and then not approving it for the next approval period just because patient was not utilizing the entire time approved. Patient situation may require 24 hour care one week and then not the next week but may need 24 hour care again in two weeks. Patient should have flexibility to utilize care as needed once it is approved. Even expedited approval for emergencies takes too long to be effective when an unstable patient takes a turn for the worse.
2. DOL decreased home health benefits twice. DOL sent patient for re-evaluation 2 hours away from home to a doctor of their choosing. This was done before benefits could be restored. DOL then said their chosen doctor did not submit the required documentation, therefore they fired him. Then due to that issue, DOL sent patient to another doctor of their choice, who was not a pulmonologist, to do the patient's re-evaluation. Due to this doctor's recommendations, the patient's health benefits were greatly decreased. This was unacceptable and patient requested an appeal. Patient sent a very informative letter stating the facts of the home health issues to the DOL Claim Manager and the issues were resolved favorably. Even though the results were favorable to patient in that home health benefits were restored, having to go through this difficult process put a strain on the patient's health.
3. Getting medical equipment needed and a walker additional hours
4. I was placed on oxygen use, DOL Refused to provide a back-up system should the power fail.
5. The amount of approved care has gone down drastically while my symptoms have gotten worse. How does that make sense?
6. There have been requests for some durable equipment that has been questioned and has not yet been resolved. This has been in process since June of 2015.
7. We have a visiting nurse so in order to retain the nurse every few months our doctor has to re-assure DOL that we are still sick with Beryllium illness... It is also hard to impossible to get other items added to the white card that are caused by the Beryllium in the lungs even when your doctors state the added illness is due to having Beryllium in the lungs.... Our case workers are more involved in trying to be a detriment to us than they are trying to help us as the system was set up to do....
8. Xxxx!!!:?????!!!!.
9. They cut out the massage I use to receive for Neuropathy which help tremendously
10. Ignorant unresponsive staff. Need for multiple requests for the same issues.
11. Seems like DOL drags their feet on some things. For example, getting me CNA's 1 or twice per week. Only have 2 in the last 18 months for 3 total visits. Also getting more difficult to get other things approved. Claims examiners taking longer and longer to review things.



12. Several weeks after worker finally got medical benefits DOL wanted to cut hours back. DOL nurse called up both family and doctor to argue with them about cutting back amount of home care needed even though DOL said she is 98% impaired.



Medical Benefits Survey Report Appendix E:

Responders report Problems They have had using an Authorized Representative with DOL

1. DOL WOULD REFER HER TO AS AND ACS WOULD NOT RECOGNIZE HER AS MY REPRESENTATIVE.
2. NO ONE
3. Since we already have an authorized representative from the claims process, DOL will not allow anybody else (spouse) deal with them on any reimbursement claims.
4. The home health aide company has someone that has helped in that past they have been told they can no longer do this because of "conflict of interest"